

COLLEGE OF CHIROPRACTORS OF ONTARIO



**ELECTRONIC PUBLIC INFORMATION PACKAGE FOR
COUNCIL MEETING
FRIDAY, FEBRUARY 23, 2024 – 8:30 A.M.**

RHPA

Duties and Objects of Colleges

Duty of College

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

Objects of College

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

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

Duty

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



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

MISSION

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

VISION

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

VALUES

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

STRATEGIC OBJECTIVES

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

Developed at the strategic planning session: September 2017

**CCO CODE OF CONDUCT FOR CURRENT AND
FORMER 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)

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

1. be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991 (RHPA)*, its regulations and the *Health Professions Procedural Code*, the *Chiropractic Act 1991*, its regulations, and the by-laws and policies of the College;
2. diligently take part in committee work and actively serve on committees as elected and appointed by the Council;
3. regularly attend meetings on time and participate constructively in discussions;
4. offer opinions and express views on matters before the College, Council and committee, when appropriate;
5. participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council and committees;
6. uphold the decisions made by Council and committees, regardless of the level of prior individual disagreement;
7. place the interests of the College, Council and committee above self-interests;
8. avoid and, where that is not possible, declare any appearance of or actual conflicts of interests¹;
9. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards;²

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

10. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the *RHPA*;
11. refrain from communicating to members, including other Council or committee members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practise proceedings which could be perceived as an attempt to influence a statutory committee or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;
12. refrain from communicating to members and stakeholder³ on behalf of CCO, including on social media, unless authorized by Council⁴;
13. respect the boundaries of staff whose role is not to report to or work for individual Council or committee members; and
14. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

Potential Breaches of the Code of Conduct

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

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

Signature: _____ Witness: _____

Date: _____

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

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

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

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

Approved by Council: September 20, 2014

Amended: June 17, 2020

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

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

List of Commonly Used Acronyms at CCO

as at November 17, 2022

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

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



AGENDA (Public) ^{1 2}

COUNCIL MEETING (In Person) ³

COUNCIL PHOTO DAY ⁴

Friday, February 23, 2024 (8:30 a.m. – 1:00 p.m.) ⁵

Attendees

Council Members ⁶

Mr. Joel Friedman, Deputy Registrar

Ms Jo-Ann Willson, Registrar and General Counsel

Ms Beth Ann Kenny, Recording Secretary

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
	CALL TO ORDER AND LAND ACKNOWLEDGEMENT ^{8 9}	Welcome	Green/ Kariunas	High
	1. Consent Agenda	Approve	Council	High

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

² 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).

³ Guests to advise Ms Rose Bustria, Executive Assistant, if they would like to attend.

⁴ Wear green, black and/or navy for Council Photo Day.

⁵ Subject to Council's direction.

⁶ Dr. Angelo Santin attending virtually.

⁷ Subject to Council's direction.

⁸ Council members to be familiar with and comply with the rules of order. If required, Dr. Green, President, to be parliamentarian.

⁹ **Land acknowledgment**

Let us acknowledge that in our meeting space today, we gather on the Treaty Lands and Territory of the Mississauga's 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 ⁷
10	1.1 Fitness to Practise Committee Report			
13	1.1.2 Thank you letters to Presenters			
23	1.2 Inquiries, Complaints, and Reports Committee (ICRC) Report			
25	1.3 Patient Relations Committee Report			
27	1.3.1 Extract from CCO website re: Funding for Therapy and Counselling including flowchart			
34	1.3.2 Information re: Citizens' Advisory Group			
46	1.3.3 Information from WFC re: Global Patient Safety Task Force			
48	1.4 Quality Assurance Committee Report			
52	1.4.1 Agenda Peer & Practice Assessment Workshop January 20, 2024			
57	1.4.2 Feedback re: Workshop			
69	1.5 Registration Committee Report			
71	1.5.1 CCO completed questionnaire submitted to OFC December 14, 2023			
83	1.5.2 OFC Newsletter dated January 2024			
92	1.6 Advertising Committee Report			
	2. Main Agenda	Adopt	Council	<u>High</u>
	2.1 Conflict of Interest	Review/ Declare any real or perceived conflicts of interest as agenda item	Council	<u>High</u>

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
		reached ¹⁰		
	3. Minutes ¹¹			
	4. Committee Reports			
124	4.1 Executive Committee Report	Report/ Approve Recom- menda- tions	Green/ Council	High
	<i>Move in Camera</i> ¹²			
	<i>Move Out of Camera and Ratify Decisions made In Camera</i>			
	<i>By-laws</i>	Approve Recomm- endations /Review back- ground and feedback	Council	High
460	4.1.36 Current By-laws including by-laws approved by Council November 23, 2023 (subject to approval of minutes on February 23, 2024)			

¹⁰ 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.

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

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

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
551	4.1.37 President's Message dated September 19, 2023 with draft by-laws attached			
	<i>Feedback to date</i> ¹³			
516	4.1.38 Statistics from Constant Contact			
518	4.1.39 Summary feedback charts as of November 19, 2023			
	<i>Feedback from Organizations</i>			
540	4.1.40 Ontario Chiropractic Association (November 18, 2023)			
542	4.1.41 Alliance for Chiropractic (November 17, 2023)			
545	4.1.42 International Chiropractic Association (November 17, 2023)			
551	4.1.43 Ontario Chiropractic Reform Working Group (November 21, 2023)			
559	4.1.44 Further feedback from individual CCO members			
649	4.1.45 Extract from <i>RHPA</i> - By-laws requiring circulation			
	<i>Elections</i> ¹⁴	Verbal Report	Willson	Medium
652	4.1.46 2024 Notice of Election and Nomination Guide for Elections to Districts 1, 4 and 5			
660	4.1.47 Election Nomination Paper – Elections for Districts 1, 4 and 5			
661	4.1.48 Undertaking to the CCO Registrar from Candidate (January 2024) ¹⁵			
663	4.1.49 Competencies for Council and Committee Members and Peer Assessors			

¹³ Feedback previously included in Council information packages.

¹⁴ Consider real or perceived conflicts of interest. Drs. Mizel, Santin and Viscomi up for reelection in March 2024.

¹⁵ Improvements include incorporating suggestions from Sara Blake and adding provision relating to review of social media sites and communications.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
680	4.1.50 Election Review Committee Documents (Terms of Reference, I-014: Procedures for Striking and Dissolving Sub-Committees, Revised Biographical Information Guideline, Election Information Guideline)			
686	4.1.51 Communication dated February 5, 2024 re: Composition of Election Review Sub-Committee			
	<i>Ministry of Health</i>			
689	4.1.52 Communication dated December 18, 2023 re: MOH Guide for Submitting Scope of Practice Change Proposals ¹⁶	Verbal Report	Willson	Medium
739	4.1.53 Submission to the Ministry of Health and Long-Term Care dated February 25, 2019 entitled <i>Enhancing Scope of Chiropractic Care in Ontario through Access to Laboratory and Diagnostic Imaging Tests in the Public Interest</i>	Review	Council	Medium
	<i>College Performance Measurement Framework (CPMF) ^{17 18}</i>	Verbal Report	Friedman	Medium
898	4.1.57 Communication dated December 18, 2023 re: Launch of the 2023 CPMF ¹⁹			
1032	4.1.58 Communication dated December 1, 2023 re: Regulatory Registry Posting for the Health and Supportive Care Providers Oversight Authority			
1084	4.1.59 Follow updated December 7, 2023 re: Health & Supportive			

¹⁶ Any GR efforts will have budgetary implications. There is a placeholder for GR initiatives included in the budget.

¹⁷ A list of commendable practices from 2021 and 2022 have not yet been released by the Ministry.

¹⁸ CCO’s third CPMF Report was submitted on March 31, 2023 and is available on CCO’s website.

¹⁹ Mr. Friedman is collaborating with all staff to prepare CCO’s CPMF Report for March 31, 2024.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
	Care Providers Oversight Authority Webinar ²⁰			
	<i>Other Chiropractic/Health Related Stakeholders</i>	Primarily FYI and Back-ground/ Context (subject to questions)	Council	Medium
	<i>Federation of Canadian Chiropractic (FCC)</i>			
1217	4.1.63 Request dated January 19, 2024 re: public member for Specialties Colleges			
1222	4.1.64 Request dated January 19, 2024 re: CCO member for CCEC ²¹			
	<i>Ontario Chiropractic Association</i>			
1226	4.1.65 Background information re: 2023 AGM			
	<i>Canadian Chiropractic Examining Board (CCEB)</i>			
1249	4.1.67 Information re: AGM February 21, 2024 ²²			
	<i>Canadian Chiropractic Guideline Initiative (CCGI)</i>			
1318	4.1.68 CCGI Update Report for Sept to Dec 2023			
	<i>Health Profession Regulators of Ontario (HPRO)</i>			
1379	4.1.72 Announcement dated December 1, 2023 re; Regulatory Registry Posting for the Health and Supportive Care Providers Oversight Authority			
1381	4.1.73 Announcement dated January 17, 2024 re: Accreditation Canada			
1387	4.2 Discipline Committee Report	Report/	Mizel	High

²⁰ Ms Willson and Mr. Friedman attended the webinar.

²¹ CCO has encouraged a peer assessor to apply for the position.

²² Mr. Joel Friedman attending.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
		Approve Recommendation		
1389	4.2.1 Undertaking for Attendees at Hearings (draft)			
1392	4.2.2 Undertaking for Attendees at Hearings (current)	FYI		
1393	4.2.3 <i>CCO v Dr. Gary Schoutsen</i> (received November 16, 2023)	FYI		
1406	4.2.4 <i>CCO v Dr. Matthew Rhynold</i> (received December 14, 2023)	FYI		
1415	4.2.5 <i>CCO v Dr. Brian Moore</i> (received January 23, 2024)	FYI		
	5. New Business			
1434	5.1 I-019: Policy on Nomination and Election Procedures for Committee Positions	Verbal Report/ Establish Nominating Committee	Green	High
	5.2 Criminal Records Checks for all Council and Committee members ²³	Approve	Council	Medium
	<i>Follow Up from Council Effectiveness Training Workshop – November 24, 2023</i>	Review	Council	High
1448	5.5 Request for Proposal (RFP) for CCO Website Re-design	Verbal Report	Willson	High
1455	5.6 Circulation of RFP to HPRO members	FYI		
	<i>Regulatory Excellence Workshops</i>			
1457	5.7 Communication exchange with Dr.	Verbal	Willson	Medium

²³ On May 18, 2022, the Executive Committee directed that to be eligible for a CCO Executive Officer position, a Council member must be able to provide a clear criminal records check promptly after assuming an Executive Officer Role (costs to be reimbursed by CCO). At its January 12, 2024 meeting, The Discipline Committee recommended that all Discipline Committee members be required to provide a clear criminal records check to serve on the Discipline Committee.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
	Ismail (Ottawa)	Report		
	<i>Cyber-security</i>			
1463	5.8 Various recent articles re: Organizational Cyber-Security Risks	Discuss Best Practices/ Lessons Learned	Southern	Medium
1507	5.9 Extract of confidential report from CNO re: cybersecurity challenges			
	6. FYI	Back-ground/ Context		
1524	6.1 Obituary for Ms Georgia Allan (former CCO public member) ²⁴			
1526	6.2 Correspondence from Mayor Gauri Shankar (former CCO elected member)			
1527	6.3 Chiropractic Day 2023: A Report... (by Thought Leaders)			
	<i>College of Physicians and Surgeons</i>	Review	Council	Medium
1550	6.4 Extract from proposed by-law amendments re: eligibility to Council			
	<i>College of Psychologists of Ontario</i>			
1564	6.5 Various news reports re: Jordan Peterson			
1574	6.6 Grey Areas (January 2024 and February 2024)	Review	Council	Medium
1581	6.7 Health and Safety Protocols for Hybrid (In-Person/Virtual) Council and Committee Meetings			
1582	6.8 Council Members Terms (dated January 12, 2024)			
	DATE AND TIME OF MEETINGS ²⁵			
	ADJOURNMENT			

²⁴ Ms Willson attended the service in Smiths Falls.

²⁵ Please mark your calendar and advise Rose Bustria ASAP if you are unable to attend any meetings.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷

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
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
2024	Tuesday, April 16	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Wednesday, April 17	8:30 a.m. – 1:00 p.m.	Meeting (Elections)	CCO
	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 ²⁶
	Friday, September 13	1:00 p.m. – 4:30 p.m.	Meeting	Millcroft Inn and Spa ²⁷

²⁶ 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

²⁷ Millcroft Inn and Spa, 55 John Street, Alton, Ontario, L7K 0C4
 519-941-8111
 1-800-383-3976

Year	Date	Time	Event	Location
	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 28	8:30 a.m. – 1:00 p.m.	Meeting (budget)	CCO
	Friday, November 29	8:30 a.m. – 11:30 a.m.	Training/Topic Specific Meeting	CCO
	Friday, November 29	6:00 p.m. – 9:00 p.m.	Holiday Party	TBD

[Millcroft Inn & Spa | Spa Retreat in the Hills of Caledon, ON \(vintage-hotels.com\)](https://www.vintage-hotels.com)

**College of Chiropractors of Ontario
Fitness to Practise Committee Report to Council
February 23, 2024**

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 Fitness to Practise Committee met on November 29, 2023 and had the benefit of three outstanding presentations from Ms Julie Maciura, SML Law, Carolyn Gora, Director, Professional Conduct, CNO and Dr. Elizabeth Grace, Medical Director, CPEP. The committee reviewed the relevant standards, policies and guidelines. The committee provided positive feedback on its first meeting and on the knowledge and expertise of the presenters.

Respectfully submitted,
Dr. Kyle Grice
Chair

ITEM 1.1.2

13



December 5, 2023

Ms Carolyn Gora
Director, Professional Conduct
CNO
101 Davenport Rd.
Toronto, ON M5R 3P1

Via e-mail (cgora@cnomail.org)

Dear Ms Gora:

Thank you for presenting to CCO's Fitness to Practise Committee on Wednesday, November 29, 2023. I received positive feedback from all members of both the Fitness to Practise and Discipline Committees. We very much appreciate your joining us and sharing your knowledge and expertise.

Yours truly,

Dr. Kyle Grice
Chair, Fitness to Practise

c. Ms Jo-Ann Willson
Registrar and General Counsel

From: Gora, Carolyn <cgora@cnomail.org>
Sent: December 5, 2023 2:05 PM
To: Rose Bustria
Cc: Kyle Grice (1kylegrice@gmail.com); Jo-Ann Willson
Subject: RE: Thank You!

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,

It was my pleasure. I appreciated the engaging questions and discussion. Thank you for inviting me to participate.

All the best,
Carolyn

Carolyn Gora
Director, Professional Conduct

T: 416 963-7535
[College of Nurses of Ontario](#)

From: Rose Bustria <RBustria@cco.on.ca>
Sent: Tuesday, December 5, 2023 11:56 AM
To: Gora, Carolyn <cgora@cnomail.org>
Cc: Kyle Grice (1kylegrice@gmail.com) <1kylegrice@gmail.com>; Willson, Jo-Ann <jpwillson@cco.on.ca>
Subject: Thank You!

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the senders email address and know the content is safe.

This is being sent on behalf of Dr. Kyle Grice, Chair, Fitness to Practise.

Please see attached. Thank you.

Rose Bustria
Executive Assistant
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 101
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: rbustria@cco.on.ca
Web Site: www.cco.on.ca

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December 5, 2023

Dr. Elizabeth Grace
Medical Director
CPEP, the Center for Personalized Education for Professionals
720 South Colorado Boulevard, Suite 1100-N
Denver, Colorado 80246

Via e-mail (esgrace@cpepdoc.org)

Dear Dr. Grace:

Thank you for presenting to CCO's Fitness to Practise Committee on Wednesday, November 29, 2023. I received positive feedback from all members of both the Fitness to Practise and Discipline Committees. We very much appreciate your joining us and sharing your knowledge and expertise.

Yours truly,

Dr. Kyle Grice
Chair, Fitness to Practise

c. Ms Jo-Ann Willson
Registrar and General Counsel

From: Elizabeth Grace <esgrace@cpepdoc.org>
Sent: December 5, 2023 1:11 PM
To: Kyle Grice (1kylegrice@gmail.com)
Cc: Jo-Ann Willson; Rose Bustria
Subject: RE: Thank You!

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. Grice,
You are very welcome! Thank you for the invitation. Happy holidays.
Regards,
Liz

From: Rose Bustria <RBustria@cco.on.ca>
Sent: Tuesday, December 5, 2023 9:58 AM
To: Elizabeth Grace <esgrace@cpepdoc.org>
Cc: Kyle Grice (1kylegrice@gmail.com) <1kylegrice@gmail.com>; Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Thank You!

This is being sent on behalf of Dr. Kyle Grice, Chair, Fitness to Practise.

Please see attached. Thank you.

Rose Bustria
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CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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December 5, 2023

17

Ms Julie Maciura
SML
2308-401 Bay Street,
Toronto, ON M5H 2Y4

Via e-mail (jmaciura@sml-law.com)

Dear Ms Maciura:

Thank you for presenting to CCO's Fitness to Practise Committee on Wednesday, November 29, 2023. I received positive feedback from all members of both the Fitness to Practice and Discipline Committees. We very much appreciate your joining us and sharing your knowledge and expertise.

Yours truly,

Dr. Kyle Grice
Chair, Fitness to Practise

c. Ms Jo-Ann Willson
Registrar and General Counsel

From: Julie Maciura <jmaciura@sml-law.com>
Sent: December 5, 2023 12:02 PM
To: Rose Bustria
Cc: Kyle Grice (1kylegrice@gmail.com); Jo-Ann Willson
Subject: RE: Thank You!

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 very much – I really enjoyed it and loved how engaged they were!



Julie Maciura (she/her)
 Partner
*Member of the Law Societies of Ontario and New Brunswick
 Certified as a health law specialist in Ontario*

416-234-0123 (ON) · 506-267-0555 (NB)
jmaciura@sml-law.com
 2308-401 Bay Street, Toronto, ON M5H 2Y4



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From: Rose Bustria <RBustria@cco.on.ca>
Sent: December 5, 2023 12:59 PM
To: Julie Maciura <jmaciura@sml-law.com>
Cc: Kyle Grice (1kylegrice@gmail.com) <1kylegrice@gmail.com>; Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Thank You!

This is being sent on behalf of Dr. Kyle Grice, Chair, Fitness to Practise.

Please see attached. Thank you.

Rose Bustria
 Executive Assistant
College of Chiropractors of Ontario
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 Tel: (416) 922-6355 ext. 101
 Toll Free: 1-877-577-4772
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**College of Chiropractors of Ontario
Inquiries, Complaints and Reports Committee Report to Council
February 23, 2024**

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:

February 2024:

Reviewed 12 cases

Made decisions on 7 cases

Approved 75(1)(a) investigators on 2 cases

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

December 2023:

Reviewed 8 cases

Made decisions on 5 cases

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

ICRC Report to Council
February 23, 2024
Page 2

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

**College of Chiropractors of Ontario
Patient Relations Committee Report to Council
February 23, 2024**

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Members: Ms Zoe Kariunas, *Chair*
Ms Anuli Ausbeth – Ajagu
Dr. Kyle Grice
Dr. Colleen Pattrick, *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 January 23, 2024, since the last meeting of Council.

The Committee updated the CCO Funding for Therapy and Counselling webpage with increased information, questions and answers and a flowchart on the process for applications and approvals for funding for therapy. It is the intention of the Committee that this information will better assist members of the public in understanding the funding for therapy and counselling program. The Committee reviewed the webpages of several other Ontario health regulatory colleges in developing this content.

The Committee reviewed the status of current funding for therapy and approved a new therapist for an ongoing funding matter. This included sending reminders to applicants who were close to reaching the maximum of funding and applicants who have not followed up after approval of funding.

The Committee looks forward to participating in the next scheduled meeting of the Citizen's Advisory Group on March 2, 2024.

The Committee reviewed the presentation from the Probe program and was of the opinion that this program would be beneficial as a possible SCERP for members referred from the Inquiries, Complaints and Reports Committee and Discipline Committee.

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

Funding for Therapy and Counselling

Summary of Funding for Therapy Program

In accordance with the *Regulated Health Professions Act, 1991 (RHPA)*, each regulatory college has the responsibility to create and administer a fund for therapy and counselling for patients who have been sexually abused by a member of CCO ("member"). This funding program is monitored by the Patient Relations Committee, a statutory committee of CCO.

If you have been sexually abused by a chiropractor in Ontario, you may qualify for financial help to see a therapist or counsellor.

The requirements for funding are outlined in the following documents:

- [Regulation R-009: Funding for Therapy and Counselling for Patients Sexually Abused by Members](#)
- [Policy P-018: Funding for Therapy and Counselling for Victims of Sexual Abuse](#)

The Patient Relations Committee may review and determine eligibility of funding for therapy and counselling for a person:

- who has been acknowledged by a member, as part of a statement to or an agreement with CCO, as a person who was sexually abused by the member while a patient of that member;
- who has been found by a court to have been sexually assaulted by a member within the meaning of the Criminal Code of Canada while a patient of the member, if that person is not eligible for funding from the Criminal Injuries Compensation Fund;
- who satisfies the Patient Relations Committee that the person, while a patient, was sexually abused by a member and the Inquiries, Complaints and Reports Committee concludes that the public interest would not be served by holding a hearing before the Discipline Committee;
- who testifies before a panel of the Discipline Committee of CCO against a member and the panel states in its reasons that the person, while a patient, was sexually abused by the member (a similar fact witness);
- who is a complainant in a matter involving allegations of sexual abuse by a member; or
- if it is alleged, in a complaint or report, that the person was sexually abused by a member while the person was a patient of the member.

The Patient Relations Committee reviews each application to determine if you meet the eligibility requirements to qualify for funding. The level and time period for funding are set in regulation and policy. The maximum amount of funding that may be provided to an applicant is **\$17,370** (calculated as 200 half-hour sessions billed at \$86.85 per session) and may be provided for a **period of five years** from the day on which the person first received funding. Funding shall be made only to the therapist or counsellor chosen by the person.

Application Forms

Please complete and return the following fillable applications forms to the attention of CCO's Patient Relations Committee by mail, fax or email attachment. The information you provide in these forms will assist the Patient Relations Committee in reviewing the application. The Regulated Health Professional Counsellor Statement or Unregulated Health Professional Counsellor Statement must be completed by the therapist or counsellor.

Mail: 59 Hayden Street, Suite 800, Toronto, ON M4Y 0E7

Fax: 416-925-9610

Email: cco.info@cco.on.ca

- [Application for Funding for Therapy and Counselling \(Fillable\)](#)
- [Application for Funding for Therapy and Counselling Applicant Statement \(Fillable\)](#)
- [Application for Funding for Therapy and Counselling: Regulated Health Professional Counsellor Statement \(Fillable\)](#)
- [Application for Funding for Therapy and Counselling: Unregulated Health Professional Counsellor Statement \(Fillable\)](#)
- [Undertaking to Maintain Confidentiality \(Fillable\)](#)

Once received, a CCO staff member will contact you to discuss the next steps in the funding program.

Questions and Answers Related to Funding for Therapy

Who will review my application?

The Patient Relations Committee is responsible for overseeing the funding for therapy and counselling program and will review your application to determine eligibility criteria. The Patient Relations Committee is comprised of both chiropractors and public members.

Do I need to make a complaint to qualify for funding?

You are not required to make a complaint to qualify for funding. The Patient Relations Committee will review your application for any of the criteria listed in Policy P-018 and listed above on this webpage. You may be contacted by College staff if additional information is required for the Patient Relations Committee review.

If I have made a complaint to the College regarding the alleged sexual abuse, do I have to wait until the complaints or discipline process has concluded?

No, you do not have to wait until the complaints or discipline process has concluded. You can apply for funding at any time if you meet the criteria.

What is sexual abuse?

The *Regulated Health Professions Act, 1991* defines sexual abuse as:

- (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
 - (b) touching, of a sexual nature, of the patient by the member, or
 - (c) behaviour or remarks of a sexual nature by the member towards the patient.
- “Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Sexual abuse under the *Regulated Health Professions Act, 1991* has a different legal description from sexual assault under the *Criminal Code of Canada*¹. Unlike the criminal act of sexual abuse, consent is not a defence to sexual abuse under the *RHPA* and acts of a sexual nature by a regulated health professional may constitute sexual abuse under the *RHPA* and result in regulatory consequences, including the revocation of a member’s certificate of registration.

More information on sexual abuse can be found in [Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient](#).

What is behaviour that may lead to sexual abuse

Sexual abuse by a patient may be preceded by certain grooming behaviour or boundary crossings or violations. Examples of this type of behaviour may include:

- sharing intimate details of the member’s personal life with the patient;
- probing patients for inappropriate personal information;
- giving or receiving extravagant gifts from the patient;
- becoming involved with a patient’s personal life;
- influencing a patient to change their will or other testamentary instrument; and
- excessive complimenting and/or flirting with a patient;

It is incumbent on a member to stop this type of behaviour before it may lead to anything more serious. For more details, please see [Guideline G-001: Communication with Patients](#).

¹ [Criminal Code of Canada RSC 1985, c C-46, section 150 – 150.1](#)

What happens after I apply for funding?

Once the required forms are submitted to the College, College staff will contact you to confirm receipt of the application, inform you about the process and timeline for review of the application, answer any questions you may have, and tell you whether any additional information is required.

Are there any restrictions on which therapist or counselor I use?

The *Regulated Health Professions Act, 1991*, its regulations and CCO policy set certain criteria for the choice of a therapist or counselor.

The therapist or counselor must not be a person to whom the applicant has any family relationship, or who, to the College's knowledge, as been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature.

The applicant may apply for funding for therapy or counselling from an individual who is not a regulated health professional; however, the College may require the applicant to indicate that they understand that the therapist or counselor is not a member of a health regulatory college and is not subject to professional regulation, complaints, or discipline.

Funding for therapy or counselling is generally approved for therapy or counselling on a session-by-session basis, that takes place in the province of Ontario. An application may involve extenuating circumstances, which should be communicated as part of the application process.

The Patient Relations Committee will review applications for funding for therapy on a case-by-case basis, and consider any extenuating circumstances as part of the application.

How does the billing process work?

As required by the *Regulated Health Professions Act, 1991*, once a therapist or counsellor is approved, the College will make payments to the therapist or counsellor upon receipt of invoices.

In exceptional circumstances, if the applicant has already received therapy or counselling, the College may reimburse the applicant directly upon receipt of invoices or receipts. Invoices or receipts can be submitted to the College by mail, fax or email attachment:

Mail: 59 Hayden Street, Suite 800, Toronto, ON M4Y 0E7

Fax: 416-925-9610

Email: cco.info@cco.on.ca

Can I change therapist or counsellor or use more than one therapist of counsellor

Yes, at any time during the five year funding period, you may complete an application for a new therapist or counsellor, which will then be reviewed by the Patient Relations Committee.

Mail: 59 Hayden Street, Suite 800, Toronto, ON M4Y 0E7
Fax: 416-925-9610
Email: cco.info@cco.on.ca

Does the applicant have to meet with the Patient Relations Committee?

No, the Patient Relations Committee reviews documents only.

Is there a requirement for a psychological assessment to support the need for therapy?

The Patient Relations Committee reviews and approves applications for funding for therapy and counselling, and will review applications in accordance with the requirements of the legislation, regulation and policies of the College, including the nature and relevance of the therapy and jurisdiction in which the therapy is provided.

However, there is not a requirement for a psychological assessment to support the need for therapy, nor is there a requirement for your therapist or counsellor to provide updates on the progress of the therapy to the College.

What is the limit on funding for therapy or counselling?

The limits for funding for therapy or counselling are set out in the *Regulated Health Professions Act, 1991*, its regulations and CCO policies.

The maximum amount of funding that may be provided to an applicant is **\$17,370** (calculated as 200 half-hour sessions billed at \$86.85 per session) and may be provided for a **period of five years** from the day on which the person first received funding.

How will I know the status of my funding account?

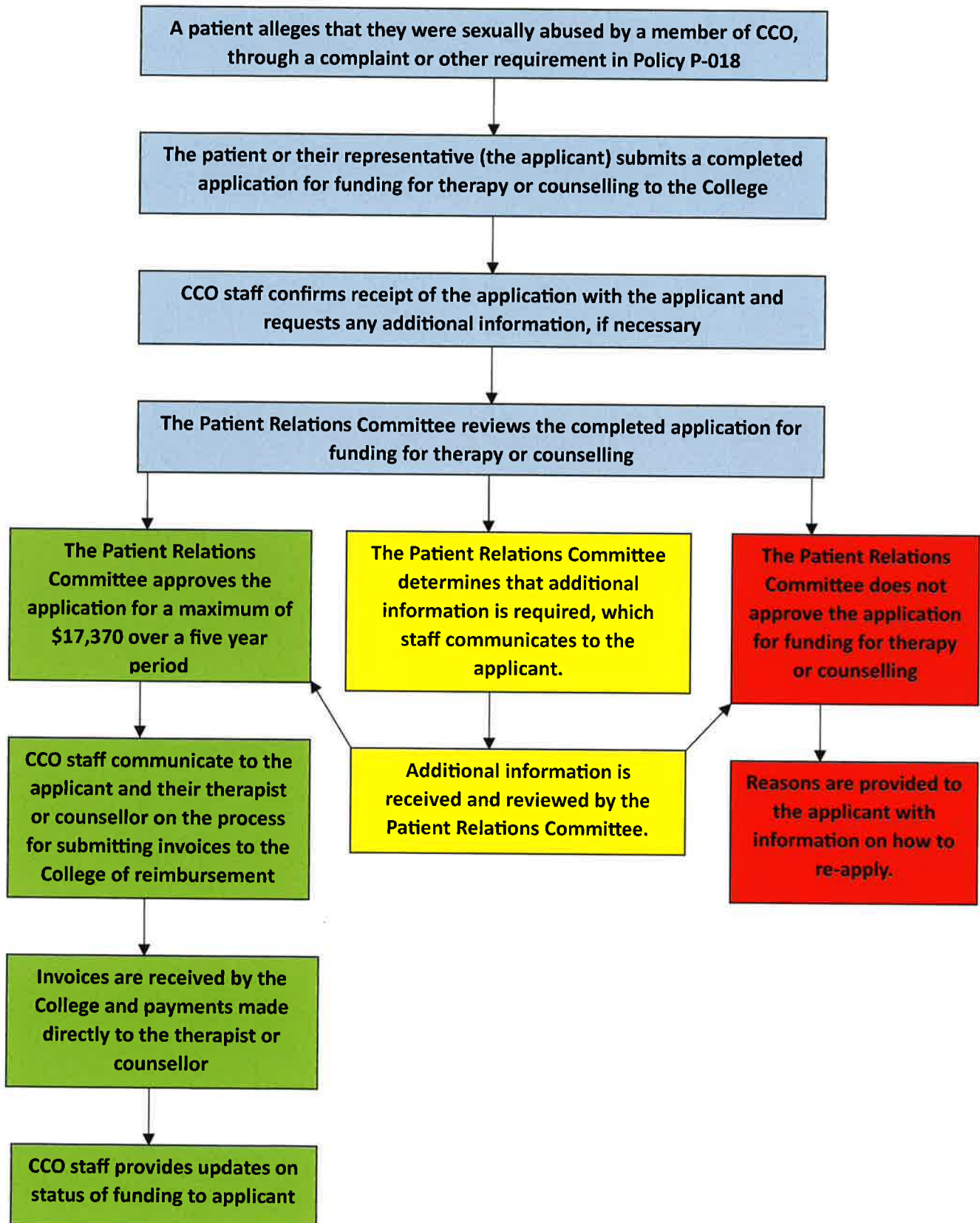
At any time, you may contact the College to inquire about the status of your funding account. The College will communicate with you periodically as to how much money is left and how much time is left for funding for therapy or counselling

Other CCO Documents Related to the Prevention of Sexual Abuse of Patients **32**

The following documents relate to the prevention of sexual abuse of patients:

- [Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient](#)
- [Policy P-003: Principle of Zero Tolerance](#)
- [Guideline G-001: Communication with Patients](#)
- [Maintaining Professional Boundaries](#)

Funding for Therapy or Counselling Application Flowchart



From: Citizen Advisory Group <info@citizenadvisorygroup.org>
Sent: Friday, December 15, 2023 5:51 PM
To: Joel Friedman
Subject: CAG Winter 2023 Newsletter

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WINTER 2023 NEWSLETTER

A Quarterly Newsletter for Citizen Advisory Group Members

[Visit our Website](#)

IN THIS ISSUE:

- [Consultation updates](#)
- [Public consultations](#)
- [Additional resources](#)

College of Audiologists and Speech-Language Pathologists of Ontario's (CASLPO) *Revised Draft Standard: Use of Restricted Titles*



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des audiologistes et
des orthophonistes de l'Ontario

CASLPO encouraged CAG Members to provide their feedback to the [public consultation](#) on our *Revised Draft Standard: Use of Restricted Titles* in September 2023.

We're excited to share that the *Revised Standard* was approved by the CASLPO Board on December 1, 2023, and has been published on [CASLPO's website](#) in [French](#) and [English](#).

CASLPO frequently receives questions and concerns about the use of restricted titles, including the titles “audiologist,” “speech-language pathologist,” “speech therapist,” and the “doctor” title. The *Revised Standard* explains the requirements and expectations for the use of restricted titles by CASLPO registered audiologists and speech-language pathologists and non-registrants (e.g., applicants and students).

CAG Members were asked whether the *Draft Standard* is clear, understandable, and protects the public. Several Members responded to the survey with valuable input, which we greatly appreciate. [Standards](#), while generally written for CASLPO registrants, benefit from input from members of the public. In addition, a one-page explanatory document specifically written for patients is planned.

Thank you to CAG Members for their input to improve CASLPO's *Practice Standards*.

College of Nurses of Ontario's (CNO) Registered Nurse Prescribing

The Ontario government recently approved regulations to expand Registered Nurse (RN) scope of practice to include RN prescribing.



**COLLEGE OF NURSES
OF ONTARIO**
**ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO**

Under the new regulations, RNs who meet specific requirements will be authorized to prescribe certain medications and communicate diagnoses for the purposes of prescribing those medications.

A prerequisite for RNs seeking this privilege is the completion of education that is approved by CNO. On Dec. 6, 2023, CNO Council approved four new RN prescribing education programs. These programs are designed to ensure the highest standards of competence and practice, supporting RNs to safely prescribe medication and communicate diagnoses.

[In addition, Council approved a new *Registered Nurse \(RN\) Prescribing Practice Standard* to support the safe practice of RNs who become authorized to prescribe.](#)

CNO thanks CAG Members for their contributions and feedback over the past several years to support us in ensuring RN prescribing will be safe for the people of Ontario.

CNO's Diversity, Equity and Inclusion Census

In the new year, CNO will launch its first workforce census. The census will provide CNO with an important snapshot of the demographic composition of Ontario's

nurses. Results will provide CNO with a baseline that makes it possible to identify gaps and track progress over time.

40

The census will allow CNO to measure changes and progress toward advancing more equitable, diverse and inclusive policies and defining positive working environments. The census is voluntary, anonymous, and open to all nurses registered with CNO. Participants will be able to self-identify in a variety of ways that reflect the rich diversity of nurses in Ontario.

Throughout our consultations, we have heard from equity-deserving groups about the barriers that nurses in Ontario experience. At CNO, we know members of historically marginalized groups may experience racism, discrimination or harassment in both their personal and professional lives. This survey is designed to ensure CNO better understands what systemic issues and challenges nurses experience.

The survey was developed in collaboration with members of equity-deserving groups, and in consultation with external and internal DEI experts who specialize in collecting data in health systems.

[More information about this upcoming initiative will be shared in the coming weeks on CNO's website \(www.cno.org\).](http://www.cno.org)

**College of Occupational Therapists of Ontario's (COTO) 2024–2027
Strategic Plan**



College of Occupational Therapists of Ontario

Regulator of occupational therapists in Ontario

The [College of Occupational Therapists of Ontario \(COTO\)](#) would like to thank CAG members for providing input to our 2024—2027 strategic planning survey.

The themes from the survey will be shared on [our website](#). Your insights and feedback will help shape our strategic plan. The 2024 strategic plan will launch next year and take effect on June 1, 2024.

You can read more about COTO's recent consultations on our [consultations page](#). If you have questions or are interested in receiving notices about future COTO consultations, please contact info@coto.org.

College of Dietitians of Ontario's (CDO) *EDI-B Status Report*



**College of
Dietitians
of Ontario**

The [College of Dietitians of Ontario](#) (CDO) would like to thank members for their invaluable contribution to CDO's equity, diversity, inclusion and belonging (EDI-B) journey.

We are very pleased to share the publication of our [EDI-B Status Report](#), which reflects CDO's ongoing commitment to informed action that will minimize systemic barriers and help to build a more inclusive and equitable health system for all.

The lived experiences, insights, and recommendations of Members inform our journey. We especially appreciate the valuable feedback from members in the further development of CDO's *Code of Ethics*. This *Code* guides dietitians in ethical practice, defining values, principles, and expectations across various contexts and decision-making levels. It sets ethical standards for dietitians, practicum students,

and college applicants, aiding understanding among clients, colleagues, and the public regarding ethical commitments.

Members also made a significant contribution to [*“For Clients Living with Diabetes: What to Expect when seeing a Dietitian for Insulin Dose Adjustments.”*](#) CDO has established [a position statement and practice guidelines](#) to assist registrants in delivering safe care to clients undergoing changes in their insulin doses. The document aims to inform clients living with diabetes about what to expect when collaborating with a dietitian to manage their insulin.

CAG Members are invited to read the EDI-B Status Report in [English](#) or in [French](#) and follow CDO’s EDI-B journey through www.collegeofdietitians.org/EDI-B.

PUBLIC CONSULTATIONS

College of Physicians and Surgeons of Ontario’s (CPSO) Open Consultations



The [College of Physicians and Surgeons of Ontario \(CPSO\)](#) is looking for CAG Members’ input to support us in fulfilling our mandate to serve in the public interest.

We want to hear your feedback on our four open consultations:

- [*Current Policy: Consent to Treatment*](#)
- [*Current Policy: Physician Treatment of Self, Family Members, or Others Close to Them*](#)
- [*Draft: Principles of Medical Professionalism*](#)

- [Draft Policy: Professional Behaviour](#)

To help us evaluate and inform updates to these drafts, please visit the dedicated consultation pages linked above or [CPSO's Consultations webpage](#).

Please provide your feedback by Monday, February 12, 2024, at 11:59 PM (EST).

[Join our mailing list to be notified of all future CPSO consultations!](#)

ADDITIONAL RESOURCES

CPSO: *eDialogue* (December 2023)

eDIALOGUE

A Publication for Ontario Doctors

[eDialogue](#) is the fully digital version of CPSO's long-running print magazine. It's mobile-friendly and includes articles and Practice Profiles related to health regulation, policies, health trends, and practice improvement.

Be sure to check out the following features from our [December 2023 issue](#):

- [Social Prescribing: Global movement puts a process around referring patients to non-clinical and community-based programs and services](#)
- [Working with Trauma Survivors: How Not to Harm Yourself or Others](#)
- [Making Your Patients Feel Safe: Policy's advice document provides examples of actions](#)

[You can subscribe to eDialogue to receive notifications when new content is added!](#)

Recent Open-Access Journal Articles

- [Exploring Clients' Experiences of Transitioning Mental Health Nursing Care from an In-Person to a Virtual Format due to the COVID-19 Pandemic](#), *Canadian Journal of Nursing Research* (December 2023).
- [Implementing a patient engagement framework in the primary healthcare system in Qatar](#), *Patient Experience Journal* (November 2023).
- [Patient Experience With Primary Care Physician Assistants in Ontario, Canada: Impact of Trust, Knowledge, and Access to Care](#), *Journal of Patient Experience* (November 2023).
- [The Social Construction of Dementia: Implications for Healthcare Experiences of Caregivers and People Living with Dementia](#), *Journal of Patient Experience* (November 2023).
- [Transitional Care from Hospital to Cardiac Rehabilitation During COVID-19: The Perspectives of Older Adults and Their Healthcare Providers](#), *Journal of Patient Experience* (November 2023).

Have you checked out the Ontario Health Regulators' website?

This website represents the 26 health regulatory colleges that collectively oversee more than 400,000 health professionals in Ontario. From here you can:

- *Learn about what the colleges do and how they protect the public.*
- *Find a link to each colleges' directory of registered professionals.*
- *Find a link to each colleges' complaints and concerns page.*
- *Provide your input when colleges are seeking feedback on policies and processes.*

Visit ontariohealthregulators.ca today and share the link with your network!

Citizen Advisory Group (CAG): info@citizenadvisorygroup.org | citizenadvisorygroup.org

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Richard Brown · 2nd
Secretary-General, World
Federation of Chiropractic
2d · 🌐

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Earlier this week, I was pleased to participate in a meeting of the WFC's Global Patient Safety Task Force. We are an international group of expert clinicians and researchers committed to developing a culture of safety and awareness across the chiropractic profession worldwide. Our work involves producing scientific papers, raising awareness and advocating for a focus on safety as part of delivering evidence-based, people-centred, interprofessional and collaborative care.

Regardless of healthcare discipline and interventions delivered to patients, safety must be at the heart of everything we do. This includes chiropractors, who, despite being a non-drug, non-pharmaceutical profession, are not immune from risks, hazards and adverse events, be they caused through acts or omissions. By recognising that we can play a key role in tackling issues of patient safety, chiropractors can improve trust, optimize outcomes, enhance quality and reduce healthcare costs.

Chiropractors have a role to play in developing trust so that patients feel safe and confident in their care. This can be built through a focus on communication and shared decision making and by encouraging patients to take an active role in their care. Patients who trust their provider are more likely to engage, comply and report concerning symptoms at an early stage.

A patient safety culture also builds in an early alert system for chiropractors to monitor patients' health and wellbeing. Diligent questioning and careful physical examinations can identify health issues that may require a change in management or onward referral.

A commitment to guideline compliance and evidence-based practice further helps to ensure that chiropractic interventions are safe and effective. Technology, whether through electronic health records, wearable technology, telehealth or knowledge sharing applications has provided mechanisms for chiropractors and their patients to be better informed and have access to resources to create and maintain safer, healthier communities.

Empowering patients through education further serves as a system for them to actively participate in care and be aware of adverse events or suboptimal outcomes. A culture of reporting and learning is something that chiropractors and their patients can be involved with and, contrary to some beliefs, can reduce issues of blame.

As we advance a global safety culture in chiropractic, the WFC enthusiastically embraces candour, openness and learning from colleagues and fellow health professionals. We encourage all chiropractors, in all nations, to join us on our mission to improve outcomes, mitigate risk and enhance patient safety for the well being of patients and our wider societies.

**#BeEPIC #wfc matters #patientsafety
#chiropractic**

ITEM 1.4

**College of Chiropractors of Ontario
Quality Assurance Committee Report to Council
February 23, 2024**

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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, Deputy Registrar
Dr. Katherine Tibor, Director of Professional Practice
Ms. Jo-Ann Willson, Registrar and General Counsel

Committee Mandate

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

Report

Since the last meeting of Council, the Quality Assurance (QA) Committee met once on January 19, 2024 and hosted the Peer Assessor Training Day on January 20, 2024

Peer and Practice Assessment

Peer and Practice Assessment (PPA) for 2023 – 2024 is wrapping up and assessors are sending in their last remaining assessments to CCO. A total of 241 PPA 1.0 and 271 PPA 2.0 were conducted during this PPA cycle. A new PPA cycle will be launched in the Spring 2024 with updated PPA forms to reflect amendments standards of practice, policies and guidelines. Thank you to Dr. Katherine Tibor and the CCO staff for managing this program, which continues to be a great success for the Quality Assurance program.

The QA Committee will also be reviewing and updating Policy P-051: Peer Assessors to ensure consistency with other CCO documents.

Peer Assessor Training Day – January 20, 2024

CCO hosted the annual peer assessor training day on January 20, 2024. Various presentations and discusses included greetings from the CCO President and Chair of the QA Committee, updates on new and amended standards of practice, policies and guidelines, feedback and experiences from the past year from both new and experienced peer assessors and current regulatory events.

The peer assessors also worked in small groups and presented on topics related to assessing competencies and skills in spinal adjustment and manipulation, the proposed amendments to Standard of Practice S-003: Professional Portfolio as it relates to mandatory “hands-on”, in-person continuing education, and the regulation of members’ use of advertising, websites and social media, including feedback to the draft webinar being developed by the QA Committee.

Overall, the training day was an excellent opportunity to interact with peer assessors, receive valuable feedback and share best practices on the PPA program and receive feedback on current items before the QA Committee.

Thank you to all of the presenters and participants, and especially to Dr. Katherine Tibor and the CCO staff for doing an excellent job organizing the day.

QA Content to be Included in Upcoming Message to Stakeholders, including Members

The QA Committee has developed messaging around the passing of new Guideline G-015: Virtual Care and amendments to Guideline G-014: Delegation, Assignment and Referral of Care and Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs that will come into effect following the February 23, 2024 Council meeting, to be included in the next communication to stakeholders, including members.

Proposed Amendments to Standard of Practice S-003: Professional Portfolio

The QA Committee reviewed the feedback to proposed amendments to Standard of Practice S-003: Professional Portfolio distributed to stakeholders, including members on September 19, 2023. The Committee had extensive discussion at its meeting as well as at the Peer Assessor Training Day, and foresees that it will have recommendations to Council at the next Council meeting.

Chiropractic Care of Animals

The Committee QA Committee reviewed various documents and communications related to the review of the *Veterinarians Act, 1990* and the effects amendments may have on Standard of Practice S-009: Chiropractic Care of Animals and members of CCO who provide chiropractic care of animals. CCO has engaged in meetings with various system partners and has communicated with the Ministry of Agriculture Food and Rural Affairs, related to these proposed amendments. There is an expectation that the bill for these amendments will be released this Spring, which will be reviewed further at that time.

CCO Workshops

CCO continues to present the *Regulatory Excellence for CCO Members Workshop (REW)* virtually, with the most recent workshop taking place on February 16, 2024. The workshop is now mandatory to be completed at least once every three CE cycles (six years) to be completed by June 20, 2028, in accordance with amendments to Standard of Practice S-003: Professional Portfolio. The workshop continues to evolve to include content related to the prevention of sexual abuse of patients, communications and boundaries with patients, orthotics and assistive devices, and advertising, websites and social media, including examples of Do's and Don'ts related to advertising.

The Committee continues to review a draft of an on demand, interactive webinar on Advertising, Websites and Social Media (material from the REW) using the Articulate software, with further feedback being provided by the peer assessors. The Committee expects to have recommendations to Council at the next Council meeting.

Acknowledgements

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

Respectfully submitted,

Dr. Paul Groulx
Chair, Quality Assurance Committee

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**COLLEGE OF CHIROPRACTORS OF ONTARIO
PEER & PRACTICE ASSESSMENT WORKSHOP
CCO OFFICES, JANUARY 20, 2024
8:30 AM – 4:00 PM**

Time (Approx.)	Page #	Item	Action By
8:00am		BREAKFAST RECEPTION	All
8:30am		WELCOME AND INTRODUCTIONS	Green
		List of Peer Assessors	For Review
		What is CCO?	Green
		CCO Mission and Strategic Objectives	Green
		Quality Assurance Mandate and Committee Composition, 2023-2024 and Staff Support	Groulx
		CCO Peer Assessor Code of Conduct	Groulx
		Agenda	Groulx
		Minutes: Jan. 28, 2023 for Approval	Groulx
		Minutes: Jan. 29, 2022, and Jan. 25, 2020	For Review
		Parking Lot Archive: 2023	For Review
		Summary of Peer Assessor Feedback from PA Workshop, January 28, 2023	For Review
		Core Competencies for CCO Members	For Review
		P-051: Peer Assessors	For Review
		S-002: Record Keeping	For Review

	<p>Objectives</p> <ol style="list-style-type: none"> (1) Updating Standards of Practice, Policies, and Guidelines (2) College Performance Measurement Framework (3) Peer and Practice Assessment, 2023: Reviewing the Role of the Peer Assessor and Peer Assessor Feedback (4) Spinal Adjustment or Manipulation, in relation to Continuing Education (CE) and Peer and Practice Assessments (PPAs) (5) Advertising, Websites and Social Media (6) Current Events and Trends in Regulation (7) Gathering Feedback and Questions; Confidentiality Agreement; Code of Conduct; Per Diems 	Groulx
	<p>Parking Lot</p>	
	<p><i>Objective 1: Updating Standards of Practice, Policies and Guidelines; Revisions to PPA Materials</i></p> <p><i>Approved Since Last Peer Assessor Workshop</i></p> <ol style="list-style-type: none"> 1.1 Guideline G-015: Virtual Care (new) 1.2 Guideline G-014: Delegation, Assignment and Referral of Care (amended) 1.3 Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs (amended) 1.4 Competencies for Council and Committee Members and Peer Assessors (amended) <p><i>Currently Under Review</i></p> <ol style="list-style-type: none"> 1.5 Draft Amendments to Standard of Practice S-003: Professional Portfolio (Circulated for Feedback September 2023) 	Friedman

	<p>Objective 2: College Performance Measurement Framework (CPMF) – Three Year Review of Statistical Data</p> <p>2.1 CPMF, Government of Ontario</p> <p>2.2 Excerpt from 2022 CPMF</p> <p>2.3 Excerpt from 2021 CPMF</p> <p>2.4 Excerpt from 2020 CPMF</p>	Friedman
	<p>Objective 3: Peer Assessor Feedback, PPA 1.0 and PPA 2.0</p> <p>3.1 Reviewing the role of the Peer Assessor</p> <p>3.1.1 Right-touch regulation</p> <p>3.1.2 Finding space for kindness</p> <p>3.2 Large Group Discussion</p> <ul style="list-style-type: none"> • Lessons learned from new PAs • Tips from seasoned PAs • Trends noticed in the field? 	Tibor
noon	<p>Morning Break and group photograph?</p>	All
	<p>Objective 4: Spinal Adjustment or Manipulation, in relation to CE and PPAs</p> <p>4.1 Spinal Adjustment or Manipulation – Competency</p> <p>4.1.1 S-001: Scope of Practice</p> <p>4.1.2 S-003: Professional Portfolio (proposed amendments)</p> <p>4.1.3 S-005: Chiropractic Adjustment or Manipulation</p> <p>4.1.4 S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone</p>	Tibor

4.2 Small Groups

- Pros and cons of assessing spinal adjustment or manipulation
- How can PAs assess spinal manipulation?
- Proposed Amendments to S-003: Professional Portfolio – Mandatory CE related to “hands on” spinal adjustment or manipulation CE?
- Thoughts? Feedback?

4.3 Small Group Presentations

Objective 5: Advertising, Websites and Social Media

Friedman, Tibor

5.1 CCO Material Related to Advertising Websites and Social Media

- 5.1.1 S-016: Advertising
- 5.1.2 S-023: Health Care Claims in Advertising, Websites and Social Media
- 5.1.3 G-012: Use of Social Media
- 5.1.4 G-016: Advertising
- 5.1.5 G-023: Health Care Claims in Advertising, Websites and Social Media
- 5.1.6 P-016: Public Display Protocol
- 5.1.7 Advertising Checklist
- 5.1.8 Public Display Statement
- 5.1.9 Excerpt of Slides from Regulatory Excellence Workshop Related to Advertising, Websites and Social Media (used for proposed webinar)
- 5.1.10 PPA 1.0 and 2.0 assessor documents related to advertising, websites and social media
- 5.1.11

<https://360.articulate.com/review/content/10817abf-6445-4959-a9cf-1cfcced8d263/review>¹

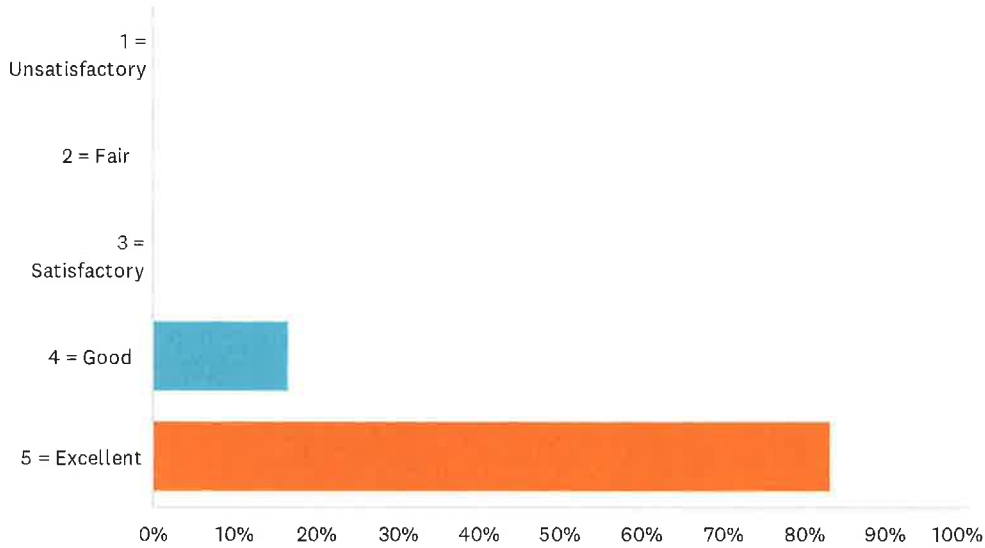
¹ View draft webinar in advance of Peer Assessor Workshop

	<p>5.2 Small Groups</p> <ul style="list-style-type: none"> • Trends noticed in the field and in PPAs? • 3 Do's and 3 Don'ts seen in PPAs related to the standard of practice • Feedback for REW content and webinar – what additional messages? <p>5.3 Small Group Presentations</p>	
	Objective 6: Current Events and Trends in Regulation	Willson
	6.1 Current Events and Trends in Regulation	
	Objective 7: Next steps; Gathering feedback and questions; Confidentiality Agreement, Code of Conduct and Evaluation	Tibor
	SIGNING CONFIDENTIALITY AGREEMENT AND CODE OF CONDUCT	Friedman
	7.1 CCO Peer Assessors Code of Conduct	
	7.2 Undertaking to Maintain Confidentiality for Peer Assessors	
4:00pm	WRAP-UP AND FEEDBACK EVALUATION	Groulx, Green

ITEM 1.4.2

Q1 Please rate the overall quality and your satisfaction with this workshop:
OVERALL QUALITY

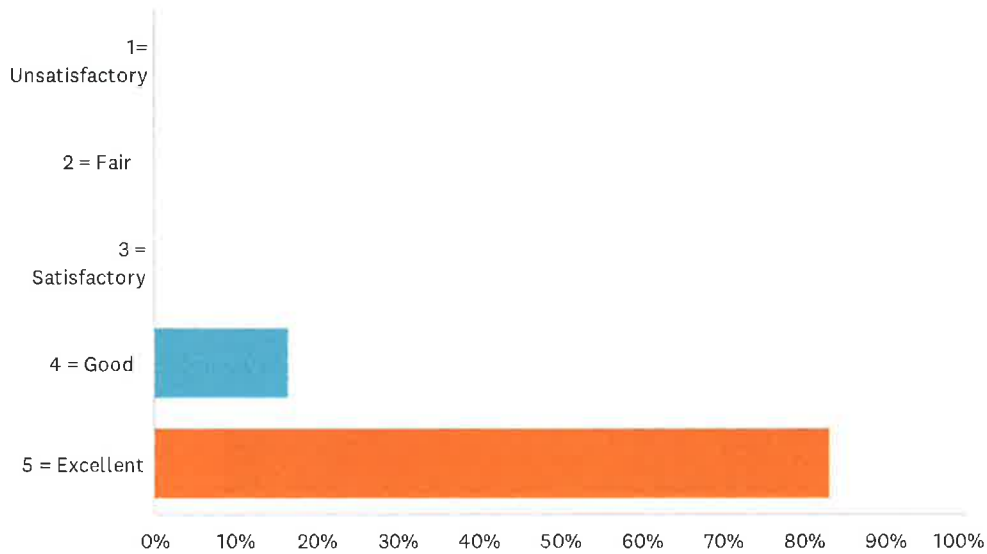
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 = Unsatisfactory	0.00%	0
2 = Fair	0.00%	0
3 = Satisfactory	0.00%	0
4 = Good	16.67%	4
5 = Excellent	83.33%	20
TOTAL		24

Q2 Please rate the overall quality and your satisfaction with this workshop: OVERALL SATISFACTION

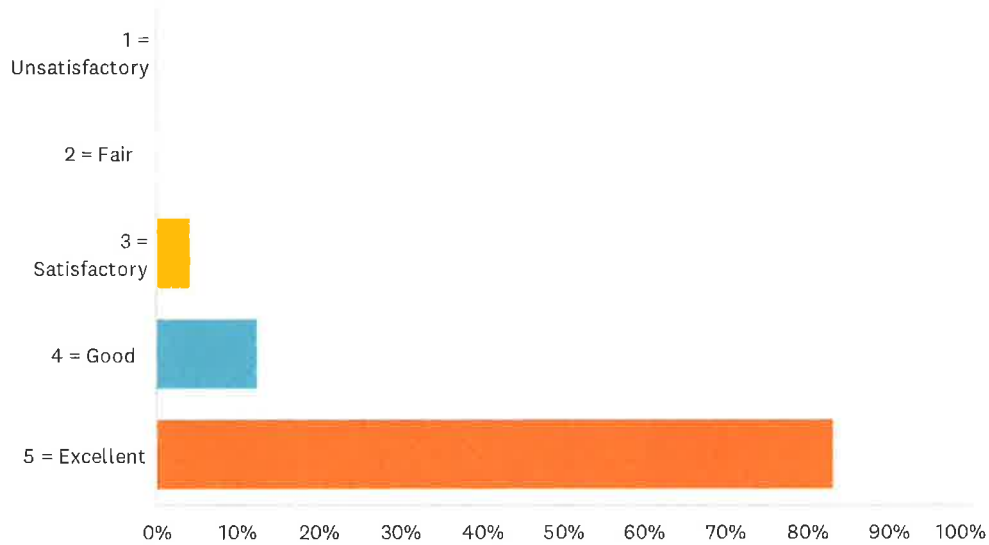
Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
1= Unsatisfactory	0.00%	0
2 = Fair	0.00%	0
3 = Satisfactory	0.00%	0
4 = Good	16.67%	4
5 = Excellent	83.33%	20
TOTAL		24

Q3 Please rate the overall quality and your satisfaction with this workshop: MET THE OBJECTIVES

Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 = Unsatisfactory	0.00%	0
2 = Fair	0.00%	0
3 = Satisfactory	4.17%	1
4 = Good	12.50%	3
5 = Excellent	83.33%	20
TOTAL		24

Q4 If you rated any of the above "less than 5", please tell us why and what would have made it "5".

Answered: 1 Skipped: 23

#	RESPONSES	DATE
1	More feedback to the Peer Assessors	1/26/2024 1:12 PM

Q5 What did you find most beneficial at today's workshop? **61**

Answered: 21 Skipped: 3

discussions small groups **peer assessors**

#	RESPONSES	DATE
1	No sure	1/26/2024 1:12 PM
2	Hearing other PA experiences, challenges, resolutions, etc	1/25/2024 1:54 PM
3	energy and enthusiasm of all participants to carry us through the rest of the year. And Katherine ... very positive and encouraging and non judgemental	1/22/2024 5:53 PM
4	brainstorming with other peer assessors and hearing their experiences and ideas	1/22/2024 3:51 PM
5	Great update on advertising	1/22/2024 2:43 PM
6	Open discussions and advice offered by others	1/22/2024 8:33 AM
7	Break out sessions and background info package	1/20/2024 3:22 PM
8	Break out sessions (both!)	1/20/2024 3:20 PM
9	Conversing with the other PA	1/20/2024 3:17 PM
10	Round table discussion of peer assessors on what they saw in field	1/20/2024 3:15 PM
11	The breakout sessions	1/20/2024 3:15 PM
12	good to get tips and tricks from other peer assessors. reaffirm im on track	1/20/2024 3:15 PM
13	Sharing ideas with other assessors	1/20/2024 3:15 PM
14	The workshops with fellow assessors was very informative with different perspective and concerns.	1/20/2024 3:15 PM
15	Great flow and very informative	1/20/2024 3:14 PM
16	Focus and refresher on Advertising. Info on scope/standard of practice s-003	1/20/2024 3:14 PM
17	Interaction with peers, small groups of	1/20/2024 3:14 PM
18	The topics selected are very pertaining to what is found in the fird	1/20/2024 3:13 PM
19	Networking with other peer assessors to see what they have encountered	1/20/2024 3:13 PM
20	Small groups	1/20/2024 3:13 PM
21	Small group discussions	1/20/2024 3:12 PM

Q6 Please list any suggestions for future workshop topics, including possible guest speakers.

62

Answered: 9 Skipped: 15

#	RESPONSES	DATE
1	Would love to have Dr. Bruce Walton share some wisdom!	1/25/2024 1:54 PM
2	guest speaker : Jordan Peterson (sorry, couldn't resist)	1/22/2024 5:53 PM
3	Reflective practices for continued personal and professional growth, Assessing collaboration with other healthcare professionals	1/20/2024 3:20 PM
4	Like seeing the trends	1/20/2024 3:17 PM
5	Could shorten round table by having it in short break out session	1/20/2024 3:15 PM
6	Social media speakers do/don'ts	1/20/2024 3:15 PM
7	Walk through of using online forms	1/20/2024 3:14 PM
8	Expanding scope updates	1/20/2024 3:13 PM
9	Love to hear more about cyber security	1/20/2024 3:12 PM

Q7 Additional Comments. We are looking for further feedback and wisdom you might share. Any comments will be helpful.

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Answered: 14 Skipped: 10

experience Great job workshops

#	RESPONSES	DATE
1	Perhaps note that the breakout activity was primarily for enjoyment, encourage participants to exercise discretion, and foster a more relaxed less competitive atmosphere?! :) Also, want to note I appreciate how organized the day is and how everyone gets a chance to contribute (should they desire). And food options were fantastic!	1/25/2024 1:54 PM
2	more on the top priorities of the CCO and challenges the CCO is facing	1/22/2024 5:53 PM
3	I like the focus on one topic at each workshop. Doing the webinar ahead of time was a great idea.	1/22/2024 2:43 PM
4	You do a great job of keeping it engaging, interesting, relevant and down to earth, I did not find myself counting down the minutes before breaks, lunches, end time like I often do in workshops	1/22/2024 8:33 AM
5	It was helpful to review parking lot issues from last few years.	1/20/2024 3:22 PM
6	I would love to hear some feedback from chiropractors that were assessed. How did they like the process? What would they change? How was their overall experience?	1/20/2024 3:20 PM
7	streamlining forms? help make electronic submissions more accessible too?	1/20/2024 3:15 PM
8	Always well put together! Enjoyed it very much	1/20/2024 3:15 PM
9	Excellent. It's always a great learning experience.	1/20/2024 3:15 PM
10	I would like to see some amendments to record keeping with respect to EMR as we see a big trend.	1/20/2024 3:14 PM
11	Well organized, useful interactions	1/20/2024 3:14 PM
12	Thank you for another wonderful event. You do a fantastic job in making the peer assessing experience an enjoyable and valuable one.	1/20/2024 3:13 PM
13	Great job!	1/20/2024 3:13 PM
14	Great job. Really enjoy the workshops	1/20/2024 3:12 PM

**College of Chiropractors of Ontario
Registration Committee Report to Council
February 23, 2024**

69

Members: Dr. Julia Viscomi, *Chair*
Mr. Gagandeep Dhanda
Dr. Angelo Santin
Mr. Robert Chopowick

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

Committee Mandate

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

Report

The Registration Committee 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, and sent three additional reminder emails to members and corporations that had not yet renewed on December 5, 2023, December 20, 2023 and January 2, 2024 prior to the application of late fees on January 5, 2024.

As of January 29, 2024, approximately 5300 members and 1100 professional corporations have renewed for 2024.

Current Member Status

Chart 1: Membership Statistics as of January 29, 2024

Classes	Total
General	5015
Inactive	233
Retired	185
All classes	5433

Chart 2: Change in Registration statistics for November 3, 2023 to January 29, 2024

Description	Total
New members	29
Female	15
Male	14

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

CMCC	8
NCHS (Previously NYCC)	3
NZCC	2
D'Youville	4
Logan University	1
Parker University	1
Palmer CA	1
Palmer FL	4
NHSU	2
Life University	1
University of South Wales	1
University of Western States	1

Acknowledgements

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

Respectfully submitted,

Dr. Julia Viscomi
Chair, Registration Committee

From: Joel Friedman
Sent: Thursday, December 14, 2023 4:00 PM
To: James.Mendel@ontario.ca
Subject: RE: Office of the Fairness Commissioner RICF Questionnaire due Dec 14
Attachments: 2023 11 10 RICF questionnaire RHPA gen - CCODec14,2023.docx

Good Afternoon,

Please see completed questionnaire from CCO. Relevant links are included in the responses.

Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>
Sent: Tuesday, November 14, 2023 11:18 AM
To: Joel Friedman <JFriedman@cco.on.ca>
Subject: Office of the Fairness Commissioner RICF Questionnaire due Dec 14

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

Hello Joel,

As per the OFC's November 6 memo, I am sending you an RICF questionnaire to complete. Please return the completed questionnaire and any supporting documentation to me by email by December 14. Please do not hesitate to reach out if you have questions or require assistance.

James Mendel

[SUBSCRIBE](#) to the OFC Newsletter

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James Mendel
Compliance Analyst
Office of the Fairness Commissioner
(437) 233-4865
www.fairnesscommissioner.ca



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

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

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November 14, 2023

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Re: Questionnaire -- Risk-informed Compliance Framework

The Office of the Fairness Commissioner (OFC) recently launched its updated Risk-Informed Compliance Framework (RICF). To assist the OFC in assessing your organization's risk profile, please find below a questionnaire.

Your responses to this questionnaire will help us to understand the risks that may be impeding fair registration practices in your organization and the steps that you are taking to address them. I will carefully review this information and reach out for a follow up conversation as needed to clarify my understanding of your responses.

Please note that this questionnaire supplements information that you have already provided to us in your 2022 Fair Registration Practices Report and in other periodic reports. As such, the questionnaire will only address a subset of the risk indicators set out in our RICE.

In response to regulator feedback that our assessment process needs to be more objective, measurable and outcome focused, our questionnaire seeks to target information and supporting materials that meet these criteria. Where possible, please submit supporting documentation to substantiate your responses. Where this is not possible, ensure that your response is sufficiently detailed to help us understand how you are addressing the risk.

In our reporting template, we have identified some examples of supporting documentation. These examples are not, however, exhaustive and we encourage you to provide responses and documentation appropriate to your context and work processes.

Please e-mail the completed questionnaire and supporting documentation to me by December 14, 2023.

If you have questions, or require assistance in completing the enclosed template, please feel free to contact me at your earliest convenience. You may also wish to consult our website for [RICF Frequently Asked Questions and Answers](#).

I expect to communicate your organization's provisional risk rating by late February or early March 2023. Should that provisional rating fall within an elevated risk category, you will be offered a meeting with the OFC to ask questions, discuss results, and / or provide additional information depending on the context.

Regards,

Compliance Analyst

1. Risk Factor -- Organizational Capacity:

<p>Measure: Efficient processing of applications</p> <p>Risk indicator: Whether there is a substantial inventory of applications waiting to be processed and how that inventory has changed over time.</p>	
<p>Question: Please provide the following data:</p> <ul style="list-style-type: none"> a) Number of active applications (as of Nov. 30/23) b) Number of active applications (as of Dec. 31/22 and Dec. 31/21.) <p>As applicable, please describe any initiatives that you have undertaken to enhance the efficiency of your registration processes and the impacts of these efforts on your application inventory.</p>	<p>Examples of supporting materials:</p> <ul style="list-style-type: none"> • Inventory management plan • Data showing decrease in application inventory over time.
<p>Response:</p> <ul style="list-style-type: none"> a) As of November 30, 2023, there are no active applications. All applications received have been registered. b) There were no active applications as of December 31, 2022 and December 31, 2021. <p>Applications for registration are processed and approved within 7 – 10 business days. If additional material is required, CCO will notify the applicant. If an applicant is referred to the Registration Committee for review, a virtual meeting can be scheduled.</p>	
<p>Supporting materials (provide links or list attachments, noting relevant page numbers)</p> <ul style="list-style-type: none"> • CCO webpages on registration requirements outlining the requirements for applicants: https://cco.on.ca/prospective-members/becoming-a-member/registration-requirements/ and https://cco.on.ca/prospective-members/becoming-a-member/the-registration-process/ • CCO Registration Committee Policies: https://cco.on.ca/members-of-cco/policies/ (under Heading Registration) • Registration Committee report on page 44 of 2022 Annual Report https://cco.on.ca/wp-content/uploads/2023/06/CCO-2022-Annual-Report.pdf 	
<p>Measure: Responsiveness to complaints and appeal decisions</p> <p>Risk indicator: The regulator’s level of responsiveness to applicant and stakeholder concerns about deficiencies in assessment and registration processes.</p>	

<p>Question: Please describe:</p> <ul style="list-style-type: none"> a) any recent analysis undertaken by your organization of key issues arising in complaints and /or appeals. b) any registration policy changes implemented over the past 12 months in response to issues arising in complaints or appeals. 	<p>Examples of supporting materials:</p> <ul style="list-style-type: none"> • Reports and / or analysis of key issues • Council materials, updated policy documents
<p>Response:</p> <p>The Registration Committee has reviewed six applicants for registration referred to the Committee over the past 12 months. These referrals generally involve applicants who are returning to practice from an Inactive class of registration or after practising in another regulated jurisdiction. The Registration Committee applies the requirements in the <u>Registration Regulation</u> and <u>Policy P-053</u>, which are also outlined in flowcharts for <u>initial applicants</u> and <u>experienced applicants</u>. There have been no appeals of Registration Committee decisions in this time period.</p> <p>The only Registration Committee policy change in the past 12 months was <u>circulation</u> for feedback and approval of the Emergency Class sections added to the <u>Registration Regulation</u>.</p>	
<p>Supporting materials (provide links or list attachments, noting relevant page numbers)</p> <ul style="list-style-type: none"> • See above response 	

2. Risk Factor: Overall Control that a Regulator Exerts over its Assessment and Registration Processes, and its Relations with Third-party Service Providers

<p>Measure: Third-party accountability</p> <p>Risk indicator: The extent to which a clear accountability framework has been formalized between the regulator and its service providers.</p>	
<p>Question: Please describe the accountability framework that your organization uses to oversee the work of any third-party service providers (TPSPs) that assess applicant qualifications in relation to knowledge or experiential requirements for the profession. In your response, please indicate for each entity:</p> <ul style="list-style-type: none"> a) The name of the third party: b) The type of assessment undertaken: c) A description of the accountability framework, including the next review date for these measures. Where applicable, please indicate whether the agreement covers service timelines, availability of exam 	<p>Examples of supporting materials:</p> <ul style="list-style-type: none"> • A copy of the contract or written agreement • Regulator-approved policies governing TPSP assessments.

seats, privacy, cyber-security, and the availability of an appeal mechanism.	
<p>Response:</p> <p>Clinical Competency Examinations</p> <ol style="list-style-type: none"> Canadian Chiropractic Examining Board (CCEB) Entry to practice, clinical competency examinations Like all Canadian chiropractic regulators, CCO is a board member of the CCEB and participants in annual board meetings and AGMs of the CCEB. The CCEB is referenced in CCO's <u>Registration Regulation</u> and <u>Policy P-053</u>. CCO's Registration Regulation allows Council to accept examinations that are "set by another person or association or persons and accepted by the Council as equivalent to the examinations set by the Board". 	
<p>Supporting materials (provide links or list attachments, noting relevant page numbers)</p> <ul style="list-style-type: none"> See above 	
<p>Measure: Effective oversight and responsiveness to applicant concerns</p> <p>Risk Indicator: How effectively the regulator is overseeing the work of its TPSPs</p>	
<p>Question: How does your organization:</p> <ol style="list-style-type: none"> monitor third-party performance in relation to your accountability framework. address applicant concerns with the efficiency or fairness of third-party assessment practices. <p>If your organization is making changes to your relationship with your TPSPs, what steps are you taking to ensure a smooth transition and avoid service interruptions or delays to assessment processes?</p>	<p>Examples of supporting materials:</p> <ul style="list-style-type: none"> Documented review of TPSP processes, concerns identified, and / or remedial actions taken Transition plans, where appropriate
<p>Response:</p> <p>At the annual board meeting and AGM of the CCEB and through its <u>annual reports</u>, the CCEB reports on its year to year performance, statistics, changes to procedures and all other functions. Like all other Canadian chiropractic regulators, CCO is a board member and is active in decision making. The CCEB has an <u>internal appeals process</u>. CCO's Registration Committee reviews any applications referred to it on the basis of a request for an examination exemption.</p>	
<p>Supporting materials (provide links or list attachments, noting relevant page numbers)</p> <ul style="list-style-type: none"> See above 	

3. Risk Factor: Impact of Major Changes to Registration Practices

Preamble: Please describe any changes that your organization is making, if any, that would significantly impact the registration process.

Major change:	
Please respond to the questions below in relation to this change.	
Measure: Effective Consultation and Communication	
Risk Indicators: Whether the regulator has (a) engaged in stakeholder consultations prior to initiating the proposed changes and incorporated the feedback received into its process, and (b) developed a communications strategy which clearly articulates how it will treat applications received before and after the change.	
Question: How did your organization: <ul style="list-style-type: none"> a) Use stakeholder consultation to inform the roll out of this change? b) Proactively communicate with all applicants who will be impacted by the change? 	Examples of supporting materials: <ul style="list-style-type: none"> • Consultation findings and recommendations • Communications strategy and / or materials provided to stakeholders.
Response: CCO <u>circulated</u> proposed amendments on the establishment of the Emergency Class of Registration to stakeholders, including members. Feedback was included in the <u>public Council package</u> of April 19, 2023 (page 889). Approval of the Emergency class of registration was communicated to stakeholders, including members, on <u>September 19, 2023</u> .	
Supporting materials (provide links or list attachments, noting relevant page numbers) <ul style="list-style-type: none"> • See above 	
Measure: Client-Focused Approach to Change Management	
Risk indicator: The extent to which the regulator has demonstrated a client-focused transition plan that helps ensure fairness and avoids adverse impacts.	
Question: How will the change impact different groups of applicants? What are you doing to: <ul style="list-style-type: none"> a) Avoid adverse impacts? b) Respond to any projected increase in inquiries or applications in a timely way? 	Examples of supporting evidence: <ul style="list-style-type: none"> • Transition plan • Revised organizational chart and / or process map
Response:	

CCO does not anticipate changes to the number of inquiries or applications. Based on registration statistics in past annual reports, CCO has received a consistent number of new applications from year to year. However, CCO is committed to registering applicants in a timely, fair and transparent manner and will ensure this process continues from both a staff and committee perspective, if there is a change or increase in applications.

Supporting materials (provide links or list attachments, noting relevant page numbers)

-

4. Risk Factor: Ability of the Regulator to Comply with Newly Introduced Legislative and / or Regulatory Obligations

Preamble: The government has amended Schedule 2 of the RHPA and its regulations to require that health colleges make a registration decision within 30 days after receiving a complete application that includes all of the required materials and information. This applies to all categories of applicants. In the context of this new obligation, the OFC is seeking baseline data on the applications received between April 1 and August 31, 2023, along with registration decisions made up to September 30, 2023.

- 1. Registration timelines:** What information may be required by your organization for an application to be considered complete, with all required materials and information? Please include all information required of internationally educated applicants.

- Completed application form
- Credential assessment report
- Competency-based assessment results
- Language proficiency test results
- Examination results
- Letter of good standing / good character reference (only applicants coming from other jurisdictions)
- Criminal record check
- Immigration status / work permit
- Payment of fees
- Other documents (please specify or provide clarifying comments).

Any background documents related only to findings, charges or bail conditions related to past professional misconduct, self-reporting, incompetence or incapacity.

- 2. Timely decisions:** For the period between April 1 to September 30, 2023, please indicate the total number of applicants that received a registration decision:

- a) within 30 business days from the starting point of the registration process (i.e., receipt of the complete application with everything required to make a decision) and
- b) beyond this period.

Time Period	Number of Applicants
0 - 30 days	175
More than 30 days	0
Total	175

5 (I) Risk Factor: Addressing Labour Market Shortages

Preamble: Under section 2.1 of Schedule 2 of the RHPA and section 6.2 of FARPACTA, it is the duty of each regulator to work in consultation with their responsible ministry to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals.

Measure: Adequate supply of competent professionals

Risk factor: 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.

Questions: Please describe any data collection or stakeholder engagement work that you have initiated, or participated in, on labour market supply issues.

If, as of the date of this questionnaire, your organization has met with your responsible minister to discuss strategies to ensure registration of adequate numbers of competent professionals, describe the nature of these discussions and any initiatives that you have undertaken in response.

Examples of supporting materials:

- Data on labour supply
- Documentation of discussions and initiatives.

Response:

CCO participates through the Health Professions Regulators of Ontario (HPRO) and the Ministry of Health to discuss any issues related to labour markets for health care providers in Ontario. CCO also regularly dialogues with the Ontario Chiropractic Association (OCA) on topics related to chiropractic care in Ontario. Recent CCO distributions on new and amended standards of practice, policies and guidelines, on topics such as virtual care, assignment of care, emergency class of registration and various by-law amendments, have also been informed by stakeholder feedback.

Recent distributions can be found at the following links:

- <https://cco.on.ca/2023/09/19/presidents-message-september-19-2023-draft-amendments-to-standard-of-practice-s-003-professional-portfolio-and-by-laws-for-circulation-and-feedback/>
- <https://cco.on.ca/2023/06/29/cco-circulation-for-feedback-draft-quality-assurance-amendments-to-guideline-g-014-and-new-draft-guideline-g-015-june-29-2023/>
- <https://cco.on.ca/2023/01/25/proposed-amendments-to-registration-regulation/>

CCO has not conducted specific consultations on labour market supply issues.

Supporting materials (provide links or list attachments, noting relevant page numbers)

-

Measure: Addressing unnecessary assessment or registration requirements

Risk indicators: Evidence of material labour shortages coupled with inefficient, slow and/or unduly restrictive registration processes. Whether the regulator's Canadian experience requirement or supervised practice programs add unreasonable time and / or expense to the registration process.

Question: Please describe any steps that your organization has taken to:

- Streamline and / or eliminate unnecessary registration requirements or processes.
- Provide alternatives, exemptions, or abridgements to mitigate the impact of any requirement for experiential training or supervised practice in Canada.

Examples of supporting materials:

- Guidelines, policies, or discussion documents that address these issues.

Response:

One of CCO's Key Performance Indicators is that registration applications are processed within 10 days of receipt of a completed application. If a matter is referred to the Registration Committee, this matter is reviewed the same month as receipt, as virtual Registration Committee meetings can be booked as needed, in addition to regularly scheduled meetings.

CCO does not require experiential training or supervised practice as a registration requirement in Ontario. Chiropractic students are generally required to participate in a 4th year internship or externship as part of their chiropractic education. Supervision policies are described in Policy P-050: Supervision and Direction of Chiropractors in Training.

Information, flowcharts on processes and requirements for registration are provided in the "Prospective Members" section and subtabs of CCO's website <https://cco.on.ca/prospective-members/>.

Supporting materials (provide links or list attachments, noting relevant page numbers)

- See above

5 (II) Risk factor: Ability to Promote Inclusion and Address Anti-racism Concerns in Registration Practices

<p>Measure: Anti-racism analysis and action</p> <p>Risk indicator: The extent to which the regulator has taken steps to embed an inclusion / anti-racism culture in its registration processes and decisions, such as its position on the collection of race-based data.</p>	
<p>Questions: Please describe any data collection and / or analysis that your organization has undertaken to understand how one or more aspects of your registration process impact population groups in different ways.</p> <p>a) What did the analysis show? b) What actions have you taken in response to these findings?</p>	<p>Examples of supporting materials:</p> <ul style="list-style-type: none"> • Reports, proposals to council and resulting decisions. <p><i>Health Colleges may submit their Diversity, Equity and Inclusion Plans and / or Equity Impact Assessment.</i></p>
<p>Response:</p> <p>CCO passed a Diversity, Equity and Inclusion (DEI) Plan https://cco.on.ca/wp-content/uploads/2023/03/DEI-PLAN-APPROVED-BY-COUNCIL-20APR22.pdf in April 2022 and has reported on its initiatives in the 2022 CPMF https://cco.on.ca/wp-content/uploads/2023/03/CPMF2022March312023.pdf (pages 11, 19, 20, 35, 36, 37, 38, 49, 57) and 2021 CPMF https://cco.on.ca/wp-content/uploads/2022/03/CPMFReportingToolMarch312022.pdf (pages 11, 19, 20, 35, 36, 37, 38, 49, 57, 58). Among the initiatives have been training for Council, staff and peer assessors, amendments to various standards of practice, policies and guidelines to include gender neutral language and accessibility requirements in specific registration policies, such as Policy P-045: CCO’s Legislation and Ethics Examination.</p> <p>CCO has not done specific data collection</p>	
<p>Supporting materials (provide links or list attachments, noting relevant page numbers)</p> <ul style="list-style-type: none"> • See above 	
<p>Measure: Guidance and training to promote equitable decision making</p> <p>Risk indicator: 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.</p>	
<p>Question:</p> <ul style="list-style-type: none"> • What Diversity, Equity and Inclusion (DEI) policies, processes and training are in place 	<p>Examples of supporting materials:</p> <ul style="list-style-type: none"> • Policy documents • Training materials.

<p>to guide individuals who make assessment and registration decisions?</p> <ul style="list-style-type: none"> • 	
<p>Response:</p> <p>In addition to the initiatives described above, all Council members received training in Diversity, Equity and Inclusion at the September 2022 strategic planning session. Annual training in all aspects of professional regulation is provided annually in April upon the forming of new committees and at the first meeting of a new committee.</p> <p>The Registration Committee applies consistent standards to all registration committee decisions and is committed to accessibility in its registration requirements. The Registration Committee applies the requirements in the <u>Registration Regulation</u>, <u>Registration Committee policies</u>, and decision making flowcharts for <u>returning members</u> and <u>initial applicants</u>, that are also accessible to members and prospective members</p>	
<p>Supporting materials (provide links or list attachments, noting relevant page numbers)</p> <ul style="list-style-type: none"> • See above 	

Additional Comments: Please provide any additional information that you would like to share on initiatives that your organization has undertaken to address any of the risk factors outlined in the OFC’s Risk-informed Compliance Framework.

ITEM 1.5.2



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

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THE OFC NEWSLETTER

JANUARY 2024

A NEW SET OF PROPOSED FARPACTA AMENDMENTS



On November 14, 2023, the provincial government introduced Bill 149, the Working for Workers Four Act, 2023. If passed, this legislation would add new provisions to section 10(2) of the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA), as well as add regulation-making authority for the government. Currently, section 10(2) reads as follows:

If a regulated profession makes its own assessment of qualifications, it shall do so in a way that is transparent, objective, impartial and fair, and if it relies on a third party to assess qualifications, it shall take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair.

The bill would expand upon this provision in two discrete but inter-related ways. First, the bill would authorize the government to enact regulations to identify the minimum requirements that a regulated profession must take to show that it has assessed applicant qualifications in a way that is transparent, objective, transparent and fair.

Second, it would authorize the government to enact regulations to identify the required minimum reasonable measures that a regulated profession must take to ensure that a third party makes assessments in a way that is transparent, objective, impartial and fair. These measures would include any requirements respecting contracts that the regulated profession enters into with the third party.

In the view of the Office of the Fairness Commissioner (OFC), these proposed amendments are both timely and important as, increasingly, regulated professions have devolved key components of their assessment and registration processes to third-party service providers (TPSPs). However, the accountability measures that regulators apply to these relationships, particularly with respect to client service, timeliness and psychometric standards, tend to vary significantly.

In addition, historically, the bulk of applicant complaints that the OFC receives relate the work performed by TPSPs, as opposed to the practices of regulated professions, themselves.

Should Bill 149 pass, the particulars of the minimum requirements will be contained in regulations that the government enacts for this purpose. The Ministry of Labour, Immigration, Training and Skills Development (the ministry) has indicated that it will consult with interested stakeholders on the content of these regulations.

The OFC will continue to work with the ministry, regulated professions, TPSPs and other groups to help to successfully implement any regulations that may be developed.

MEMBERSHIP IN REGULATED PROFESSIONS AND REGULATED HEALTH COLLEGES

Each year, the Office of the Fairness Commissioner (OFC) requires regulated professions and regulated health college (regulators) to submit annual Fair Registration Practices (FRP) reports. In these documents, regulators provide updates on their registration practices, as well as information on the number of applicants to the profession and membership details.

The OFC is pleased to share some key statistics for the January to December 2022 period.

Please note that, under our legislation, regulators are required to make these reports available to the public. Consolidated links to these documents are now available on our website under the [Professions and Trades](#) section.



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

2022 QUICK FACTS

MEMBERSHIP IN REGULATED PROFESSIONS AND REGULATED HEALTH COLLEGES

15 REGULATED PROFESSIONS

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

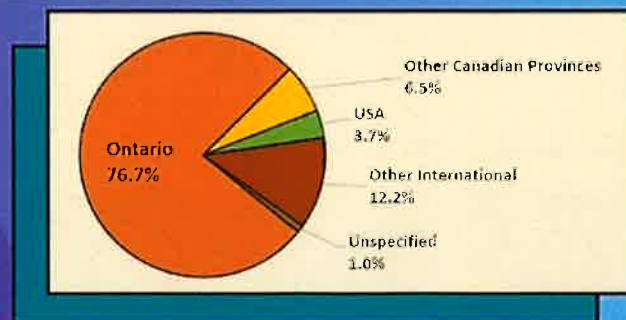
Covered by the Fair Access to Regulated Professions and Compulsory Trades Act, 2006.

26 REGULATED HEALTH COLLEGES

Covered by the Regulated Health Professions Act, 1991.

MEMBERS Anyone who is licensed to practice a regulated profession in Ontario is a member of that profession.

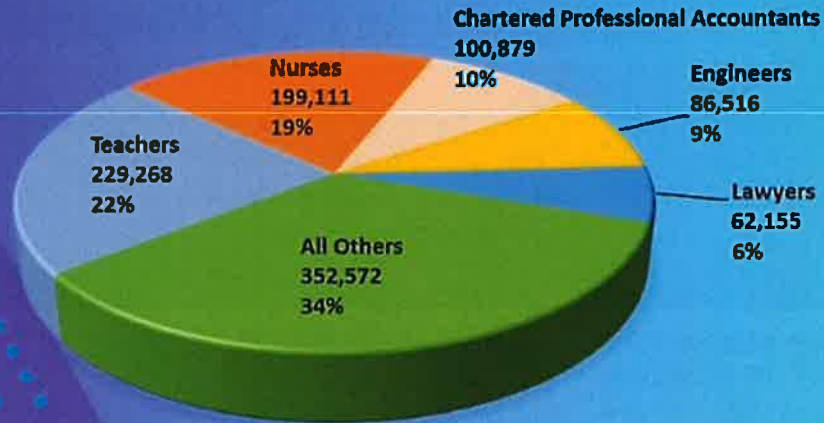
1. NUMBER OF MEMBERS AND WHERE THEY WERE TRAINED



2. FIVE PROFESSIONS WITH THE LARGEST NUMBER OF MEMBERS

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	1	2	3	4	5	
Profession	Teachers	Nurses	Chartered Professional Accountants	Engineers	Lawyers	All Others
Number of members (total 1,030,501)	229,268	199,111	100,879	86,516	62,155	362,572
Percentage of members compared to total members in all professions	22.2%	19.3%	9.8%	8.4%	6.0%	34.3%



3. TOP 10 PROFESSIONS WITH THE LARGEST NUMBER OF INTERNATIONALLY TRAINED MEMBERS

	1	2	3	4	5
Profession	Teachers	Nurses	Engineers	Physicians	Pharmacists
Number of Internationally Trained Members	38,442	30,123	27,502	13,834	8,694
Percentage of members compared to total members in the profession	17%	15%	32%	30%	49%

	6	7	8	9	10
Profession	Lawyers	Chartered Professional Accountants	Dentists	Physiotherapists	Engineering Technicians and Technologists
Number of Internationally Trained Members	7,159	5,881	5,219	3,552	3,453
Percentage of members compared to total members in the profession	12%	6%	44%	16%	32%

JANVIER 2024

**UNE NOUVELLE SÉRIE DE CHANGEMENTS PROPOSÉS
À LA LAEPRMAO**



Le 14 novembre 2023, le gouvernement provincial a présenté le projet de loi 149, la Loi de 2023 visant à œuvrer pour les travailleurs, quatre. Si elle est adoptée, cette loi ajouterait de nouvelles dispositions à l'article 10(2) de la Loi de 2006 sur l'accès équitable aux professions réglementées et aux métiers à accréditation obligatoire (LAEPRMAO), ainsi qu'un pouvoir de réglementation pour le gouvernement. Actuellement, l'article 10, paragraphe 2, est libellé comme suit :

Si une profession réglementée réalise sa propre évaluation des compétences, elle doit le faire de manière transparente, objective, impartiale et équitable, et si elle fait appel à un tiers pour évaluer les compétences, elle doit prendre des mesures raisonnables pour veiller à ce que les évaluations soient effectuées de manière transparente, objective, impartiale et équitable.

Le projet de loi élargit cette disposition de deux manières distinctes mais interdépendantes. Tout d'abord, le projet de loi autorise le gouvernement à adopter des réglementations pour identifier les exigences minimales qu'une profession réglementée doit respecter pour montrer qu'elle a évalué les compétences des candidats d'une manière transparente, objective, transparente et équitable.

Deuxièmement, il autoriserait le gouvernement à établir des règlements pour identifier les mesures raisonnables minimales qu'une profession réglementée doit prendre pour s'assurer qu'un tiers effectue des évaluations d'une manière transparente, objective, impartiale et équitable. Ces mesures incluraient toute exigence relative aux contrats que la profession réglementée conclut avec le tiers.

Selon le BCE, les changements proposés sont à la fois opportuns et importants car, de plus en plus, les professions réglementées confient des éléments clés de leurs processus d'évaluation et d'enregistrement à des fournisseurs de services tiers. Cependant, les mesures de responsabilité que les organismes de réglementation appliquent à ces relations, en particulier en ce qui concerne le service à la clientèle, le respect des délais et les normes psychométriques, tendent à varier de manière significative.

En outre, dans le passé, la plupart des plaintes des candidats que le BCE reçoit concernent le travail effectué par les fournisseurs de services tiers, et non pas les pratiques des professions réglementées elles-mêmes.

Si le projet de loi 149 est adopté, les détails des dispositions minimales seront contenus dans les règlements que le gouvernement mettra en place à cette fin. Le ministère du Travail, de l'Immigration, de la Formation et du Développement des compétences (le ministère) a indiqué qu'il consulterait les parties prenantes intéressées sur le contenu de ces règlements.

Le BCE continuera à travailler avec le ministère, les professions réglementées, les fournisseurs de services tiers et d'autres groupes afin de contribuer à la mise en œuvre réussie de toute réglementation qui pourrait être élaborée.

MEMBRES DES PROFESSIONS RÉGLEMENTÉES ET DES ORDRES DU SECTEUR DE LA SANTÉ RÉGLEMENTÉS

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Chaque année, le Bureau du commissaire à l'équité (BCE) demande aux professions réglementées et aux ordres du secteur de la santé réglementés (organismes de réglementation) de soumettre des rapports annuels sur les pratiques d'inscription équitables. Dans ces documents, les organismes de réglementation fournissent des mises à jour sur leurs pratiques d'enregistrement, ainsi que des informations sur le nombre de candidats à la profession et des détails sur les membres.

Le BCE a le plaisir de partager quelques statistiques clés pour la période allant de janvier à décembre 2022.

Veuillez noter qu'en vertu de notre législation, les organismes de réglementation sont tenus de mettre ces rapports à la disposition du public. Des liens consolidés vers ces documents sont désormais disponibles sur notre site web dans la section [Professions et métiers](#).



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

2022 FAITS EN BREF

MEMBRES DES PROFESSIONS RÉGLEMENTÉES ET DES ORDRES DU SECTEUR DE LA SANTÉ RÉGLEMENTÉS

15 PROFESSIONS RÉGLEMENTÉES

(Métiers Spécialisés Ontario est aussi responsable pour 23 métiers à accréditation obligatoire)

Couvertes par la Loi de 2000 sur l'accès équitable aux professions réglementées et aux métiers à accréditation obligatoire.

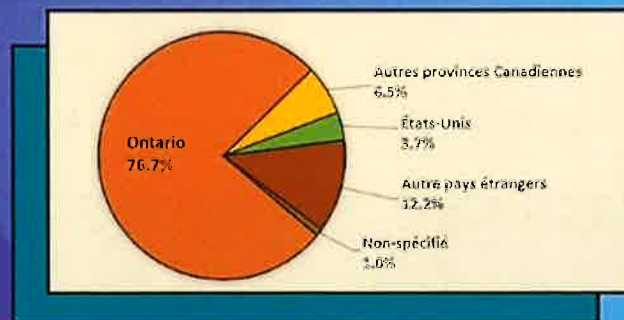
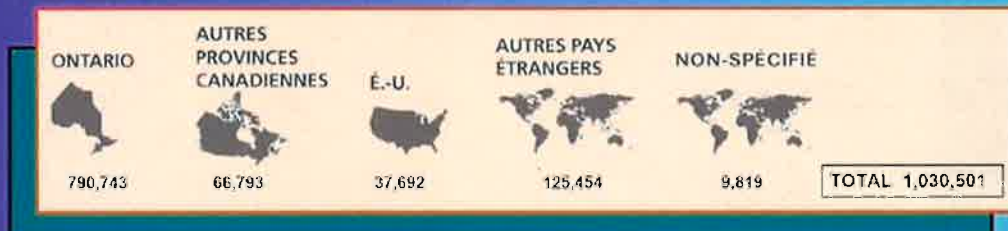
26 ORDRES DU SECTEUR DE LA SANTÉ RÉGLEMENTÉS

Couvertes par la Loi de 1991 sur les professions de la santé réglementées.

MEMBRES

Toute personne qui a obtenu un permis pour exercer une profession réglementée en Ontario est membre de cette profession.

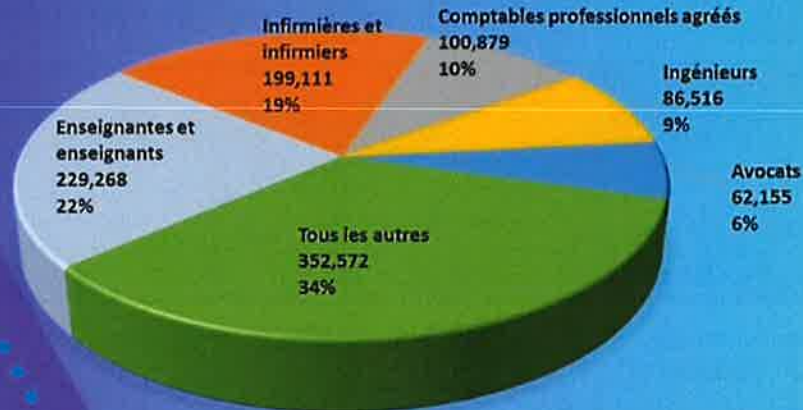
1. NOMBRE DE MEMBRES ET LIEU DE FORMATION



2. CINQ PROFESSIONS COMPTANT LE PLUS DE MEMBRES EN ONTARIO

90

	1	2	3	4	5	
Profession	Enseignantes et enseignants	Infirmières et infirmiers	Comptables professionnels agréés	Ingénieurs	Avocats	Tous les autres
Nombre de membres (total 1,030,601)	229,268	199,111	100,879	86,516	62,155	352,572
Proportion de membres par rapport au nombre total de membres dans toutes les professions	22.2%	19.3%	9.8%	8.4%	6.0%	34.3%



3. DIX PROFESSIONS COMPTANT LE PLUS DE MEMBRES FORMÉS À L'ÉTRANGER

	1	2	3	4	5
Profession	Enseignantes et enseignants	Infirmières et infirmiers	Ingénieurs	Médecins	Pharmaciens
Nombre de membres formés à l'étranger	38,442	30,123	27,502	13,834	8,694
Proportion de membres par rapport au nombre total de membres de la profession	17%	15%	32%	30%	49%

	6	7	8	9	10
Profession	Avocats	Comptables professionnels agréés	Dentistes	Physiothérapeutes	Techniciens et technologues en génie
Nombre de membres formés à l'étranger	7,159	5,881	5,219	3,552	3,453
Proportion de membres par rapport au nombre total de membres de la profession	12%	6%	44%	16%	32%

Office of the Fairness Commissioner
www.fairnesscommissioner.ca
180 Dundas St. W., Suite 300, Toronto, ON, M7A 2S
E-mail: ofc@ontario.ca

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Bureau du commissaire à l'équité
www.fairnesscommissioner.ca
180, rue Dundas Ouest, bureau 300, Toronto ON, M7A 2S6
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**College of Chiropractors of Ontario
Advertising Committee Report to Council
Consent Agenda
February 23, 2024**

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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*

Committee Mandate

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

Report

The Advertising Committee met once on December 1, 2023.

The Committee had a discussion on the role and mandate of the committee and possible future methods of CCO regulating member's use of advertising, websites and social media. The discussion is summarized in a memorandum to the Executive Committee, included as part of the report to Council.

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 Advertising Committee for all of their contributions during this time.

Respectfully submitted,

Dr. Colin Goudreau
Chair, Advertising Committee

ITEM 4.1

**College of Chiropractors of Ontario
Executive Committee Report to Council
February 23, 2024**

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

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 January 26, 2024. The draft, confidential minutes for January 26, 2024 are included in the Council information package and are subject to approval at the next meeting, scheduled for March 22, 2024.

III **By-law Review – Dr. Green (Item 4.1.31 and following, page 415, Main Agenda)**

- I encourage all Council members to carefully review the legal advice relating to CCO's by-laws included in the Council information package as part of the in-camera portion of the Council meeting. Consistent with previous meetings, although CCO may go in camera to discuss matters which relate to legal advice, the Committee is of the view that the discussion about the amendments to the by-laws should be held during the public portion of the meeting. If the advice is to be discussed, Council should move in camera to ensure it does not waive privilege on the advice received from Sara Blake who has significant administrative law expertise.
- Council members are reminded that CCO, like other health regulatory colleges, is not required to circulate every by-law amendment before approval. Council has the authority to approve, subject to very limited exceptions, by-law amendments based on its knowledge and expertise.
- Council members should be aware that drafts of documents not yet reviewed or approved by Council are not included in the public information package, but documents once approved, including minutes, by-laws, standards, policies and guidelines are posted on the CCO website. Included in the public Council information package is the feedback relating to the by-laws received from stakeholders, including members and organizations.
- Thank you to Council members who unanimously agreed at the November 23, 2023 Council meeting to approve several by-law amendments including those by-laws which corrected minor inconsistencies and ensured gender neutral language throughout. Having those aspects approved, allowed the Committee to carefully review all feedback with respect to the various items remaining which was completed at the January 26, 2024 meeting.
- After careful consideration of the core competencies required of Council members, a consideration of CCO's conflict of interest provisions as well as CCO's commitment in the College Performance Measurement Framework to ensure that Council is served by competent individuals, without conflict of interest, who are able to demonstrate an understanding of CCO's statutory mandate to regulate the entire profession in the public interest, the Committee has the following recommendation for Council's consideration:

Recommendation 2: (Item 4.1.35, page 447, Main Agenda)

That Council approve the further By-law amendments to the By-laws as recommended.

- Council members will note that the By-law amendment recommendations include leaving the cooling off period at three years for serving on CCO council after serving in a leadership capacity with other organizations including advocacy organizations. The Committee's view was that the training and communication to candidates as well as the orientation to new Council members would mitigate against any potential conflicts of interest and that three years makes sense given the size of the chiropractic profession in Ontario. Other amendments are consistent with legal advice and best practices.
- Having consideration for CCO being a body which governs by consensus building at Council, rather than through an adversarial or otherwise political process, the recommendations include that the President may vote, and if they vote, it occurs after all others have voted. This facilitates the President being able to exercise discretion.
- I anticipate there will be a new President's message to stakeholders, including members, identifying the by-law amendments, as well as providing an update on the recently approved amendments to Quality Assurance standards of practice, namely G-015; Virtual Care (new), G-014: Delegation, Assignment and Referral of Care (amended), and S-006: Ordering, Taking, and Interpreting Radiographs (amended).

IV Election Documents (Districts 1, 4 and 5) – Ms Willson (Item 4.1.46 and following, page 652, Main Agenda)

- Elections to CCO Council in districts 1, 4 and 5 are underway. The documentation required to be filed by candidates has been enhanced to include references to a review of all social media sites and communications as well as a review and understanding of the Core Competencies expected of members. I will ask Ms Willson to provide a verbal report on the status of the elections.

- Thank you to those Council members who are serving on the Election Review Sub-Committee of the Executive, namely Dr. Goldin (Chair), Dr. Gauthier, Ms Kariunus and Mr. Stewart. Council members will recall the purpose of the sub-committee is to review the biographical information and any campaign material to ensure the elections are conducted in a respectful, fair manner and that any material distributed by candidates or others on their behalf is generally consistent with CCO's advertising provisions requiring information to accurate and not false or misleading.

V Ministry of Health – Dr. Green (Item 4.1.52 and following, page 689, Main Agenda)

A. Scope of Practice Change Proposals

- The Ministry of Health released its Guide for Submitting Scope of Practice Change Proposals on December 18, 2023. This information, along with the submissions previously made by CCO, CMCC and the OCA on February 25, 2019 is included in the Council information package, along with an update from the OCA concerning their recent advocacy efforts. Although there is room in the budget for CCO to support government relations initiatives, the Committee does not have a recommendation relating to government relations at this time. We anticipate the OCA will advise CCO what support if any they need. In the interim, the standards of practice, namely S- ?? Ordering Advanced Diagnostic Tests and S- ?? Ordering of Laboratory Tests were developed by the Quality Assurance Committee and previously approved by Council, so Council is ready to proceed if the Ministry approves the changes being sought to enhance the ability of chiropractors to act within their full scope of practice, consistent with their knowledge, skill and expertise.

B. College Performance Measurement Framework (CPMF)

- CCO is in the process of preparing its CPMF report, due March 31, 2024. When the commendable practices from 2022 and 2023 are released by the MOH, the Committee will review these for the purpose of incorporating any practices into its CPMF action plan that have not already been implemented. There are no further actions required at this time.
- Ms Willson and Mr. Friedman have participated in the MOH's consultation concerning the establishment of a new oversight body for personal support workers. HPRO is also monitoring these changes as the model potentially could be relied upon in the evolution of the regulation of other health professions.

VII Other Chiropractic/Health Related Stakeholders (Item 4.1.60 and following, page 1090, 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. Time permitting, verbal reports will be provided by those attending or involved with the initiatives of stakeholders.
- Council members will note that:
 - Dr. Wanda Lee MacPhee, on behalf of the FCC, has conducted a comprehensive survey of the registration practices of Canadian chiropractic regulators. This information will be reviewed at the upcoming Regulatory Council meeting on February 20, 2024; the initiative is part of the efforts to harmonize standards across the country, consistent with the provisions of the Agreement on Internal Trade, which called upon regulators to reduce unnecessary barriers to the movement of chiropractors within Canada;
 - Ms Willson and I are scheduled to attend the upcoming Regulatory Council meeting, as well as the FCC board meetings in May 2024, taking place in Toronto;
 - The Specialties Colleges, one pillar of the FCC, are recruiting for a public member;
 - The CCEC, a second pillar of the FCC, is recruiting for a member from Ontario who could serve with its accrediting function; A CCO peer assessor has expressed interest in the position;
 - Dr. Dennis Mizel, Vice-President, attended the OCA 2023 AGM in Toronto; the OCA is continuing with its efforts concerning Scope of Practice as well as animal chiropractic;
 - Mr. Joel Friedman will be attending the AGM for the CCEB on February 21, 2024;
 - The CCGI has provided an update on their ongoing projects and initiatives and work plan for 2024;
 - CCO has been in communication with the CCA about:
 - the temporary registration of chiropractors who would like to attend and participate in the hands-on training at the CCA's upcoming Conference; CCO has agreed to waive the dues for those applicants; and

- A recent media inquiry concerning CCO’s guidance concerning gratuities paid to members.
- 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 and priorities. I also encourage all Council members to review the valuable information identified in the monthly Legislative Updates provided by HPRO.

VIII Conclusion

- I thank all Council members for their ongoing support and commitment to serving CCO’s public interest mandate. I have enjoyed meeting with individual Chairs and Ms Willson to learn more about the work of each of CCO’s committees and how as Council we can ensure all committee work is understood and valued.
- The Committee continues to work on many important initiatives as directed by Council, and I am pleased to report significant progress has been made on an updated website, and on the launching of what were formerly called the “Road Shows.” Plans are in place for the first two workshops, the first being in Ottawa on Saturday, May 4, 2024, and the second in Kitchener/Waterloo the first week of September 2024.
- I am looking forward to our next Strategic Planning Session, scheduled for September 2024, at which time we are scheduled to review our Mission, Vision and Strategic Objectives, update our progress on the various initiatives agreed to at the September 2023 session, including the evaluation of Council Effectiveness and a robust Communications Plan, and moving forward with our commitments under the CPMF, including the review and adoption of commendable practices identified by the MOH. If you have ideas about how to ensure the September Strategic Planning Session is effective, please forward those to Ms Willson and me so they can be considered as part of the overall planning of a successful weekend.
- I would be pleased to answer any questions arising from this report.

Respectfully submitted by,

Dr. Sarah Green,
President

NO CHANGE**BY-LAW 1: DEFINITIONS AND INTERPRETATION**

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, February 23, 2016, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), April 14, 2021 (came into effect June 16, 2021), November 25, 2021 (came into effect February 25, 2022)

1.1 In these by-laws, unless the context otherwise dictates,

“Administrator” in the context of a chiropractic educational institution means one who occupies an executive, management and/or policy-making position;

“AFC” means the Alliance for Chiropractic

“Appointed Member” means a member of the Council appointed by the Lieutenant Governor in Council;

“By-laws” means by-laws made by the Council;

“CAC” means the Chiropractic Awareness Council;

“CCA” means the Canadian Chiropractic Association;

“CCEB” means the Canadian Chiropractic Examining Board;

“CCEC” means the Council on Chiropractic Education (Canada);

“CCPA” means the Canadian Chiropractic Protective Association;

“CCRF” means the Canadian Chiropractic Research Foundation;

“*Chiropractic Act*” means the *Chiropractic Act, 1991*;

“CMCC” means the Canadian Memorial Chiropractic College;

“CNAC” means the Canadian National Alliance for Chiropractic;

“*Code*” means the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*;

“Council Member” means a member of the Council of CCO

“CSCE” means the Canadian Society of Chiropractic Evaluators;

“CCO” means the College of Chiropractors of Ontario;

“Council” means the Council of the CCO;

“Elected Member” means a member of the Council elected by the members of the CCO;

“FCC” mean the Federation of Canadian Chiropractic;

“Member” means a member of the CCO;

“OCA” means the Ontario Chiropractic Association;

“Non-Chiropractic Committee Member” means an individual appointed under the by-laws to serve as a member of a committee who is neither a member of the Council nor a Member;

“Non-Council Member” means a committee member who is a member of the College but is not a member of Council;

“Prescribed” means prescribed in the regulations or by-laws;

“Primary practice” is the business address of the member as reported to CCO in accordance with the RHPA and By-law 17;

“Primary residence” is the member’s residential address as reported to CCO in accordance with By-law 17;

“RHPA” means the *Regulated Health Professions Act, 1991*;

“UQTR” means Université du Québec à Trois-Rivières.

- 1.2 The definitions contained in the *RHPA* and *Chiropractic Act* are incorporated and adopted in the by-laws unless the context otherwise dictates.
- 1.3 Any act referred to by name shall mean that act in force at the relevant time as amended, or replaced.
- 1.4 The by-laws shall be governed and construed in accordance with the laws of Ontario.

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

BY-LAW 2: SEAL

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015

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

BY-LAW 3: EXECUTION OF DOCUMENTS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 3.1 Unless otherwise provided by law or the by-laws, a document that has financial implications for CCO shall be signed by: the registrar or the deputy registrar and one of the president, vice-president or treasurer; and a 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.
- 3.2 Notwithstanding any provision to the contrary contained in the by-laws of CCO, Council may, at any time, by resolution, direct the manner in which, and the person or persons by whom, any instrument in writing or class of instruments in writing made on behalf of CCO may or shall be executed.
- 3.3 A person who may sign a document may impress the seal of CCO upon the document if the seal is required and if the document has been signed as required by the by-laws.
- 3.4 Minutes of Council meetings shall be signed by any two of the president, vice-president, treasurer or registrar.
- 3.5 Proposed regulations shall be signed by the registrar and one of the president, vice-president or treasurer.
- 3.6 Decisions made by the panel of the Discipline Committee and/or the Fitness to Practise Committee of CCO shall be signed by all members participating in the decision.
- 3.7 Documents of a committee, such as a notice of a summons, shall be signed by a representative of the committee.

BY-LAW 4: BANKING AND FINANCE

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, September 4, 2020 (came into effect November 26, 2020)

- 4.1 The Executive Committee shall appoint a chartered bank where deposits are insured by the Canadian Deposit Insurance Corporation for the use of CCO.
- 4.2 All money belonging to CCO shall be deposited in the name of CCO with the bank without deduction for any purpose whatsoever.
- 4.3 The registrar or deputy registrar may endorse any negotiable instrument for collection on account of CCO through the bank for deposit to the credit of CCO with the bank.
- 4.4 The registrar or deputy registrar and one of the president, vice-president or treasurer may invest or reinvest funds of CCO, not immediately required, in:
 - (a) bonds, debentures, or other evidences of indebtedness of or guaranteed by the Government of Canada or the Government of Ontario; or
 - (b) deposit receipts, deposit notes, certificates of deposit, and other similar instruments issued or endorsed by a chartered bank.
- 4.5 The Executive Committee may by resolution decide to invest or reinvest funds of CCO, not immediately required, in securities outlined in By-law 4.4 above.
- 4.6 The registrar or deputy registrar and one of the president, vice-president or treasurer shall sign documents to implement a decision made by the Executive Committee pursuant to By-law 4.5 above.
- 4.7 The Council may from time to time by resolution:
 - (a) borrow money on the credit of CCO;
 - (b) limit or increase the amount or amounts to be borrowed; and
 - (c) secure any present or future borrowing, or any debt, obligation, or liability of the College, by charging, mortgaging, hypothecating or pledging all or any of the real or personal property of CCO, whether present or future.

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- 4.8 The Executive Committee shall not exercise the powers or duties of the Council under By-law 4.7 above or take any similar action.
- 4.9 The registrar or deputy registrar and one of the president, vice-president or treasurer shall sign documents to implement a decision made by the Council pursuant to By-law 4.7 above.
- 4.10 Goods or services may be purchased or leased for the benefit of CCO if the purchase or lease is approved by:
 - (a) the registrar or the deputy registrar, if the resulting obligation does not exceed \$25,000;
 - (b) the registrar or the deputy registrar and one of the president, vice-president, or treasurer if the resulting obligation is between \$25,000 and \$50,000; and
 - (c) the registrar or the deputy registrar and two of the president, vice-president, or treasurer if the resulting obligation exceeds \$50,000.

BY-LAW 5: FINANCIAL YEAR AND AUDITING

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 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 to act, or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor.
- 5.7 Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- 5.8 Council shall set the remuneration of the Auditor and confirm the appointment and remuneration in writing.
- 5.9 The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of CCO and is entitled to require from the Council members, officers and employees and relevant payees of CCO such information as in the Auditor's opinion is necessary to enable the Auditor to report as required by law or under this section.
- 5.10 The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting on any part of the business of the meeting that concerns the audit.

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- 5.11 The Auditor shall report to the Executive Committee upon reasonable request by the Executive Committee and in any event at the last meeting of the Executive Committee before the annual meeting of Council.
- 5.12 The Auditor shall report in writing to the Council at the annual meeting of Council on the financial statement which shall be submitted to each annual meeting and shall state in the report whether, in the Auditor's opinion, the financial statement presents fairly the financial position of CCO and the results or its operations for the period under review in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding period.
- 5.13 The Executive Committee shall not exercise the powers or duties of the Council under this by-law.

BY-LAW 6: ELECTION OF COUNCIL MEMBERS

Approved by Council: February 24, 2001

Amended: February 12, 2002, September 24, 2009, September 17, 2015, February 23, 2016, February 28, 2017, April 24, 2018, January 6, 2019, June 19, 2019 (came into effect September 13, 2019), September 14, 2019 (came into effect November 28, 2019), September 4, 2020 (came into effect November 26, 2020), April 14, 2021 (came into effect June 16, 2021), September 10, 2021 (came into effect November 25, 2021), January 20, 2023 (came into effect January 20, 2023), November 23, 2023 (subject to approval of minutes on February 23, 2024)

6.1 **Electoral District 1: Northern** comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka; and the city of Greater Sudbury.

Electoral District 2: Eastern comprised of the counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas and Glengarry; and the city of Ottawa.

Electoral District 3: Central East comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog.

Electoral District 4: Central comprised of the city of Toronto and the regional municipality of York.

Electoral District 5: Central West comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel and Waterloo, and the city of Hamilton.

Electoral District 6: Western comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth and Oxford, and the municipality of Chatham-Kent.

Electoral District 7: Academic comprised of the entire province of Ontario.

6.2 A member is eligible to vote in District 7 and in the electoral district in which, as of January 1st of the election year, has the member's primary practice, or if the member is not engaged in the practice of chiropractic, in which the member's primary residence is located.

- 6.3 For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.

Column 1	Column 2
Electoral District	Number of Members
1	1
2	1
3	1
4	2
5	2
6	1
7	1

- 6.4 The term of office of a member elected to Council is approximately three years, commencing with the first regular meeting of Council immediately following the election. The member shall continue to serve in office until a successor takes office in accordance with this by-law.
- 6.5 A member who has served on Council for nine consecutive years is ineligible for election to Council until a full three year term has passed since that member last served on Council.
- 6.6 An election of members to Council shall be held in or about of March of each year in accordance with the following schedule:
- (a) in 2021 and every third year after that for electoral district 1 and one Council member for each of electoral districts 4 and 5;
 - (b) in 2022 and every third year after that for electoral districts 2 and 3 and one Council member for electoral district 4;
 - (c) in 2023 and every third year after that for electoral districts 6 and 7 and one Council member for electoral district 5.
- 6.7 The registrar shall set the date for the election of members to Council.
- 6.8 A member is ineligible to vote in a council election if 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.

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- 6.9 A member is eligible for election to Council in an electoral district, if on the closing date of nominations and anytime up to and including the date of the election:
- (a) the member's primary practice of chiropractic is located in the electoral district in the member is nominated or, if the member is not engaged in the practice of chiropractic, the member's primary residence is located in the electoral district in which the member is nominated;
 - (b) the member is not in default of payments of any fees prescribed by by-law or any fine or order to pay costs to CCO imposed by a CCO committee or court of law;
 - (c) the member is not in default in completing and returning any form required by CCO;
 - (d) the member is not the subject of any disciplinary or incapacity proceeding
 - (e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years;
 - (f) the member has not resigned from a position on Council, before completing the term, within the last three years and four months.
 - (g) the member does not have an outstanding code of conduct matter with the College.
 - (h) the member is not, and has not been in preceding three years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the CCEC of the FCC, CCRF or CNAC;
 - (i) the member is not, and has not been in the preceding three years, an officer, director, or administrator of any chiropractic educational institution, including but not limited to, CMCC and UQTR, such that a real or apparent conflict of interest may arise;
 - (j) the member has not been disqualified from the Council or a committee of the Council in the previous six years;
 - (k) the member is not a member of the Council or of a committee of the College of any other health profession;

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- (l) the member has not been a member of the staff of CCO at any time within the preceding three years;
 - (m) for District 7 only, the member is a member of the faculty of an accredited educational institution; and
 - (n) for any district other than District 7, the member is not eligible for election in District 7, and has not been eligible for election in District 7 in the preceding three years.
- 6.10 The registrar shall supervise the nomination of candidates.
- 6.11 No later than 50 days before the date of an election, the registrar shall notify every member eligible to vote of the date, time and place of the election and of the nomination procedure.
- 6.12 The nomination of a candidate for election as a member of Council, together with the written undertaking to the CCO Registrar shall be given to the registrar at least 35 days before the date of the election (i.e., the nomination date).
- 6.13 The nomination shall be signed by the candidate and by at least 10 members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.
- 6.14 The candidate shall provide to the registrar by the nomination date or such later date as the registrar permits, biographical information in a manner acceptable to the registrar including content that is suitable for CCO's public interest mandate, for the purpose of distribution to eligible members in accordance with the by-laws.
- 6.15 A candidate may withdraw from the election to Council no later than 25 days before the date of the election.
- 6.16 If the number of eligible candidates who have been nominated for an electoral district is less than or equal to the number of members to be elected, the registrar shall declare the candidates to be elected by acclamation.
- 6.17 The registrar shall supervise and administer the election of candidates and, for the purpose of carrying out that duty, the registrar may, subject to the by-laws,
- (a) appoint returning officers and scrutineers;
 - (b) establish a deadline for the receiving of electronic ballots;

- (c) provide for the notification of all candidates and members of the results of the election;
 - (d) if there has been a non-compliance with a nomination or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness of the election will not be affected; and
 - (e) provide for the destruction of electronic ballots following an election.
- 6.18 No later than 10 days before the date of an election, the registrar shall send electronically, or by any other medium as determined by Council, to every member eligible to vote in an electoral district in which an election is to take place, a list of the candidates, the candidates' biographical information if provided, an explanation of the voting procedure, and electronic access to a ballot for voting.
- 6.19 Voting for elections of member to Council shall be by electronic method or any other medium as determined by Council.
- 6.20 The instruction for voting shall contain the following:
- a) a member may cast as many votes on a ballot in an election of members to the Council as there are members to be elected to Council from the electoral district in which the member is eligible to vote;
 - b) a member shall not cast more than one vote for any one candidate;
 - c) a member shall clearly indicate the voter's choice in one of the appropriate places on the electronic ballot to indicate the voter's choice;
 - d) the electronic vote shall be received by 4 pm on the date indicated in the notice of election and voting guide; and
 - e) the electronic vote will not be counted in the election unless it has been received in accordance with the instructions for voting.
- 6.21 On the date of the election, the registrar or an agent shall tally the votes for each candidate in each electoral district with a contested election.
- 6.22 The counting of the electronic votes shall be conducted so that no person knows for whom any member voted.

- 6.23 Candidates or their representatives may be present when the electronic votes are counted.
- 6.24 If there is a tie in an election of members to the Council, the registrar shall break the tie by lot.
- 6.25 A candidate may require a recount by giving a written request and depositing the sum of \$150 with the registrar no more than 15 days after the date of an election.
- 6.26 The registrar shall hold the recount no more than 10 days after receiving the request.
- 6.27 If the recount changes the election result, the full amount of the deposit shall be refunded to the candidate. If the recount does not change the election result, CCO will keep the deposit to partially offset recount costs, including staff time.
- 6.28 When there is an interruption of communications during a nomination or election, the registrar shall extend the holding of nominations and election for such minimum period of time as the registrar considers necessary to compensate for the interruption.
- 6.29 The Council shall disqualify an elected member from sitting on Council if the elected member:
- (a) is subject of any disciplinary or incapacity proceeding;
 - (b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;
 - (c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;
 - (d) fails to attend two consecutive meetings of the Council or of a committee or of a subcommittee on which the member sits, without reasonable cause in the opinion of Council;
 - (e) fails to attend a hearing or review of a panel for which the member has been selected, without reasonable cause in the opinion of Council;

- (f) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;
 - (g) in the case of a Council member from District 7, ceases to be a member of the faculty of CMCC;
 - (h) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC and UQTR;
 - (i) becomes a member of the Council or a committee of the College of any other health profession;
 - (j) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member a reasonable opportunity to respond to the concern;
 - (k) fails to discharge properly or honestly any office to which the member 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 a reasonable opportunity to respond;
 - (l) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by a CCO committee or court of law;
 - (m) becomes in default of completing and returning any form required by CCO; or
 - (n) with the exception of District 7 (Academic), becomes a member of the faculty of an accredited educational institution.
- 6.30 A council member shall resign from Council prior to applying for any CCO staff position.
- 6.31 The seat of an elected Council member shall be deemed to be vacant upon the death, resignation or disqualification of the Council member.

- 6.32 If the seat of an elected council member becomes vacant in an electoral district less than 12 months before the expiry of the member's term of office, the Council may,
- (a) leave a seat vacant;
 - (b) appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of council members for that electoral district; or
 - (c) direct the registrar to hold an election in accordance with this by-law for that electoral district.
- 6.33 If the seat of an elected council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the registrar shall hold an election in accordance with this by-law for that electoral district.
- 6.34 The term of a member appointed under By-law 6.32(b) or elected in an election under By-law 6.32(c) shall continue until the time the former council member's term would have expired.
- 6.35 Despite By-law 6.32, 6.33, and 6.34, where vacancy would result in the Council not being properly constituted, the Council (in anticipation of the event before it is not properly constituted) or the Executive Committee (after the Council is not properly constituted) may appoint as an elected member for that district an eligible member in that electoral district, where feasible. The appointed member shall serve until the vacancy can otherwise be filled for that district. When temporarily filling the vacancy in this way, the Council or the Executive Committee shall:
- (a) solicit interest from eligible members where feasible¹,
 - (b) take into account the criteria set out in By-law 12.5,
 - (c) require the prospective appointed member to sign an undertaking to not seek or accept a nomination in the next election for the electoral district before the appointment becomes final².

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

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

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- 6.36 If, within 90 days after the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.
- 6.37 Where insufficient candidates are nominated for a district by the close of nominations, the Council may nominate a member who does not practice in the district, and for District 7, is not a member of the faculty of the CMCC.

BY-LAW 7: ELECTIONS (WITHIN COUNCIL)

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), November 25, 2021 (came into effect February 25, 2022), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 7.1 An elected member of the Council, who is not disqualified under By-law 6.29 is eligible:
- (a) to vote for elections within Council;
 - (b) for election to the position of president, vice-president or treasurer; and
 - (c) for election to the position of chair or member of a statutory or non-statutory committee;
- 7.2 An appointed member of the Council is eligible:
- (a) to vote for elections within Council;
 - (b) for election to the position of president, vice-president or treasurer; and
 - (c) for election to the position of chair or member of a statutory or non-statutory committee.
- 7.3 The Council shall at its first meeting following the general election, or as soon thereafter as practicable, elect a president, vice-president and treasurer to hold office until the first meeting of Council following the general election in the subsequent year, and if an election is not so held, the president, vice-president and treasurer for the preceding year shall continue in office until their successors are elected.
- 7.4 The election of the president, vice-president and treasurer shall be by secret ballot using generally accepted democratic procedures, and where more than two council members are nominated, the nominee who receives the lowest number of votes on each ballot shall be deleted from the nomination unless one nominee receives a majority of the votes cast on the ballot, and this procedure shall be followed until one nominee receives a majority of the votes cast.
- 7.5 Each member of Council has one vote with respect to each of the offices of president, vice-president and treasurer.

- 7.6 The president is the chief officer of CCO and the vice-president shall assist the president in the discharge of the president's duties.
- 7.7 The president, vice-president or treasurer, may be removed from office by a two-thirds vote of the Council at a special meeting called for that purpose, and the Council may elect a new president, vice-president or treasurer from its members to hold office for the remainder of the year.
- 7.8 The office of president, vice-president or treasurer becomes vacant if the holder of the office dies, resigns or stops being a council member.
- 7.9 If the office of the president becomes vacant, the vice-president shall become the president for the unexpired term of the office and the office of vice-president thereby becomes vacant.
- 7.10 The Council shall fill any vacancy in the office of vice-president or treasurer using the procedures in By-law 7.4 at a special meeting which the president shall call for that purpose as soon as practicable after the vacancy occurs.
- 7.11 The president of the Council shall be the chair of the Executive Committee.
- 7.12 The Council shall at its first meeting following the general election, or as soon thereafter as is practicable, elect the chairs and members of all statutory and non-statutory committees of CCO. If such elections are not so held, the chairs and members of the committees for the preceding year shall continue until their successors are elected.
- 7.13 The election of chairs and members of statutory and non-statutory committees shall be by secret ballot using generally accepted democratic procedures, and where more individuals are nominated than available positions, the nominee who receives the lowest number of votes on each ballot shall be deleted from nomination and these procedures shall be repeated until each nominee receives a majority of the votes cast.
- 7.14 Following the election of a particular committee, a member of that committee shall be elected as chair. Each member of Council has one vote with respect to the position of chairs of all statutory and non-statutory committees.
- 7.15 The chair of any statutory or non-statutory committee may be filled by an elected or appointed member of Council but not by a non-council member of CCO.

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- 7.16 A chair or committee member of a statutory or non-statutory committee may be removed from office by a two-thirds vote of the Council, with or without cause, at a special meeting called for that purpose, and the Council may elect a new chair to hold the position for the remainder of the year.
- 7.17 The position of chair of a statutory or non-statutory committee becomes vacant if the holder of the position dies, resigns or stops being a Council member.
- 7.18 If the position of chair or committee member of a statutory or non-statutory committee becomes vacant, the Executive Committee shall appoint a chair or committee member for the unexpired term of the position.
- 7.19 The duties and powers of the Council include:
- (a) administering the *RHPA*, *Chiropractic Act* and the regulations and by-laws under those acts;
 - (b) reviewing the activities of statutory and non-statutory committees of the Council and requiring committees to provide reports and information to the Council;
 - (c) requiring statutory and non-statutory committees of the Council to do anything that, in the opinion of the Council, is necessary or advisable to carry out the intent of the *RHPA*, *Chiropractic Act*, and the regulations under those acts;
 - (d) finalizing and proposing amendments to regulations and by-laws under the *RHPA* or the *Chiropractic Act*.
- 7.20 The duties and powers of the president of the Council include:
- (a) facilitating the activities of CCO;
 - (b) chairing meetings of Council;
 - (c) chairing meetings of the Executive Committee;
 - (d) participating in the preparation of agendas of the meetings of Council and meetings of the Executive Committee;
 - (e) supervising the arrangements for the annual meeting;
 - (f) taking all reasonable steps to ensure that directions of the Council and the Executive Committee are implemented;

- (g) ensuring CCO is represented at all appropriate meetings;
 - (h) presenting an Executive report at each Council meeting;
 - (i) acting as a liaison between CCO and other professional organizations as appropriate; and
 - (j) performing all acts and deeds pertaining to the office of president and such other acts and deeds as may be decided by Council.
- 7.21 The president, while chairing a Council meeting or Executive Committee meeting, votes only to break a tie.
- 7.22 The president of Council shall be eligible for election to a maximum of two consecutive one-year terms in the presidency.
- 7.23 The duties and powers of the vice-president include:
- (a) assuming the role of president in the absence of the president or when appointed to do so by the president; and
 - (b) performing all acts and deeds pertaining to the office of vice-president and such other acts and deeds as may be decided by Council.
- 7.24 The vice-president shall be eligible for election to a maximum of two consecutive one-year terms in the vice-presidency.
- 7.25 The duties and powers of the treasurer of the Council include:
- (a) overseeing all matters relating to the financial affairs of CCO; and
 - (b) performing all acts and deeds pertaining to the office of treasurer and such other acts and deeds as may be decided by Council.
- 7.26 The treasurer shall be eligible for election to a maximum of two consecutive one-year terms in the office.
- 7.27 The duties and powers of the secretary of the Council include:
- (a) keeping a record of matters that the Council has referred to the committees;
 - (b) having custody and care of the records and documents of the Council;

- (c) giving or causing to be given notice of all council meetings and statutory and non-statutory committees; and
 - (d) performing all acts and deeds pertaining to the office of secretary and such other acts and deeds as may be decided by Council.
- 7.28 The agendas for the meetings of Council shall be prepared by the Executive Committee in collaboration with the registrar and shall include a period during which council members may raise for discussion topics relevant to the affairs of CCO for possible inclusion in future agendas.
- 7.29 The registrar shall be the secretary of the Council.
- 7.30 The duties and powers of the chairs of each committee shall include:
- (a) facilitating the activities of the committee and reporting to Council;
 - (b) chairing meetings of the committee;
 - (c) participating in the preparation of agendas of the meetings of the committee;
 - (d) taking all reasonable steps to ensure that directions of the committee are implemented;
 - (e) acting as a liaison between the Council or Executive Committee and the committee;
 - (f) reporting to the Executive Committee upon reasonable request by the Executive;
 - (g) reporting in writing to the Council at the meetings of Council on the activities of the committee for the preceding year;
 - (h) preparing a work plan for the subsequent year, which includes all budgetary requirements for the committee, by November 1 of each and every year, or by such other time as directed by Council;
 - (i) ensuring the activities of the committee are conducted in a fiscally responsible manner within approved budgetary restraints; and
 - (j) performing all acts and deeds pertaining to the office of chair and such other acts and deeds as may be decided by Council.

- 7.31 The chair of every statutory and non-statutory committee shall be eligible for election to a maximum of two consecutive one-year terms.

BY-LAW 8: COUNCIL AND COMMITTEE MEETINGS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 8.1 The Council shall hold,
- (a) an annual meeting which shall be called by the president between April 1 and June 30 of each year;
 - (b) regular meetings which shall be called by the president from time to time; and
 - (c) any special meetings which may be called the by the president, or a majority of council members, who deposit with the registrar a written request for the meeting containing specifics of the matter or matters for decision at the meeting.
- 8.2 The registrar shall cause each council member to be notified in writing of the place, date and time of a council meeting by sending such notification by ordinary prepaid mail, facsimile, e-mail or similarly effective method at least,
- (a) 30 days before an annual meeting;
 - (b) 14 days before a regular meeting; and
 - (c) five days before a special meeting.
- 8.3 The registrar shall cause to be included in or with the notification of all meetings to council members, the agenda for the meeting.
- 8.4 The registrar shall cause to be included in or with the notification of a special meeting to council members sufficient information about the matter or matters for decision contained in the requisition of the meeting deposited with the registrar to permit the member to form a reasonable judgment.
- 8.4.1 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.

- 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 the registrar to permit the member to form a reasonable judgment.
- 8.5 The registrar shall cause the public to be notified of council meetings in accordance with requirements prescribed under the *RHPA*, if any, and, if none, in a similar manner.
- 8.6 No annual, regular or special meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any council member may waive the notice requirements and ratify, approve and confirm any proceedings taken at the meeting.
- 8.7 Subject to By-law 8.18, every 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 reasonably close to the place, date and time requested by the person or people calling the meeting.
- 8.8 Unless otherwise required by law or by-law, every question which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by council members, and, if there is an equal number of votes on a question, the chair may cast a deciding vote.
- 8.9 Voting at a council meeting shall be by a show of hands, or if appropriate, by secret ballot.
- 8.10 Voting by proxy at council meetings shall not be permitted in any circumstances.
- 8.11 The Council shall consider or transact at the annual meeting:
- (a) the annual report for the preceding year;
 - (b) the reports of the committees established under the *RHPA*;
 - (c) the financial statement of CCO;
 - (d) the report of the auditor; and
 - (e) the appointment of the auditors for the ensuing year.

- 8.12 The Council may consider or transact at a regular meeting:
- (a) matters brought by the Executive Committee;
 - (b) reports by statutory committees;
 - (c) reports by non-statutory committees which have received prior review by the Executive Committee;
 - (d) any motion notice of which has been delivered in writing to the Registrar at least 30 days before the Council meeting and which the majority of Council members present and voting at the meeting view as warranting Council discussion; and
 - (e) any other business that the majority of Council members present and voting at the meeting view as urgent and requiring Council's immediate attention.
- 8.13 The Council may only consider or transact at a special meeting, the matter or matters for decision at the meeting contained in the requisition deposited with the registrar.
- 8.14 The president shall cause a record of the proceedings of the council meeting including all motions and recommendations to be recorded, and the written record of the Council meeting, when signed by any two of the president, vice-president, treasurer or registrar, is prima facie proof of the accuracy of the contents of every such record.
- 8.15 The written record of the proceedings of a council meeting when accepted at a subsequent council meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.
- 8.16 Whether or not a quorum is present, the president may adjourn any council meeting and reconvene it at any time and from time to time and, if a quorum is present at any reconvened meeting, any matter may be considered and transacted which could have been transacted at the original meeting which was adjourned.
- 8.17 The rules of order for council meetings adopted from time to time by Council shall guide the conduct of its meetings.

- 8.18 Any meeting of the Council or of a committee or of a panel that is held for any purpose other than for the conducting of a hearing, except as permitted under the *Statutory Powers Procedure Act*, may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.
- 8.19 Persons participating in the meeting, as outlined in By-law 8.18, are deemed to be present at the meeting.
- 8.20 Notice of a meeting held under By-law 8.18 shall not specify a place for the meeting but rather the means by which the meeting will be conducted.
- 8.21 The chair of any committee conducting meetings by conference call shall:
- (a) consult with CCO to staff in the calling of a meeting and the preparation of an agenda for the meeting;
 - (b) ensure minutes are kept; and
 - (c) record the time spent on the meetings.

BY-LAW 9: REMUNERATION

Approved by Council: February 24, 2001

Amended: September 24, 2009, June 24, 2011, September 17, 2015, September 4, 2020 (came into effect November 26, 2020), November 25, 2021 (came into effect February 25, 2022), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 9.1 The per diems and reasonable expenses paid by CCO to committee members are intended to partially off-set the cost of a contribution to the profession of chiropractic rather than to pay for services rendered or to compensate for lost income or the opportunity to earn income. “Committee members” means elected council members and non-council members of statutory and non-statutory committees.

- 9.2 Subject to other direction by Council, the president of the Council will receive an annual honorarium of thirty-five thousand dollars (\$35,000) payable no later than one year after the date the president takes office. In the event the president’s tenure is less than one year, the president will receive a pro-rated amount determined by the length of the president’s tenure.

- 9.3 Committee members are entitled to the remuneration outlined in the chart below:

Description	Allowable Claim effective September 24, 2009
1 Committee members; full-day meeting or hearing; meeting in excess of three hours	Attendance per diem: \$400 Preparation per diem: Chairs: \$350 Others: \$200
2 Committee members; meeting or hearing lasting less than three hours	One-half attendance per diem: \$200 One-half preparation per diem: Chairs: \$175 Others: \$100
3 Conference call meetings: applicable full or one-half day attendance and preparation per diem and reasonable expenses (e.g., long distance charges, as outlined in CCO Internal Policy I-012)	

Description	Allowable Claim effective September 24, 2009
4 Travel time of more than three hours (round trip) for all committee members	Travel per diem: \$300
5 Travel time of more than one hour and less than three hours (round trip) for all committee members	One-half travel per diem: \$150

- 9.4 By-law 9.3, as it relates to payment of per diems and reasonable expenses, applies to Discipline Committee and Fitness to Practise Committee members who perform duties, such as conducting pre-hearing conferences or hearing pre-hearing motions.
- 9.5 A member who is the principal author of a decision of the Discipline Committee, Inquiries, Complaints and Reports Committee or Fitness to Practise Committee may charge one attendance per diem for at least three accumulated hours of work to a maximum of three per diems, but no preparation per diem, travel per diem or meal expenses.
- 9.6 The following conditions apply to the remuneration entitlement of committee members:

Per Diems and Reasonable Expenses

Committee members may claim for a full day attendance per diem when a meeting or hearing is in excess of three hours.

Committee members may claim for a half day attendance per diem when a meeting or hearing is in excess of one hour but is not in excess of three hours.

In extenuating circumstances, and subject to the approval of the Executive Committee, two attendance per diems may be claimed for one calendar day. Extenuating circumstances include committee members being called to an emergency meeting with less than 48 hours notice which requires them to forfeit office time.

Attendance for Full Duration of Scheduled Meeting

In order to be eligible for the appropriate attendance per diem, a council or committee member shall attend the full duration of the scheduled meeting. If extenuating circumstances apply which necessitate leaving a meeting earlier than the scheduled end time, the council or committee member shall communicate this in writing to the Chair of the meeting.

Reasonable expenses, as outlined in CCO Internal Policy I-012, and attendance per diems may be claimed to attend conferences, educational sessions, speaking engagements or other functions directly related to CCO business provided prior approval is obtained from the Executive Committee.

Cancellation of Meetings/Hearings

A one-half attendance per diem may be claimed in the event of the cancellation or adjournment of an official meeting without one week's advance notice being given, subject to the discretion of the Executive Committee:

- (a) A full attendance per diem but no travel per diem or meal expenses may be claimed in the event of the cancellation or adjournment of a Discipline or Fitness to Practise hearing, without four weeks advance notice being given, provided that the committee member was required, as a result of the scheduled hearing, to make alternate office arrangements in order to be available for the hearing. Unless the committee member ordinarily has office time on Saturdays or Sundays, no per diem will be permitted for the cancellation or adjournment of hearings scheduled on Saturdays or Sundays.
- (b) A full attendance per diem including a travel per diem and meal expenses may be claimed in the event a Discipline or Fitness to Practise Committee member attends what is anticipated to be a full day hearing even if the hearing is disposed of prior to the expiration of three hours, provided the committee member was required as a result of the scheduled hearing to make alternate office arrangements in order to be available for a full day hearing.

Conference Calls

Committees are encouraged to conduct meetings wherever possible and practicable by conference call; committee members will receive the appropriate attendance and preparation per diems and reasonable expenses for such meetings and payment of long-distance charges but will not receive a travel per diem.

Preparation Time

Preparation time may only be claimed if preparation is in fact required for the meeting/event/hearing being attended.

- 9.7 At the discretion of Council, this by-law 9 applies to Non-Chiropractic Committee Members with necessary modifications.

BY-LAW 10: INDEMNIFICATION

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 10.1 Council members, Committee member, officer, employee, agent and appointee of CCO, including assessors, investigators and inspectors, and each of their heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of CCO from and against:
- (a) all costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by them, in the execution of the duties of their office; and
 - (b) all other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or in relation to the affairs of CCO, except such costs, charges, expenses, awards or damages as are occasioned by their own willful neglect or default.
- 10.2 CCO will purchase and maintain insurance to protect itself and its members of Council, Committee members, officers, employees, agents or appointees and to provide coverage for the indemnity referred to in By-law 10.1

BY-LAW 11: COMMITTEE COMPOSITION

Approved by Council: February 24, 2001

Amended: September 24, 2009, November 30, 2012, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), August 14, 2020 (came into effect September 4, 2020), November 25, 2021 (came into effect February 25, 2022), November 23, 2023 (subject to approval of minutes on February 23, 2024)

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

- 11.7 The Quality Assurance Committee shall be composed of:
- (a) two members of Council who are member of CCO;
 - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
 - (c) one member of CCO who is not a member of Council.
- 11.8 The Patient Relations Committee shall be composed of:
- (a) one member of Council who is a members of CCO;
 - (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
 - (c) two members of CCO who 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 Despite the use in this By-law 11 of a definite number of committee members in any category, Council may appoint additional committee members in any category, except for the Executive Committee.
- 11.13 Despite the use in this By-law 11 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 the full committee member has a conflict of interest.
- 11.14 Despite any other provision of this By-Law 11, the Council may also appoint one or more Non-Chiropractic Committee Members to any committee other than the Executive Committee.

BY-LAW 12: APPOINTMENT OF NON-COUNCIL MEMBERS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, February 23, 2016, February 28, 2017, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), January 20, 2023 (came into effect January 20, 2023), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 12.1 This by-law applies with respect to the appointment of members who are not members of the Council to a committee of CCO.
- 12.2 The Council shall appoint members to committees in the numbers prescribed by By-law 11.
- 12.3 The Council shall make the appointments at the first regular council meeting after each regular council election or as soon thereafter as is practicable.
- 12.4 The Council may make appointments from time to time to fill any vacancy created by the disqualification, death or resignation of a member appointed under this by-law.
- 12.5 In making the appointments, the Council shall take into account location and type of practice, experience, professional qualifications and skills, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council.
- 12.6 The term of office of a committee member who is not a member of the Council is approximately one year starting on the date the appointment is made, except where an appointment is made to fill a vacancy in which the person appointed shall complete the term of the previous appointee.
- 12.7 A non-council member may serve on CCO committees for only nine consecutive years, whether the time is served as a council member or as a non council member.
- 12.8 A non-council member who has served on CCO committee (s) for nine consecutive years is not eligible to be re-appointed to any CCO committee until at least three years have passed since the member last served on a CCO Committee.
- 12.9 A member is eligible for appointment to a committee if, on the date of the appointment the member meets the requirements prescribed in By-law 6.9 for election to Council.

- 12.10 The Council shall disqualify a member appointed to a committee from sitting on the committee for any reason prescribed in By-law 6.29
- 12.11 A non-council committee member shall resign from a committee prior to applying for any CCO staff position.
- 12.12 A member who is disqualified under this by-law from sitting on a committee ceases to be a member of the committee.

BY-LAW 13: FEES

Approved by Council: November 28, 2003

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), April 20, 2022, September 9, 2022 (came into effect October 28, 2022), November 23, 2023 (subject to approval of minutes on February 23, 2024)

13.1 The fee payable to apply for each class of certificate of registration is as follows:

- (a) General certificate: \$52
- (b) Temporary certificate: \$52
- (c) Retired certificate: NIL
- (d) Inactive certificate: \$52, unless the applicant already has a general certificate, in which case the application is NIL
- (e) Emergency certificate: \$52

The application fee is non-refundable.

13.2 In addition to the application fee and the annual fee, an applicant for registration must pay the following initial certificate fee.

- (a) For a general certificate of registration: \$340
- (b) For a temporary certificate of registration to actively practise chiropractic in Ontario of registration: \$155
- (c) For a temporary certificate of registration to participate in a specific event in Ontario: NIL
- (d) For an inactive certificate of registration: \$340
- (e) For a retired certificate of registration: NIL
- (f) For an emergency certificate of registration: \$340

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

- 13.4 An applicant for a general certificate of registration who, within the first six months prior to making the application completed the requirements for graduation from a chiropractic education program that is accredited or received reciprocal recognition by the CCEC is exempted from paying the prescribed annual fee for the year in which the certificate is issued.
- 13.5 A member who holds a general certificate of registration is exempted from paying the prescribed certificate and annual fees for an inactive certificate of registration for the year in which the inactive certificate is issued.
- 13.6 Every member except a member who holds a temporary certificate of registration shall pay an annual fee.
- 13.7 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, \$495 for a member who holds an inactive certificate of registration and \$105 for a member who holds a retired certificate of registration.
- 13.8 Council may, without, amending these by-laws, adjust the amount of any fees or penalties in By-law 13 to reflect annual changes to the Cost of Living Adjustment (Ontario).
- 13.9 The annual fee for a member who holds a general certificate of registration may be paid in two instalments on January 1st and June 1st of each year in amounts to be set by the registrar.
- 13.10 No later than 60 days before the annual fee or the first instalment of the annual fee is due, the registrar shall notify the member of:
- (a) the amount of the annual fee or, if the member is paying by instalment, the amounts of the first and second instalments;
 - (b) the date on which the annual fee or each of the instalments is due; and
 - (c) the penalty for late payment.
- 13.11 If a member fails to pay the annual fee or an instalment on or before the day on which it is due, the member shall pay a penalty in addition to the annual fee.
- 13.12 The penalty referred to in By-law 13.10 is \$105 for a member who holds a general certificate of registration, \$20 for a member who holds an inactive certificate of registration, and \$20 for a member who holds a retired certificate of registration.

- 13.13 Where a person requests the registrar to do anything the registrar is required or authorized to do by statute or by regulation, the person shall pay the prescribed fee or the fee set by the registrar for doing so.
- 13.14 Where a member is required to complete a Specified Continuing Education or Remediation Program (SCERP), the member shall pay the prescribed fee or the fee set by the registrar.
- 13.15 If the registrar suspends a member's certificate of registration for failure to pay a prescribed fee, the registrar may lift the suspension on payment of:
- (a) the fee the member failed to pay;
 - (b) the annual fee for the year in which the suspension is to be lifted if it is not the same fee as clause (a); and
 - (c) any applicable penalty.
- 13.16 A member whose certificate of registration was revoked for failure to pay a fee and who applies to be reinstated is required to pay:
- (a) an application fee of \$52;
 - (b) the annual fees and any applicable penalties the member failed to pay up to the date of revocation; and
 - (c) the annual fee for the year in which the member wishes to be reinstated.
- 13.17 The registrar may grant a partial exemption from the fees payable by a member pursuant to this by-law if the committee is satisfied that extraordinary circumstances exist which justify the exemption.
- 13.18 The amount payable by a member who applies for reinstatement of a retired certificate of registration is \$52.
- 13.19 A fee of \$52 is payable for each follow-up letter, emails or other notifications to a member who has not complied with a request from CCO, such as a request:
- (a) to make available the members' professional portfolio to the Quality Assurance Committee,
 - (b) to participate in the peer and practice assessment component of the Quality Assurance Program,

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- (c) to explain an advertisement that does not appear to comply with CCO regulations or guidelines despite previous advice or caution to the member,
- 13.20 If CCO presents a continuing education or professional development program or course, CCO shall determine whether any fee shall be charged for that course and if so, what the fee shall be.
- 13.21 A fee of \$52 is payable for each application for a certificate of authorization of a professional corporation, and for each reinstatement of a certificate of authorization.
- 13.22 A fee of \$625 is payable for each issuance of a certificate of authorization of a professional corporation.
- 13.23 A fee of \$210 is payable for each annual renewal of a certificate of authorization of a professional corporation.
- 13.24 A professional corporation or a member listed in CCO's records as a shareholder of a professional corporation shall pay an administrative fee of \$52 for each notice sent by the registrar to the corporation or member for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent.
- 13.25 A fee of \$52 is payable for the issuance of a document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal.
- 13.26 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.

BY-LAW 14: PROFESSIONAL CORPORATIONS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 9, 2022 (came into effect October 28, 2022), November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 14.1 Every member of CCO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms for a certificate of authorization, upon the written request of the registrar within 30 days and upon any change in the information within 30 days of the change:
- (a) the name of the professional corporation as registered with the Ontario Business Registry;
 - (b) any business names used by the professional corporation;
 - (c) the name of each beneficial owner as required to be recorded by the professional corporation pursuant to the Ontario Business Registry;
 - (d) the professional corporation's business registration number issued by the Canada Revenue Agency;
 - (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;
 - (f) the principal practice address, telephone number, facsimile number and e-mail address of the professional corporation;
 - (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
 - (h) a brief description of the professional activities carried out by the professional corporation.

BY-LAW 15: THERAPY AND COUNSELLING

Approved by Council: November 30, 2002

Amended: September 24, 2009, September 17, 2015, November 23, 2023 (subject to approval of minutes on February 23, 2024)

- 15.1 CCO shall require therapists or counsellors who provide therapy or counselling that is funded pursuant to the program required under section 85.7 of the *Code* to provide a written statement signed by them containing details of their training and experience and confirming that the therapy or counselling is being provided and that the funds received are being devoted only to that purpose.
- 15.2 CCO shall require every person who is receiving therapy or counselling that is funded pursuant to the program required under section 85.7 of the *Code* to provide a written statement signed by them acknowledging that they are aware of the details of the training and experience of the therapist or counsellor and confirming that the therapy or counselling is being provided and that the funds received are being devoted only to that purpose.

BY-LAW 16: PROFESSIONAL LIABILITY PROTECTION OR INSURANCE

Approved by Council: September 24, 2009

Amended: September 17, 2015, September 14, 2019 (came into effect October 30, 2020)

- 16.1 Each member holding a general or temporary certificate of registration must carry and provide evidence satisfactory to the registrar of carrying professional liability protection or insurance in the applicable minimum amount per occurrence and minimum aggregate amount per year, including coverage for claims after the member ceases to hold a certificate relating to occurrences while holding a certificate, or membership in a protective association that provides equivalent protection. A member who is or will be when registered, an employee of a member, a health facility or other body that has equivalent professional liability insurance coverage or membership in a protective association that provides equivalent protection is deemed to comply with this section.
- 16.2 The professional liability protection or insurance referred to in By-law 16.1 must have:
- (a) a minimum amount of \$5,000,000 per occurrence, and
 - (b) a minimum aggregate amount of \$5,000,000 per year.
- 16.3 When applying for a general or temporary certificate of registration or a renewal of a general or temporary certificate of registration, an applicant must sign a declaration that they comply with By-laws 16.1 and 16.2.
- 16.4 A member holding a general or temporary certificate of registration must have available in their office, in written or electronic form, evidence that they comply with By-laws 16.1 and 16.2, or may have the provider of the protection under By-law 16.1 provide regular updates to CCO confirming compliance with By-laws 16.1 and 16.2.

BY-LAW 17: PUBLIC REGISTER

Approved by Council: September 24, 2009

*Amended: September 17, 2015, April 19, 2016, April 24, 2018, November 23, 2023
(subject to approval of minutes on February 23, 2024)*

- 17.1 Subject to By-law 17.2, a member's name in the register shall be the full name indicated on the document used to support the member's initial registration with the College
- 17.2 The Registrar may enter a name other than the name referred to in By-law 17.1 in the register if the Registrar:
- (a) has received a written request from the member;
 - (b) is satisfied that the member's name has been legally changed; and
 - (c) is satisfied that the name change is not for any improper purpose.
- 17.3 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 the location of the 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 for communication with CCO.
- 17.4 A member's business telephone number shall be the telephone number of the location in Ontario where the member is employed or self-employed as a chiropractor. In the event that the member is employed or self-employed as a chiropractor in more than one location in Ontario, the member's business telephone number shall be the telephone number of the member's primary practice. In the event that the member is not employed or self-employed in Ontario as a chiropractor, the register shall not contain a business telephone number designated by the member for communication with CCO.
- 17.5 The Registrar shall maintain a register in accordance with section 23 of the *Code*.

17.6 In addition to the information set out in subsection 23(2)¹² of the Code, the register shall contain the following publicly available information with respect to each member:

- (a) Where a decision of a panel of the Discipline Committee has been published by the College with the member's or former member's name included,
 - (i) a notation of that fact; and
 - (ii) identification of, a link to, or a copy of the specific publication containing that decision.
- (b) For every caution required by a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the Code, 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) of the Code,
 - i. the date of the panel's decision,
 - ii. a synopsis of its content, and
 - iii. if applicable, a notation that the panel's decision is subject to review and is not yet final, which notation shall be removed once the review and any reconsideration by the Inquiries, Complaints and Reports Committee is finally disposed of.
- (c) For every acknowledgement and undertaking that a member has given to CCO in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee and that remain in effect, in addition to the synopsis,
 - i. the date that the panel accepted the member's acknowledgment and undertaking,
 - ii. a synopsis of the acknowledged facts; and
 - ii. the terms of the member's undertaking
- (d) A notation of any finding of guilt for a criminal offence or an offence under the *Health Insurance Act, 1990*, of which the College is aware, made by a court after July 1, 2016, against a member.

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- (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.
 - (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.
 - (g) 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.
 - (h) the following practice information related to a member:
 - (i) The business address, business telephone number and business email of up to three practice locations;
 - (ii) The member's gender;
 - (ii) the name of the chiropractic education program graduated by the member and year of graduation from that program;
 - (iii) the year of initial registration with CCO; and
 - (iv) up to three languages in which the member offers professional services, as identified by the member.
- 17.7 If requested, the member shall immediately provide the College with the following information, in the form requested by the College:
- (a) information required to be maintained in the register in accordance with subsection 23(2) of the *Code* and By-law 17.6;
 - (b) the address and telephone number of the member's primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member's primary residence;
 - (c) The member's email addresses;

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- (d) Proof of professional liability insurance;
- (e) The member's areas of practice and categories of clients seen;
- (f) Information regarding the member's employment including:
 - (i) the member's title and position,
 - (ii) a description of the member's role, duties, and responsibilities, and
 - (iii) the member's employment category and status.
- (g) any nicknames or abbreviations that the member uses in any place of practice;
- (h) information about the member's registration with any other body that governs a profession, whether inside or outside of Ontario, including the name of the governing body, the member's registration or license number and the date the member first became registered;
- (i) information about any finding of professional misconduct or incompetence or similar finding that has been made against the member by a body that governs a profession, inside or outside of Ontario, where the finding has not been reversed on appeal, including:
 - (i) the finding,
 - (ii) the name of the governing body that made the finding,
 - (iii) a brief summary of the facts on which the finding was based,
 - (iv) the penalty and any other orders made relative to the finding,
 - (v) the date the finding was made, and
 - (vi) information regarding any appeals of the finding.
- (j) information about any finding of incapacity or similar finding that has been made against the member by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:
 - (i) the finding

- (ii) the name of the governing body that made the finding,
 - (iii) the date the finding was made,
 - (iv) a summary of any order made, and
 - (v) information regarding any appeals of the finding.
- (k) information about the member's participation in the Quality Assurance Program,
- (l) information for the purpose of compiling statistical data,
- 17.8 The member shall notify the College, in, writing, of any changes to the following information within 30 days of the effective date of the change:
- (a) the member's name,
 - (b) the address and telephone number of the member's primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member's primary residence,
 - (c) the member's business address or business telephone number.
- 17.9 All of the information in the register is designated, under subsection 23(6) of the *Code*, as information that may be withheld from the public if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual.

¹ Section 23(2) The register shall contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
3. The name, business address and business telephone number of every health profession corporation.
4. The names of the shareholders of each health profession corporation who are members of the College.
5. Each member's class of registration and specialist status.
6. The terms, conditions and limitations that are in effect on each certificate of registration.
7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1).
8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

-
9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and that has not been finally resolved.
 10. Every result of a disciplinary or incapacity proceeding.
 11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.
 12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
 13. A notation of every revocation or suspension of a certificate of registration.
 14. A notation of every revocation or suspension of a certificate of authorization.
 15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
 16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
 17. Where, during or as a result of a proceeding under section 25, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
 18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1), the outcomes of inspections conducted by the college.
 19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.
 20. Information that is required to be kept in the register in accordance with the by-laws.

² Section 23(14) For the purpose of this section and section 56, "result",

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

(b) when used in reference to an incapacity proceeding, means the panel's finding that the member is incapacitated and the order made by the panel.

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

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

- 18.1 An individual is eligible for appointment to a committee as a Non-Chiropractic Committee Member if, on the date of the appointment:
- (a) The individual resides in Ontario;
 - (b) The individual has not been disqualified from serving on Council or a committee within the six years immediately preceding the appointment;
 - (c) The individual has never been a Member;
 - (d) The individual does not have a conflict of interest in respect of the committee to which they are to be appointed; and
 - (e) The individual would not be disqualified from serving as a Non-Council Member if the individual were a Member.
- 18.2 The Council may remove or disqualify a Non-Chiropractic Committee Member from a committee with or without cause.



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

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ITEM 4.1.37

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.

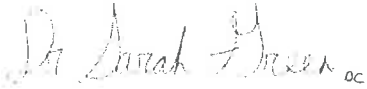
Please review the proposed by-law amendments, [summarized in the following chart](#) and provide any [feedback through the portal](#) by **November 19, 2023**.

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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November 20,
2023



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ITEM 4.1.38

11/19/2023

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Heat Map

Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

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7022

Open Rate

75.2%

Click Rate

4.8%



Opens	5167	Clicks	333
Sent	7022	Did Not Open	1708
Bounces	147	Unsubscribed	3
Successful Deliveries	6875	Spam Reports	1
Desktop Open Percentage	93.7%	Mobile Open Percentage	6.3%

Recommendations

Here are some things we think would help this campaign even more.

Social Share

Try sharing your email in a social post to get your message out there to a broader audience. It is a free post that says "I'm here!"

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Reporting

reach customers searching for products or services like yours on Google and only pay for actual clicks.

Click-Through Distribution

When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Clicks Distribution	
https://cco.on.ca/wp-content/uploads/2023/09/S003DraftSept82023.pdf	193	37.1%
https://cco.on.ca/wp-content/uploads/2023/09/By-lawAmendmentChartforFeedbackSept82023.pdf	161	31%
https://www.surveymonkey.com/r/K8X8JJK	121	23.3%
https://www.surveymonkey.com/r/CWWGRSB	45	8.7%
Total Click-throughs	520	100%

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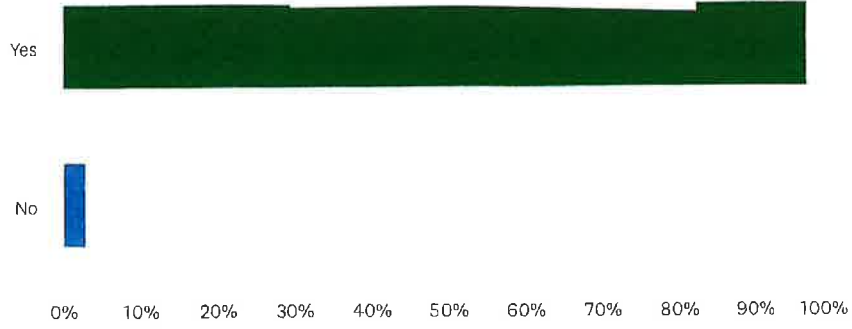
*November
19, 2023*

Q1 Are you a Member of CCO

518

Answered: 34 Skipped: 0

ITEM 4.1.39



ANSWER CHOICES

Yes

No

TOTAL

RESPONSES

97.06%

2.94%

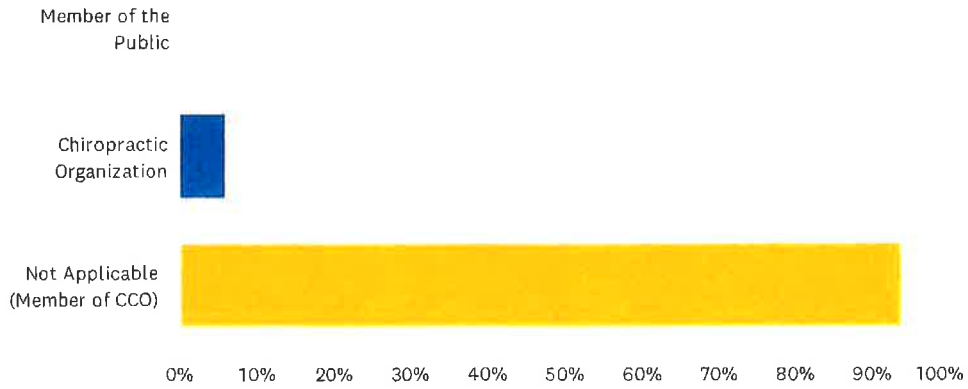
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1

34

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

Answered: 34 Skipped: 0



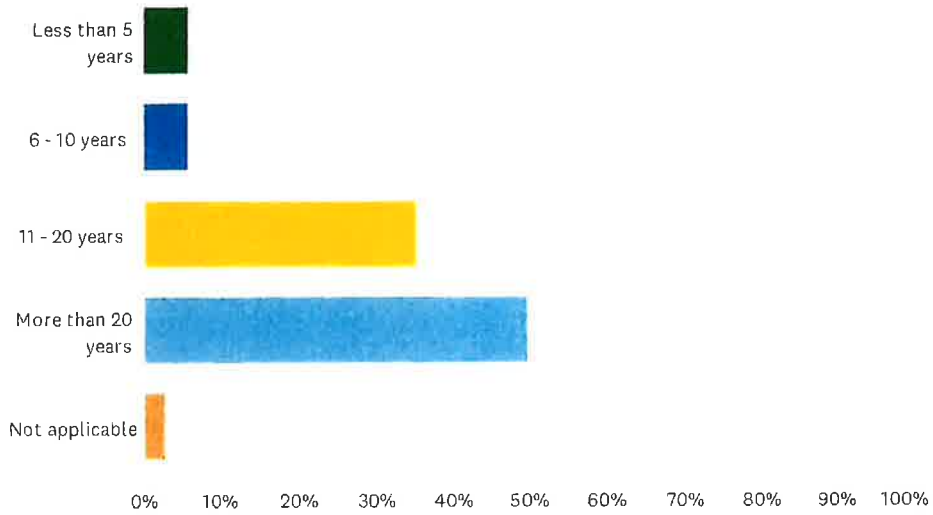
ANSWER CHOICES

RESPONSES

Member of the Public	0.00%	0
Chiropractic Organization	5.88%	2
Not Applicable (Member of CCO)	94.12%	32
TOTAL		34

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

Answered: 34 Skipped: 0



ANSWER CHOICES

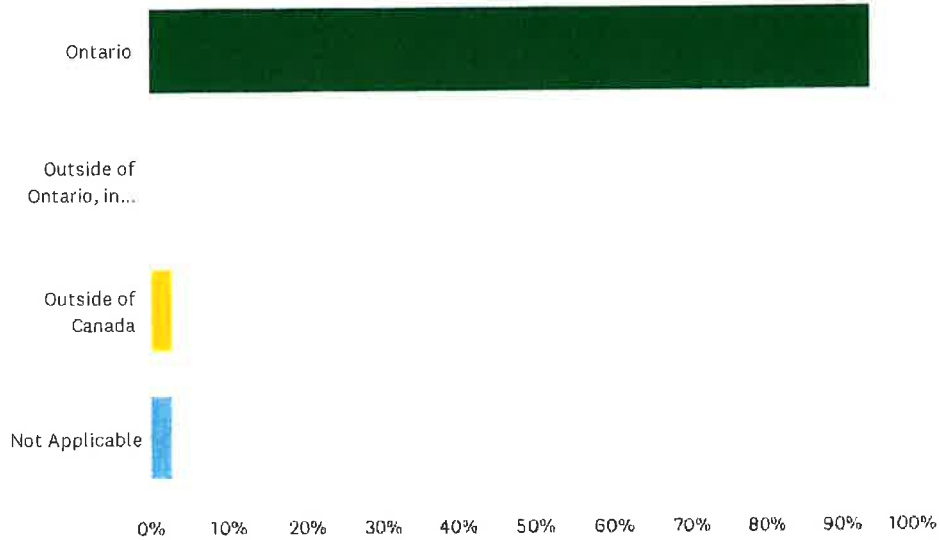
- Less than 5 years
- 6 - 10 years
- 11 - 20 years
- More than 20 years
- Not applicable
- TOTAL

RESPONSES

5.88%	2
5.88%	2
35.29%	12
50.00%	17
2.94%	1
	34

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

Answered: 34 Skipped: 0



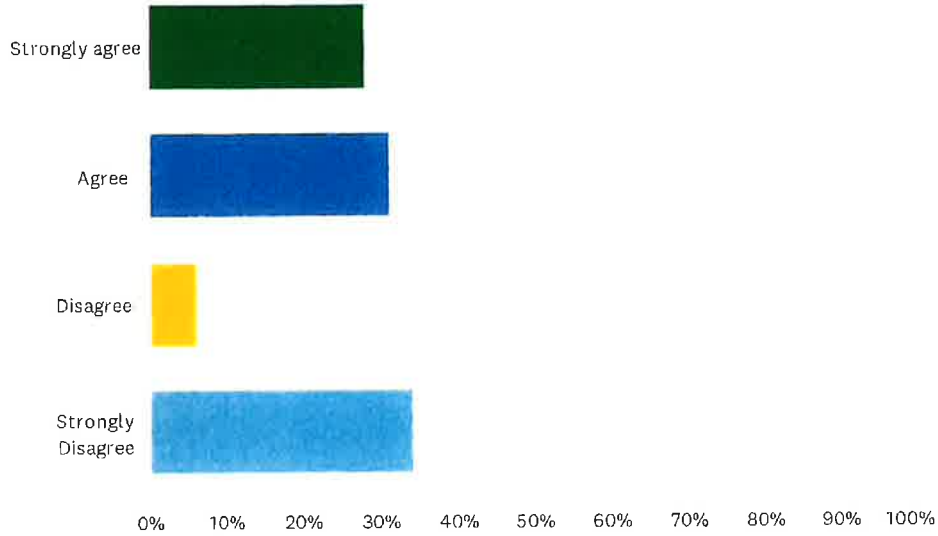
ANSWER CHOICES

RESPONSES

Ontario	94.12%	32
Outside of Ontario, in Canada	0.00%	0
Outside of Canada	2.94%	1
Not Applicable	2.94%	1
TOTAL		34

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: 32 Skipped: 2



ANSWER CHOICES

Strongly agree
Agree
Disagree
Strongly Disagree
TOTAL

RESPONSES

28.13% 9
31.25% 10
6.25% 2
34.38% 11
32

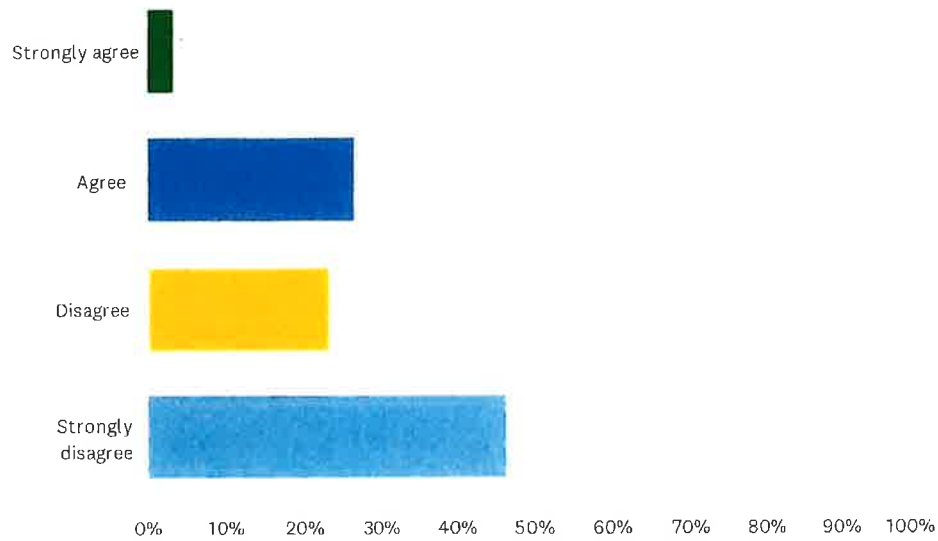
Q6 Comments - Explain why relating to CCO's public interest mandate

Answered: 13 Skipped: 21

#	RESPONSES	DATE
1	I don't believe these pronoun changes are necessary or grammatically correct and do not add more clarity to the by-laws.	11/19/2023 8:45 PM
2	I don't think the proposed changes are necessary or provide a substantial increase in clarity to the bylaws. When we change our bylaws to keep pace with social narrative, we risk losing the intention of the bylaws.	11/19/2023 8:40 PM
3	This is a current social justice cause brought about by the current federal government. The duration of this type of language has yet to be seen and CCO should not be so quick to uptake each and ever social justice cause a government may choose to support. The next government could easily change the language and CCO would then have to respond and change again.	11/19/2023 5:45 PM
4	Relevance: we can argue that the gender of the subject is relevant in certain contexts and that gender-neutral language can remove important information. Freedom of Speech: we could also make an argument that individuals should be free to use the language they choose without being compelled to adhere to certain forms.	11/19/2023 3:41 PM
5	Waste of time. Unnecessary. It is NOT the CCO's mandate to be spending time or effort in matters of morality and lifestyles.	11/17/2023 11:24 AM
6	I feel the pronoun/gender neutrality is an unnecessary step that may add confusion rather than clarity. Making minor grammatical changes seems like common sense.	11/17/2023 9:26 AM
7	We must not let this mind disease of language mutilation seep into our profession. 2+2=4, let us be good students of science and investigate God's created order and call it the way it is! Anything else is deception and will lead to more of such... not healthy	11/16/2023 6:26 PM
8	There is much more than gender neutral language proposed. There are brand new restrictions, uncirculated fee increases, and bylaw 18 that has never been circulated for feedback. Why is CCO changes Bylaws so frequently and why is CCO so secretive these days?	11/16/2023 12:53 PM
9	I strongly disagree with the neutralization of he or she pronouns. I would except changing the pronouns to be replaced by "member"	11/16/2023 12:35 PM
10	It is completely unnecessary	11/16/2023 12:13 PM
11	Grammatical errors should be changed but the other language is clear as is.	10/30/2023 10:24 AM
12	GENDER EXISTS , AND IT'S NOT DISRESPECTFUL TO USE GENDER PRONOUNS	9/20/2023 9:11 AM
13	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: 30 Skipped: 4



ANSWER CHOICES

Strongly agree
Agree
Disagree
Strongly disagree
TOTAL

RESPONSES

3.33%	1
26.67%	8
23.33%	7
46.67%	14
	30

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

Answered: 23 Skipped: 11

#	RESPONSES	DATE
1	I believe this cooling off period of 6 years or 6 years and 4 months before running for council again to be excessive and that a period of 3 years across the board is a more than sufficient amount of time, I don't believe that a criminal charge alone should require a cooling off period. However, if there is a criminal conviction and if the nature of the convicted crime relates in a significant way to the individual's practice or ability to serve on council, a cooling off period could be applicable. For example, for convicted crimes of physical or sexual assault, theft, fraud, and where the individual's trust is in serious question. Other lesser convictions may not have any bearing on a person's ability or capacity to serve on council. Also, we have a judicial system that will deal with the penalties not the CCO, I believe 3 years is more than a sufficient time period before being able to run for a position on council. This will allow opportunity for experienced and committed members of our profession to continue to serve our profession.	11/19/2023 8:45 PM
2	I disagree with this proposed bylaw amendment. The fact that we have members in good standing with the college who want to give of their time and effort by serving on the board should be something we encourage. Having a cooling off period last more than the current 3 years seems to be excessive. With regard to a criminal charge preventing someone from serving, I do believe that in Canada we still operate under the assumption of innocence until proven guilty. A criminal conviction may be an appropriate line to hold when the offence is of a certain serious nature (ie sexual assault, assault, fraud, murder). We cannot treat each case broadly but must pay attention to the details as we do when serving our patients. To do less would speak ill of our profession. In cases where the person's trust is not called into question, we should be satisfied with the penalty imposed by the courts. Furthermore, with regard to someone being in a litigious situation, this should not prevent them from running. Vague language like this leaves too broad a range of meanings that can be interpreted in too many ways to be truly helpful.	11/19/2023 8:40 PM
3	This change likely will exclude the most experienced and strongest members of the profession from serving the profession which is not in the public interest. The CCO needs voices of experience to guide it in public interest and by removing experienced professionals that will not occur. A 3 year "cooling off" period is more than adequate and quite likely more than necessary.	11/19/2023 5:45 PM
4	What is the public interest in a 6 year cooling off period. It's too long.	11/19/2023 4:54 PM
5	Consistency is a cornerstone in transparent organizations. Transparency builds trust with an organization and its stakeholders. The Chan's could be made even more consistent if after serving for 9 years elected council members had to sit for 6 years before running for council again. I do not agree that there needs to be a cooling off period for a member who wants to run who has Ben in litigation with CCO. There are many reasons why people litigate and once the case is heard and settled it is over. Writing this in a bylaw almost feels like CCO is saying if you don't agree with us we don't want you on council. I also believe he reference to criminal records needs to be a partial list as no all offences reflect on a person's suitability to serve on council.	11/19/2023 9:15 AM
6	No need for a 6 year cooling off period, excessive. 3 years is long enough and is what other Colleges have. 6 years is an obstruction to members who want to serve. Doesn't affect public interest if left at 3 years. Also, a criminal charge is not a conviction. A member should not be penalitied for a charge. Also the crime committed is important and should be considered. Drunk driving is not murder and does not affect the public interest mandate. More finesse is required here.	11/18/2023 12:51 PM
7	Please see comments below.	11/18/2023 12:34 PM
8	Absolutely opposed to a nominatio committee. There are too many personal agenda's steering the CCO! The president should not be part of this committee. What protects the interests of the public is allowing the diversity of practice in Chiropractic to flourish. I view your change in cooling off period to 6 years is a personal attempt to stop a particular individual from running.	11/17/2023 11:24 AM

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- Politics must end! A candidate must be allowed to run unless convicted. Charges must not require a cooling off period, as a person is innocent until proven guilty. You are not judges and should not be in the role of the judicial system. Litigation with the CCO should not prevent someone from running either. How else will an out of control board be stopped?
- 9 I am unclear how a 6 year cooling off period is in the public interest, 3 years seems sufficient. 11/17/2023 9:26 AM
- 10 I believe that justice ought to be sought through legal measures. This should not preclude a member from making reform from within the CCO. 11/16/2023 6:26 PM
- 11 I'm torn about the increase to 6 yrs - something about that length of time seems extensive; and a lengthy cooling off period, whereas 3 years does feel like an adequate cooling off period. 11/16/2023 2:23 PM
- 12 These changes seem self serving and unethical. Eliminating anyone from running or serving on CCO council for 6 years is treating these chiropractors as criminals. This seems unlawful. What is CCO doing? What is CCO trying to protect themselves from? How does any of this serve the public interest? 11/16/2023 12:53 PM
- 13 I don't think it is in the best interest of the public for the president to be part of this council it leads to a certain bias 11/16/2023 12:35 PM
- 14 I support a 2/3 majority vote on all by-law changes. It is clearly stated in Roberts Rules of Order which is the gold standard of governance that a 2/3 majority is need to change a bylaw as opposed to a simple majority. There is ample rationale for this one most important reason is it protects council from being overthrown by special interests as was the case only last year.A 2/3 majority is what the majority of other Regulatory colleges use. By-law changes should never be considered frivolous and should always been considered with the utmost scrutiny and I don't believe this is the case right now. By-law changes to 6.9 concerning the "rolling off" period. A change from 3 to 6 years in unsupportable. This amendment will exclude and obstruct the committed, experienced and suitable members of our profession from continuing their service to our profession. This is clearly NOT in the public interest. A three year period is more than adequate and is even excessive. A criminal charge should not require a cooling off period. You are innocent until a finding of guilt. A criminal conviction may be different depending on the nature of the crime committed. Convictions say under the Highway Traffic act have no bearing on a members ability or capacity to run. Offences such as assault, robbery and fraud are quite different. Penalties are imposed by our judicial system.CCO is not a penal Council. Three years is sufficient. I am strongly opposed to preventing someone involved in litigation with the Council from running for Council. This amendment is intentionally vague and has far reaching implications. I believe it is deliberately intended to prevent specific individuals from running for Council. This is devious and surreptitious. This clause is also likely Unconstitutional. 11/16/2023 12:13 PM
- 15 Professionalism and Leadership within the College of Chiropractors of Ontario (CCO) involves a multifaceted examination of governance policies and eligibility criteria. The notion of a "cooling off" period, as per the Harvard Business model, aligns with widely-acknowledged best business practices. Governance training illuminates the potential pitfalls of extended leadership tenures, emphasizing how prolonged incumbency may inadvertently stifle innovation under the guise of promoting continuity. The recent amendments to by-law 6.9 take center stage, specifically addressing the disqualification of members from candidacy for the CCO Council. These stipulations assert that prospective candidates should not have been, within the preceding six years, involved as an adverse party in litigation against the CCO, 6.9(q). Moreover, candidates must not be currently accused of any criminal offense under the Criminal Code of Canada, 6.9(r). Furthermore, they must not have been convicted of a criminal offense for which they have not received a pardon, pursuant of the Criminal Code of Canada, 6.9(s). The driving force behind these amendments lies in their explicit alignment with the public interest. It becomes readily apparent that Sections (q), (r), and (s) of by-law 6.9 are designed to safeguard the integrity of the CCO Council by precluding members whose engagement could potentially lead to conflicts of interest. Section 6.9(q) pertains to conflicts with the CCO itself, while Sections 6.9(r) and 6.9(s) encapsulate the imperative of serving and protecting the public interest, particularly concerning the Council's role in chiropractic regulation. Additionally, supplementary amendments intended "for the interest of consistency" advocate extending the "cooling off" period from three to six years. This extended period applies to individuals who have recently engaged with the leadership of chiropractic advocacy groups, chiropractic education organizations, or those who have prematurely resigned from the CCO Council before completing their term. The interpretation offered by the President may not wholly align with the by-law's definition, especially in cases where the organizations in question extend beyond mere advocacy groups. The cornerstone of this discourse lies in the bedrock of 11/14/2023 12:54 AM

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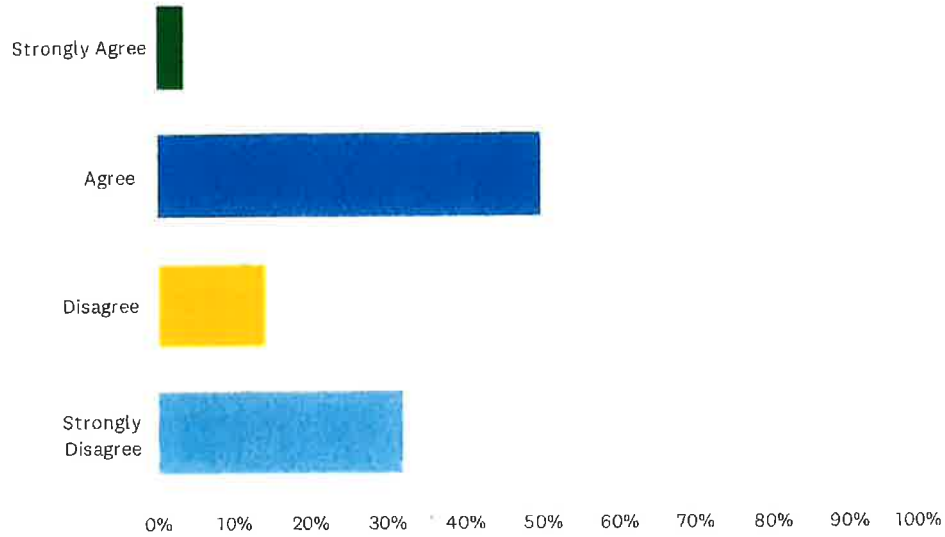
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professionalism, as encapsulated within the Canadian Chiropractic and Ontario Chiropractic Associations' Codes of Ethics and Codes of Conduct, alongside the Core Competencies for CCO Members. These guidelines underscore the paramount importance of empathy, respect, and integrity in the conduct of chiropractors and their staff, grounded in the timeless adage known as the "golden rule": treating others as one would desire to be treated. Yet, amidst this intricate mosaic of governance and ethical considerations, a pivotal question emerges. Is the CCO Council inadvertently equating individuals in leadership roles within other fraternal organizations with those who have received pardons for criminal offenses or been adjudged guilty of disgraceful, dishonorable, and unprofessional behaviors leading to disciplinary actions? In conclusion, the perspective presented here contends that the amendment extending the "cooling off" period should remain at three years. This perspective seeks to strike a balance between ensuring the highest standards of governance while respecting the valuable contributions and experience of individuals engaged in fraternal chiropractic organizations.

- | | | |
|----|---|---------------------|
| 16 | those tha choose to engage in the profession in other capacities should not require a long cooling off period | 10/30/2023 10:24 AM |
| 17 | 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 |
| 18 | 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 |
| 19 | 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 |
| 20 | n/a | 9/22/2023 1:12 AM |
| 21 | 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 |
| 22 | 3 years is long enough | 9/19/2023 9:49 PM |
| 23 | 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 |

Q9 I agree/disagree with the draft proposed amendments to By-law 7: Election (within Council)

Answered: 28 Skipped: 6



ANSWER CHOICES

Strongly Agree
Agree
Disagree
Strongly Disagree
TOTAL

RESPONSES

Percentage	Count
3.57%	1
50.00%	14
14.29%	4
32.14%	9
	28

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

Answered: 16 Skipped: 18

#	RESPONSES	DATE
1	Firstly, I am completely opposed to the fact that there is a nomination committee and that there are no longer any nominations allowed from the floor. That being said, I think that allowing the president of council to be part of the committee is a conflict of interest and the president will have too much sway of the council to vote in his/her favour. I am opposed to having the president participate in this nomination committee.	11/19/2023 8:45 PM
2	It is very inappropriate for the president of the council to be on the nominating committee. To fling open the door for the president to exert their will to have their favourites or buddies brought on to committee with them reeks of cronyism . This is the last thing our college needs. Keep the president separate from this committee with no input or oversight until they have completed their due diligence and presented their report . As an aside , having nominations from the floor or from the membership might be very helpful in providing input for this committee . Having the president vote only in the case of a tie will also allow the council to have its own voice and not be unduly influenced by the president.	11/19/2023 8:40 PM
3	This needs to be seen as impartial in order to be seen as credible to the public. By including the president there is too much power and influence with one individual which can be seen as corrupt. This is the last thing the CCO needs to be seen as by the public.	11/19/2023 5:45 PM
4	President could have too much sway over council.	11/19/2023 3:41 PM
5	For the same reasons stated relative to the elections bylaw.	11/19/2023 9:15 AM
6	Please see comments below.	11/18/2023 12:34 PM
7	Stick with standard practices, 2/3 majority required, best for our profession and public. A tyrannical CCO council is the worst thing for the public, and there must be a way of stopping political agendas of board members.	11/17/2023 11:24 AM
8	I fully support at 2/3 majority vote as it is used by most of the regulated professions in Ontario and is the gold standard in Governance	11/17/2023 9:26 AM
9	President may have greatest experience however, this gives the president an undue amount of power to influence the council formation which would be very detrimental if one was to go rogue.	11/16/2023 6:26 PM
10	A nomination committee is inconsistent with democracy and the RHPA	11/16/2023 12:53 PM
11	I believe a three year cooling off. Period is sufficient.	11/16/2023 12:35 PM
12	It is not in the public interest that the CCO president be on the nomination committee for internal elections. In fact I don't even agree that there should be a nomination committee. Nominations should be allowed from the floor. The President hold enough power and influence as it stands and should remain independent of this committee. It is not in the public interest for one council member to hold that much power and it is not in the spirit of the RHPA.	11/16/2023 12:13 PM
13	for the reasons you appear to list	10/30/2023 10:24 AM
14	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
15	n/a	9/22/2023 1:12 AM
16	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	9/19/2023 3:28 PM

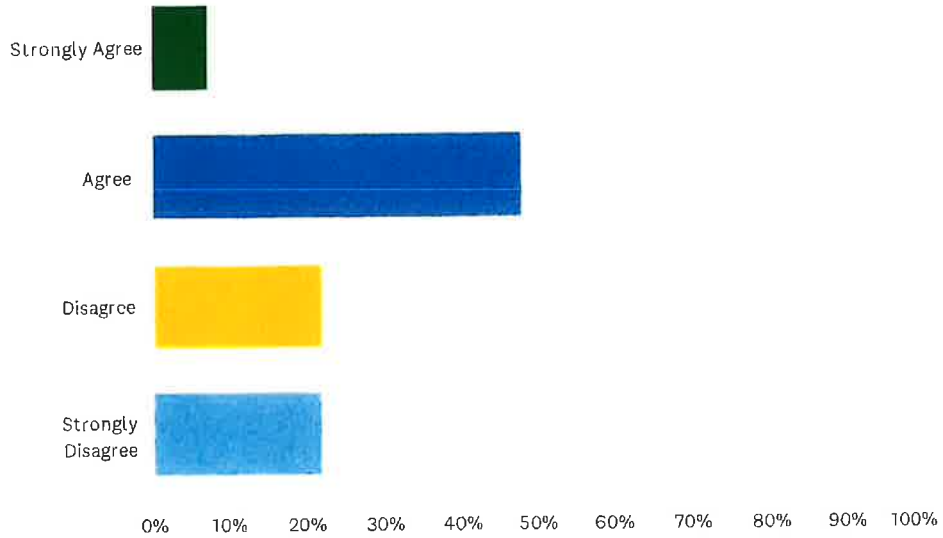
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committee nor should they have an additional vote. This should be up to the elected members.
T

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

Answered: 27 Skipped: 7



ANSWER CHOICES

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- TOTAL

RESPONSES

Strongly Agree	7.41%	2
Agree	48.15%	13
Disagree	22.22%	6
Strongly Disagree	22.22%	6
TOTAL		27

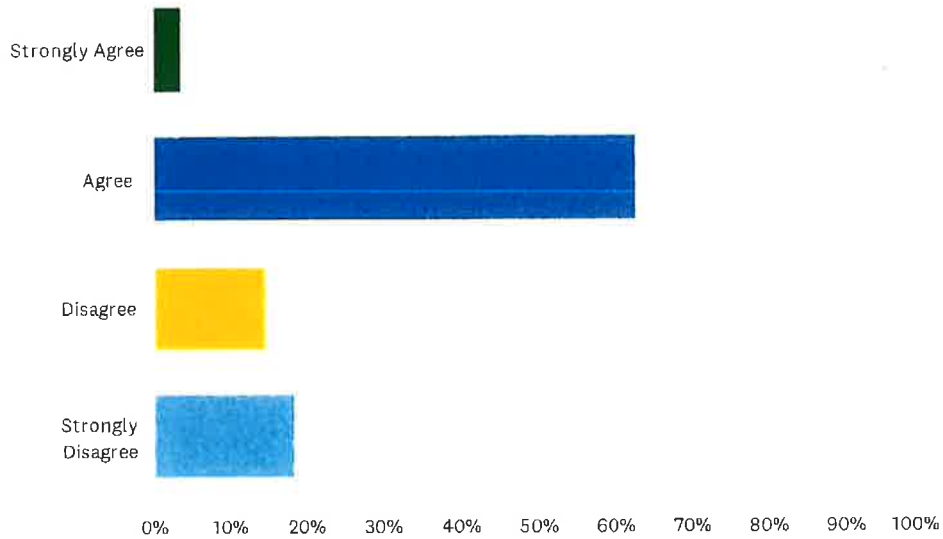
Q12 Comments - Explain why relating to CCO's public interest mandate

Answered: 13 Skipped: 21

#	RESPONSES	DATE
1	I don't believe a nominating committee needs to be referenced. I will reiterate that I am opposed to having a nominating committee at all.	11/19/2023 8:45 PM
2	I don't believe that a nominating committee needs to be specifically referenced in the bylaws.	11/19/2023 8:40 PM
3	Too much power sitting with the president is not a good thing and can be seen to be corrupt in the public eye. Any committee should be seen as totally above board and done with integrity.	11/19/2023 5:45 PM
4	I don't see a need for a nominating committee unless by a third party	11/19/2023 4:54 PM
5	Please see comments below.	11/18/2023 12:34 PM
6	I don't believe the president weighing in on every decision is necessary.	11/17/2023 11:24 AM
7	agree with changes for clarity	11/17/2023 9:26 AM
8	There are changes to Bylaw 11 that did not accompany the circulation. What is CCO trying to hide?	11/16/2023 12:53 PM
9	See the comments above.	11/16/2023 12:13 PM
10	if its that close it should be defeated.	10/30/2023 10:24 AM
11	I think a tie should be considered as defeating the motion. It seems reasonable that a 2/3 majority is needed to pass a motion.	10/2/2023 10:30 AM
12	n/a	9/22/2023 1:12 AM
13	I have no issue with changes relating to clarity or gender neutral terminology.	9/19/2023 3:28 PM

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

Answered: 27 Skipped: 7



ANSWER CHOICES

Strongly Agree
Agree
Disagree
Strongly Disagree
TOTAL

RESPONSES

3.70%	1
62.96%	17
14.81%	4
18.52%	5
	27

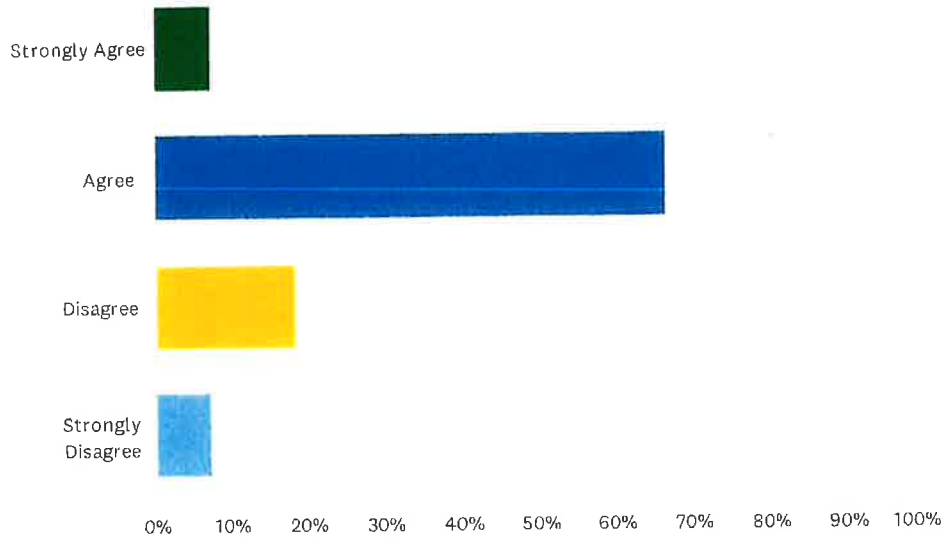
Q14 Comments - Explain why relating to CCO's public interest mandate

Answered: 8 Skipped: 26

#	RESPONSES	DATE
1	Please refer to comments relating to bylaw #6	11/19/2023 8:45 PM
2	Please see my comments regarding bylaw 6,	11/19/2023 8:40 PM
3	Please see comments below.	11/18/2023 12:34 PM
4	Consistency, 3 years sufficient. Far to blanket	11/16/2023 6:26 PM
5	For the same reasons Bylaw 6 changes seem unethical, Bylaw 12 is just as inappropriate	11/16/2023 12:53 PM
6	See comments related to changes to by-law 6	11/16/2023 12:13 PM
7	n/a	9/22/2023 1:12 AM
8	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: 27 Skipped: 7



ANSWER CHOICES

RESPONSES

Strongly Agree	7.41%	2
Agree	66.67%	18
Disagree	18.52%	5
Strongly Disagree	7.41%	2
TOTAL		27

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

Answered: 6 Skipped: 28

#	RESPONSES	DATE
1	More clarity is needed regarding fees for SCERP, specific guidelines are needed.	11/19/2023 8:45 PM
2	The fees for the SCERP ought to be specified and not left to the judgement of the president. This leaves an inordinate amount of opportunity for favouritism and no guideline for fair equitable treatment of members.	11/19/2023 8:40 PM
3	Please see comments below.	11/18/2023 12:34 PM
4	Bylaw 13 is fee increases. Why is CCO increasing fees when the cost of doing business at CCO with virtual meetings way down. Where is CCO spending membership money? Fees should be decreased. Imposing new fines show that CCO is not a safe place and seem to constantly introduce new penalties to members.	11/16/2023 12:53 PM
5	No clear what the application fee is	9/20/2023 7:57 PM
6	Test	9/19/2023 12:52 PM

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

Answered: 11 Skipped: 23

#	RESPONSES	DATE
1	In order to make changes to the bylaws I support a 2/3 majority vote as opposed to a simple majority vote to change bylaws. Using this method of 2/3 majority vote according to Robert's Rules of Order is the standard practice and gold standard for governance. It is in the public interest that a government sanctioned regulatory body like the CCO follow this well established and crafted rule. It is a standard that is used by the majority of regulated professions in Ontario. It is not only important standard of practice for rules of governance but also protects our profession from outside influences that may not have the public's best interests nor those of our profession.	11/19/2023 8:45 PM
2	A change of the voting process to change a bylaw to a 2/3 majority instead of a simple majority would be more in keeping with normal rules of function in a committee setting. (Please see Robert's rules of order)	11/19/2023 8:40 PM
3	It appears to be over regulation when the average practitioner is involved with adjustive procedures some 20-40 hours per week within practice to now after multiple decades of oversight by CCO suggest that a 5 hour hands on activity pertaining to adjustments would now be required to better protect the public. Is this really in the public best interest or is it to enhance CCO's governmental image?	11/19/2023 5:45 PM
4	2/3 majority to change a bylaw should be stated	11/19/2023 4:54 PM
5	Please see comments below.	11/18/2023 12:34 PM
6	Too many to list	11/16/2023 12:53 PM
7	Cooling off period remains as it stands.	11/16/2023 12:13 PM
8	In general, the profession and the public are best served when the rules are followed and amendments are made by large majorities.	10/30/2023 10:24 AM
9	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
10	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
11	Test	9/19/2023 12:52 PM

Q18 Further Comments

Answered: 10 Skipped: 24

#	RESPONSES	DATE
1	I appreciate the hard work that has been done in preparing all these amendments. It is no small task! Please receive my comments as hopeful and helpful for the further advancement of our profession and protection of the public interest. Thank you again.	11/19/2023 8:40 PM
2	I would caution CCO in the appearance of consolidation of power to the administrative personnel. It does not show integrity in the public eye and demonstrates the ability for corruption and unfairness. None of this benefits the public. CCO should be seen to uphold the highest of professional and moral standards. This brings confidence to the public in CCO's ability to govern.	11/19/2023 5:45 PM
3	November 18, 2023 Dr. Sarah Green President, College of Chiropractors of Ontario (CCO) 59 Hayden Street, Suite 800 Toronto, ON M4Y 0E7 Dear Dr. Green, Re: OCA feedback on proposed CCO By-law Amendments The Ontario Chiropractic Association (OCA) appreciates the opportunity to provide feedback on the proposed changes to CCO By-law amendments. With one exception, OCA supports the suite of proposed By-Law amendments and believes they will serve to enhance the efficacy of CCO's Councils and committees -- and advance the public interest, more broadly. Representing over 78% of CCO registrants, OCA believes that given the relatively small size of the chiropractic profession in Ontario, and the need to encourage leaders to come forward, CCO should retain the current three year "cooling-off" period for those chiropractors seeking to be elected after serving on the leadership of a chiropractic advocacy group, or chiropractic educational organization, or after resigning from CCO Council before completion of their term, with the exception that the "cooling off" period for those members who have or are engaged in litigation against CCO, or for those who have had disciplinary decisions, remains 6 years. Thank you for the opportunity to provide input on the proposed By-law amendments. Sincerely, Caroline Brereton, RN, MBA Chief Executive Officer CC: Ms. Jo-Ann Willson Registrar and General Counsel	11/18/2023 12:34 PM
4	We must not let this mind disease of language mutilation (gender neutral/nonbinary nonsense) seep into our profession. 2+2=4, let us be good students of science and investigate God's created order and call it the way it is! Anything else is deception and will lead to more of such... not healthy!	11/16/2023 6:26 PM
5	This portal is believed to be an inappropriate mechanism to capture all the concerns relate to 113 pages of Bylaw amendments.	11/16/2023 12:53 PM
6	Of grave concern of mine is the arrogant comment in the executive committee report in regards to the circulation proposed amendments to the by-laws. I was an elected member to the very first ever elected CCO in 1994 and I can tell you that 100 percent of by-law changes were circulated and have been circulated until the past 3 years. Something has changed at the executive level and it smells really bad! Under the RHPA you may think you are not obligated to circulate, however, there is something called Precedent of which we have a long history in circulating by-law changes. This is an essential aspect the spirit of Self Governance and is part of the spirit of the RHPA. Who better than the profession at large to give input on proposed changes? How is it that the CCO can prides itself on transparency, collaboration and respect without demonstrating those essential qualities to its own members. By not circulating by-laws you violate your own ethics and this is certainly NOT in the public interest, it is NOT the right thing to do, it does not follow norms and best practices, and simply put its wrong.	11/16/2023 12:13 PM
7	In my opinion, the profession appears apathetic largely due to the appearance that our opinion doesn't matter much. This form in particular is very poorly designed in that it very unclear what you are asking.	10/30/2023 10:24 AM
8	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	9/20/2023 3:15 PM

Proposed By-law Amendments - September 19, 2023

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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 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

- 10 Test gf fg fg fg fg fg f gf gfgfmgfmgf f gf fg g fg f gf gf

9/19/2023 12:52 PM

From: Deborah Gibson <dgibson@chiropractic.on.ca> on behalf of Caroline Brereton <cbrereton@chiropractic.on.ca>
Sent: Saturday, November 18, 2023 1:45 PM
To: cco.info
Cc: Jo-Ann Willson; Dianna Pasic
Subject: Ontario Chiropractic Association feedback on proposed CCO By-law Amendments
Attachments: OCA feedback on proposed CCO By-law Amendments - November 2023.pdf

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Good afternoon Dr. Green,

The attached correspondence is sent on behalf of the Ontario Chiropractic Association. Please note that this submission has also been submitted on the CCO Portal.

Regards,
Caroline Brereton

Deborah Gibson (she/her)
Office Manager
Mobile: 416-302-2616
Email: dgibson@chiropractic.on.ca
Web: www.chiropractic.on.ca



Ontario
Chiropractic
Association

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





November 18, 2023

Dr. Sarah Green
President, College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7

Dear Dr. Green,

Re: OCA feedback on proposed CCO By-law Amendments

The Ontario Chiropractic Association (OCA) appreciates the opportunity to provide feedback on the proposed changes to CCO By-law amendments.

With one exception, OCA supports the suite of proposed By-Law amendments and believes they will serve to enhance the efficacy of CCO's Councils and committees -- and advance the public interest, more broadly. Representing over 78% of CCO registrants, OCA believes that given the relatively small size of the chiropractic profession in Ontario, and the need to encourage leaders to come forward, CCO should retain the current three year "cooling-off" period for those chiropractors seeking to be elected after serving on the leadership of a chiropractic advocacy group, or chiropractic educational organization, or after resigning from CCO Council before completion of their term, with the exception that the "cooling off" period for those members who have or are engaged in litigation against CCO, or for those who have had disciplinary decisions, remains 6 years.

Thank you for the opportunity to provide input on the proposed By-law amendments.

Sincerely,

A handwritten signature in black ink, appearing to read "Caroline Brereton".

Caroline Brereton, RN, MBA
Chief Executive Officer

CC: Ms. Jo-Ann Willson
Registrar and General Counsel

From: Brian Ferguson <doc@docferguson.com>
Sent: Wednesday, November 22, 2023 5:59 PM
To: Jo-Ann Willson
Subject: Re: CCO Feedback

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Ms. Willson,

Regrettably, our admin cannot give you the answer for which you asked. We apparently do not keep track of members' registration. I assume most, if not all are registered with CCO, but we don't have that data.

Here is what she DID give me.

Brian

DC 194
1st Year Grad 3
DC - Spousal 3
2nd Year Grad 0
CHA 6 Student 10
Affiliate / Retired 18 Spouse
Total | 235

On Nov 18, 2023, at 1:54 PM, Jo-Ann Willson <jpwillson@cco.on.ca> wrote:

Good morning and thank you for the feedback. I wonder if you can help us with something. Can you please advise how many members the AFC has and whether all members are CCO members or whether member is extended to individuals who are no chiropractors in Ontario? Thank you very much.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.

Registrar & General Counsel

College of Chiropractors of Ontario

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355 ext. 111

Toll Free: 1-877-577-4772

Fax: (416) 925-9610

E-mail: jpwillson@cco.on.ca

Web Site: www.cco.on.ca

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From: Brian Ferguson <doc@docferguson.com>

Sent: November 17, 2023 9:43 PM

To: cco.info <cco.info@cco.on.ca>; Jo-Ann Willson <jwillson@cco.on.ca>

Subject: CCO Feedback

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CCO,

Thanks for the ability to provide feedback on proposed bylaw changes.

1. Bylaw 6.9 regards a cooling off period for persons serving on other boards/educational institutions. We contend that this extension does not serve the public interest because this inappropriately excludes/delays the small number of doctors who actually get involved to serve the profession who would have board experience from being on CCO. We contend the 3 years is adequate, but if a change is to be made, it would be to decrease the cooling off period.

We would also be opposed to the exclusion of a person involved with litigation with council. While we can understand that council would prefer to have a such a party excluded from running for council for an extended period, we feel otherwise and we feel that this ineligibility does not serve the public interest..

2. We are in favour of the amendment to Standard of Practice S-003 regarding the fundamental aspect of chiropractic practice: the adjustment and including 5 hours of hand-on hours to be included every 3 cycles. This simply makes sense to us.

Thanks for all that you do in the regulation of our profession and serving the public. The AFC affirms and appreciates the ability to be a self-regulating profession.

Brian R. Ferguson, DC

CCO Liaison, AFC

From: Brian Ferguson <doc@docferguson.com>
Sent: Friday, November 17, 2023 9:43 PM
To: cco.info; Jo-Ann Willson
Subject: CCO Feedback

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ALLIANCE FOR CHIROPRACTIC
INTEGRITY · ACCOUNTABILITY · LEADERSHIP

CCO,

Thanks for the ability to provide feedback on proposed bylaw changes.

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We would also be opposed to the exclusion of a person involved with litigation with council. While we can understand that council would prefer to have a such a party excluded from running for council for an extended period, we feel otherwise and we feel that this ineligibility does not serve the public interest..

2. We are in favour of the amendment to Standard of Practice S-003 regarding the fundamental aspect of chiropractic practice: the adjustment and including 5 hours of hand-on hours to be included every 3 cycles. This simply makes sense to us.

Thanks for all that you do in the regulation of our profession and serving the public. The AFC affirms and appreciates the ability to be a self-regulating profession.

Brian R. Ferguson, DC
CCO Liaison, AFC

From: Joel Friedman
Sent: Wednesday, January 10, 2024 3:57 PM
To: Beth Clay
Cc: Beth Clay - Executive Director
Subject: RE: ICA President submission to Dr. Green on Bylaws.

Good Afternoon,

Thank you for your response.

The Executive Committee meeting is not open to the public; however, any approval of by-law amendments must be made by the entire Council, which is next meeting on February 23, 2024 and is open to the public. If there are any recommendations for by-law amendments, they must be considered and approved by Council at the February 23, 2024 Council meeting.

If you are interested in a link to observe the February 23, 2024 Council meeting, please email Ms Rose Bustria, Administrative Assistant at rbustria@cco.on.ca, closer to the meeting and she will send you a link.

Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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From: Beth Clay <bclay@chiropractic.org>
Sent: Tuesday, January 9, 2024 6:29 PM
To: Joel Friedman <JFriedman@cco.on.ca>
Cc: Beth Clay - Executive Director <Beth@chiropractic.org>
Subject: RE: ICA President submission to Dr. Green on Bylaws.

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Good afternoon Dr. Friedman,

The ICA does not give out its membership numbers. We do have members in Ontario. Our membership is for doctors of chiropractic (chiropractors). The ICA does maintain the ability to extend membership to laypersons as non-voting members, but there are just a handful of layperson members, and none at this time in Ontario.

Is your meeting available to observe via online methods such as Zoom? If so, may I be provided a link with date/time of meeting.

Is the meeting open to the public if any of our Ontario members would like to attend?

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Thank you for your inquiry. If I can be of further assistance, please do not hesitate to ask.

From: Joel Friedman <JFriedman@cco.on.ca>
Sent: Wednesday, January 3, 2024 10:31 AM
To: Beth Clay <bclay@chiropractic.org>
Subject: RE: ICA President submission to Dr. Green on Bylaws.

Good Morning,

CCO's Executive Committee will be reviewing the feedback related to these proposed by-law amendments at its upcoming meeting.

Can you please advise how many members the ICA has and whether all members are CCO members (or how many are CCO members) or whether membership is extended to individuals who are not chiropractors in Ontario? Thank you very much.

Thank you very much.

Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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From: Joel Friedman
Sent: Tuesday, November 21, 2023 9:57 AM
To: Beth Clay <bclay@chiropractic.org>; cco.info <cco.info@cco.on.ca>
Subject: RE: ICA President submission to Dr. Green on Bylaws.

Good morning and thank you for the feedback. Yes, the communication has been forwarded to Dr. Green. Can you please advise how many members the ICA has and whether all members are CCO members (or how many are CCO

members) or whether membership is extended to individuals who are not chiropractors in Ontario? Thank you very much.

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
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From: Beth Clay <bclay@chiropractic.org>
Sent: Monday, November 20, 2023 8:46 PM
To: cco.info <cco.info@cco.on.ca>
Subject: ICA President submission to Dr. Green on Bylaws.

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Please confirm that Dr. Green received this letter.

Beth Clay, M.Div. , FICA (hon)
Executive Director/CEO
International Chiropractors Association
6400 Arlington Blvd., Suite 650
Falls Church, VA 22042

Tel: 703-528-5000
Cell/WhatsApp: 1-202-498-4461
beth@chiropractic.org

ICA as Seen on Public TV



**International
Chiropractors
Association**



November 17, 2023

Dr. Sarah Green, DC, President
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON
M4Y 0E7 CANADA

Re: CCO Proposed By-law Change

Dear Dr. Green:

The International Chiropractors Association (ICA) is the oldest international chiropractic membership organization, founded in 1926, and with members in about 52 countries. Our Province of Ontario members have asked that we provide comments to the College of Chiropractors of Ontario's 2023 proposed bylaws changes. ICA is dedicated to advancing the profession through the support of policies that promote and protect the profession as a separate and distinct profession based on its own science, art, and philosophy.

As we reviewed these proposed changes, we do so not in isolation, but within the context of the sequence and manner of recent changes to the bylaws. In looking at the most recent bylaws changes as a sequence of events of 2022 and 2023, the ICA is concerned about an apparent developing pattern of actions that undermines the rights of chiropractors to run for the College Board. The most recent change, on its surface appears to violate the constitutional rights on a number of levels including but not limited to the most basic of liberty and democratic rights including to be able vote in elections and to seek elected office at every level of government as well as the right to not to be subjected to any cruel and unusual treatment or punishment. Dr. Hardick and his family are internationally recognized chiropractors who have served the profession for more than 50 years.

It is a matter of public record that the College of Chiropractors of Ontario (CCO) after being notified by Dr. B.J. Hardick that he intended to run for election for the CCO Board of Directors moved through irregular and accelerated procedures to change the bylaws in such a way as to specifically render Dr. Hardick ineligible to run. In isolation, the timing and manner of the bylaws change to double the "cooling off" period from three to six years is troubling.

The facts of this are detailed in Dr. Hardick's legal case records. To have this action compounded by the proposed "amendments to by-law 6.9 address a member's ineligibility to become a candidate for Council...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)..." Such change appears to be specifically retaliatory and troubling as it undermines the constitutional rights afforded all Canadians. The suggestion that having litigation with the CCO creates a conflict of interest is false in its premise and cannot be justified as it undermines both the rights of individuals to seek legal recourse and the rights of individuals to seek elected office.



Page 2 - Dr. Sarah Green, DC, President

Having reviewed legal documents, the ICA is concerned that the CCO skirted its own ethical considerations of transparency, as well as committed itself without valid reasoning to an accelerated course of action with the specific aim of denying Dr. Hardick the opportunity to serve in elected position. The compounding effect of denying him to ability to run after the six-year cooling off period, because he was involved in litigation is again discriminatory, cruel and unusual punishment for exercising his constitutional rights to seek legal recourse. In essence the CCO has moved to restrict Dr. Hardick from running for office, not just for 3 years, but now for a total of 12 years. This is an extreme measure, and one wonders if in six years' time, the Board, if left unchecked, will take another action in 2031.

The CCO's actions are setting a dangerous precedent for Ontario and Canada. This bylaw if applied to election regulations at the municipal level, would bar someone who has sued a city government from running for city council. The CCO provided no case precedent and have buried this extraordinary measure in proposed bylaws changes dealing with gender reflections in the law. In our research, we have found no incident in law, regulations, or organizational bylaws in which someone is barred from seeking election based on having been engaged in litigation against the college; and doing so by calling it a conflict of interest.

The ICA is genuinely concerned about the proposed change and strongly urges the CCO not to implement this specific by-law amendment. It is on its surface targeting an individual and is retaliatory; as well as discriminatory. It has far reaching negative consequences as well. Further, this action leaves open the door for legal action against the CCO for this seemingly unconstitutional action.

The ICA is increasingly concerned that the CCO is developing a pattern of behavior that is having chilling effect on doctors of chiropractic in Ontario. We will continue to monitor the CCO for antithetical practices.

The ICA reminds the CCO that, in a free country, all members of society have a right to initiate the resolution of a dispute in court. This is a right afforded to Americans and Canadians alike through our judicial branches of government. Citizens and political candidates also have a right to fairness.

The CCO's concept that one's engagement in legal matters should handicap his or her opportunity to serve the people of Ontario, or that it would by default create a conflict for its arbitrary period, is absurd. The CCO's credibility on the international stage is already tarnished as a result of what came out this past Spring in court.

The passing of this by-law would tarnish it further. You are expected by your government and the people of Ontario to build trust, not to erode it. A dignified institution should never wield what it thinks are unfettered powers to obstruct or silence political opponents.



**International
Chiropractors
Association**

550

Building a strong tomorrow for chiropractors worldwide.

Page 3 - Dr. Sarah Green, DC, President

I am optimistic that if you review these matters with an open mind, you will change course as this matter should not even come to a vote by the CCO Council. It is not too late for you to correct this wrong and uphold what Ontarians, your voters, and the chiropractic community at large expect of the CCO Executive, Council, and President.

Sincerely,

A handwritten signature in black ink, appearing to read 'Selina Sigafoose Jackson'.

Selina Sigafoose Jackson, DC, FICA
President

cc: Beth Clay

From: Joel Friedman
Sent: Wednesday, January 3, 2024 10:31 AM
To: David Dos Santos
Subject: RE: OCRWG response to proposed CCO bylaw 6 change

Good Morning,

CCO's Executive Committee will be reviewing the feedback related to these proposed by-law amendments at its upcoming meeting.

Can you please advise how many members the OCRWG has and whether all members are CCO members (or how many are CCO members) or whether membership is extended to individuals who are not chiropractors in Ontario?

Thank you very much.

Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
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From: Joel Friedman
Sent: Tuesday, November 21, 2023 9:59 AM
To: David Dos Santos <ddos.david@gmail.com>
Subject: RE: OCRWG response to proposed CCO bylaw 6 change

Good morning and thank you for the feedback. Can you please advise how many members the OCRWG has and whether all members are CCO members (or how many are CCO members) or whether membership is extended to individuals who are not chiropractors in Ontario? Thank you very much.

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
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From: David Dos Santos <ddos.david@gmail.com>
Sent: Tuesday, November 21, 2023 8:28 AM
To: cco.info <cco.info@cco.on.ca>
Subject: Fwd: OCRWG response to proposed CCO bylaw 6 change

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Introduction

As you may be aware, the Ontario Chiropractic Reform Working Group (OCRWG) is an organizational group of dedicated Ontario chiropractors advocating for promoting and improving the regulation of the Chiropractic Profession **in the Public Interest**. We are fully aware that as an organization that we have no Regulatory authority and this submission does not purport or suggest that.

Our submission is in response to the College of Chiropractors of Ontario's current president Dr. Sarah Green's recent President's Message outlining draft proposal to further amend Bylaw 6.

In her message, Dr. Green states, *"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."*

Dr. Green goes on to state, *"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."*

Draft by-law amendments would include:

"Additional amendments pertained to eligibility for Council. These included amendments to bylaw 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 the November 2022 meeting of Council, minor by-law amendments were proposed that would increase 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. A six-year interval is the approach taken at several other Ontario healthcare colleges, such as the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, the College of Opticians of Ontario, the College of Psychologists of Ontario and the College of Physiotherapists of Ontario.

Comments:

The OCRWG does not support further revision of By-law 6 by the inclusion specifically of 6.9(q).

Notwithstanding our lack of support for 6.9(q), it continues to be the position of the OCRWG that one of the most concerning failures of the CCO has been the gerrymandering of its electoral system to silence voices of dissent, particularly when they speak in favour of evidence-based care and in particular sections 6.9(h)(i). It is our position that 6.9(q) will further gerrymander this process.

It should be noted that of the approximately 5700 current registered chiropractors in Ontario the vast majority identify as being evidence-based or evidenced informed. To illustrate this, on an International Facebook “Evidenced-Based Chiropractic Network” of 11,904 chiropractors over 3,000 chiropractors identify as practicing in Ontario. The importance of evidence based care is further illustrated by the requirement of some Ontario Government Agencies such as the WSIB that all care provided be evidenced-based. This requirement is an area that the CCO has repetitively been remiss in effectively dealing with those Ontario chiropractors who do not provide this form of care.

Additionally and anecdotally, a majority of Ontario Chiropractors indicate that they are hesitant to criticize the CCO on this issue for fear of having their license to practice revoked. This again enhances how By-law 6.9(q) would further stifle legitimate criticism.

Proposed By-law 6.9(q) falls squarely in conflict of past-president, Mr. Rob MacKay, comment about members who take umbrage with the decisions of Council, suggesting that going forward that members who provide criticism should stand for election to CCO Council, and if successful, take their place alongside Council elected professional and appointed public members to participate directly in its decision-making.

The Ontario Chiropractic Reform Working Group believes that enacted 6.9 (h)(i) and proposed changes to By-Law 6.9(q) will have a detrimental impact on public safety. Moreover, the CCO's stated objective for enacting the changes do not withstand any level of reasonable and objective review. The by-law changes are inappropriate for the following reasons:

1. Proposed By-law 6.9(q) would further stifle legitimate criticism of the CCO by those chiropractors who do not espouse the philosophical and practical views of a minority (less than 20%) of Ontario chiropractors;
2. By substantially limiting the most educated members of the profession from contributing to the regulation of the profession, the amendments erode the CCO's capacity to appreciate and implement new knowledge in service of evidence-based care;
3. That By-law 6.9(h)(i) and proposed 6.9(q) are out-of-step with other health care regulators in Ontario that maintain academic representation on their governing councils or allow legitimate criticism of their Regulatory bodies;
4. That by-law changes 6.9(h)(i) were enacted despite the opposition of a majority (approximately 80%) of CCO members surveyed. This by-law change and proposed 6.9(q) effectively disenfranchises the majority of the chiropractic profession;
5. Contrary to the position of the CCO executive, there is no demonstrated conflict of interest for elected members who are affiliated with academic institutions, particularly as current conflict of interest policies have been working effectively or for those chiropractors providing legitimate criticism of the CCO to operate in the public interest rather than in the interest of a subset of the profession.

In more detail, By-Law 6.9(h)(i) limits any faculty member of Canadian Memorial Chiropractic College (CMCC) or University of Quebec at Trois-Rivieres (UQTR) from standing for election to the CCO Council. While a single position for a faculty member was set aside on council, the member was originally allowed only an *ex-officio* role, with no voting rights. We understand now that one district (seven) only has a vote for a councilor from an academic institution. This excludes them from running for any other seat in the other districts. This creates a disproportionate balance on council. The OCRWG notes that this is in not in the interest of the public or is consistent with contemporary, evidence-informed health care. There is already a provision to deal with conflict of interest.

In Ontario, the regulatory colleges ensure that regulated health professionals provide services in a safe and ethical manner. This includes setting standards of practice for the profession, investigating complaints about members of the profession, and disciplining them where their conduct amounts to professional misconduct. Standards of practice should be competency-based and reflective of what is taught at accredited chiropractic academic institutions. If academics are eliminated from decision-making positions on the governing council, the ability of the regulator to set these standards of practice is negatively impacted.

The vast majority of health care regulators in Ontario and across Canada have multiple mandatory academic positions on their respective councils to ensure that academic/research competencies are represented on their boards. There are no exclusions of faculty members for elected positions. We continue to fail to understand why the CCO would deviate from current professional regulatory practices and disenfranchise academics by prohibiting them from running in elections and serving on council.

From an historical perspective, in an extraordinary submission to the CCO on By-Law 6, the College of Chiropractors of British Columbia (CCBC) stated:

We are interested in what gave rise to the need to make this change now, especially when at least one of the council members in question has served in this capacity for five years or more and has been employed by CMCC throughout this tenure with Council...

To our knowledge, there are no chiropractic or other health profession regulators in Canada with a similar by-law or legislative provision as the one proposed in by-law amendment 6. In fact, several regulatory Colleges across Canada have acknowledged the value of academic council members by enacting dedicated Board and Council seats for faculty of health profession educational institutes in their by-laws. These positions serve the public well, as they provide future chiropractors with their training and skills. Consistency with other organizations, such as associations, is completely inappropriate for a professional regulator.

Simply put, By-law 6 as proposed gives the impression that the CCO is attempting to limit or restrict the election of chiropractors to council who align closely with an evidence-based approach. This action supports the efforts of a very vocal professional association that has informal ties to the CCO. The singling out of individuals who are affiliated with a progressive, research-based program under the veil of 'conflict of interest' is weak at best.

Additionally, CMCC also voiced its opposition to By-Law 6.9(h)(i) changes and, in particular, took issue with the movement towards removing an academic presence on the council. It argued that:

- The mission of the CCO is to regulate the profession in the public interest to assure ethical and competent chiropractic care.
- There is no real or perceived conflict of interest with those serving in an academic institution and who wish to run for council;
- Yet there is a clear difference with chiropractic organizations that advocate for a particular practice approach that may be purely self-serving;
- The public would be best served by the CCO if it were consistent with other regulatory colleges sharing a common interest in protecting the public. The by-laws and practices of the regulatory bodies of all twenty-six regulated health professions in Ontario demonstrate that there is a very strong academic presence among the elected members (also referred to as councilors, elected members or council members) with full voting rights in the Ontario regulatory colleges.
- All twenty-six colleges had at least one voting member with at least an adjunct faculty status at the time of this review.
- Regulators understand and appreciate the value to the public of including persons who are immersed in the generation of new knowledge through clinical trials and other research, in the ongoing reflection on scientific evidence and best practices, in the development of clinical guidelines, in the education of healthcare students on critical appraisal of the literature and ethical principles, in the provision of clinical care to patients with highly complex cases, in the engagement in regular and bi-directional dialogue with regulators to specify the nature of the education and training required for entry to the profession, and who frequently interact with faculty and scholars from healthcare educational programs around the world.

In furtherance to CMCC position, the OCRWG opines that:

- There is no need for a “cooling off” for someone teaching evidence-based care. On its face this requirement is patently ridiculous and anti-scientific.
- The creation of one (1) seat for the academic institution is simply an attempt to quell protests over a ridiculous, discriminatory, anti-democratic and anti-scientific change to regulations.

In opposing the By-Law 6.9(h)(i) changes, the Ontario Chiropractic Association (OCA) stated that the proposed changes did not identify CCO's apprehension of where conflicts might arise and that the OCA was hard pressed to do so. OCA also stated that:

In our view, we do not believe that the CCO has demonstrated that permitting academics with voting rights to sit as council members poses a threat to public health and safety. We believe that the CCO's conduct in connection with the Bylaw 6 amendments amounts to a bad faith attempt to favour one model of chiropractic care over another.

In Conclusion

OCRWG does not support further amendment of By-law 6 by the inclusion of 6.9(q).

As Dr. Green states earlier *"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."*

It is OCRWG's position that enacted By-Law 6.9(h)(i) and proposed amendment 6.9(i) fail to meet best practice, community expectations and is the wrong thing to do.

From: Krista Ryan <krista@cco.info>
Sent: Friday, November 17, 2023 11:17 AM
To: cco.info
Subject: Proposed changes

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.

1. A number By-laws are being changed to be more inclusive and neutral, changing pronouns from her/his to their or member. I am opposed to all of it. It's a slippery slope.
2. The way I understand it, with a Nomination Committee there are no longer any nominations allowed from the floor. I am opposed to the President of the Council being part of this committee as the President could have too much sway over the Council.
3. By-law changes to By-law 6.9 dealing with "cooling off period" as it pertains to someone's eligibility to run for Council seeks to change the period from 3 to 6 years. This is a change that will obstruct and exclude the most experienced, enthusiastic and committed members of our profession from continuing their service to the profession. This amendment is clearly not in the *public interest*. A 3 year cooling off period across the board is more than adequate. A criminal charge should NOT require a cooling off period. A criminal conviction, depending on the nature of the crime may be different IF the crime is such that it has significance to an individual's practice or their ability to serve on Council. Examples of this are physical or sexual assault, robbery, fraud and the like where a person's trust is in serious question. Convictions such as stunt driving, impaired driving etc are different and should be treated as such. They have no bearing on a person's capacity on Council. With regards to someone who is in a litigious situation with the CCO, I believe that someone in this position should not be prevented from running for Council. I understand we still live in a democracy and should have the ability to make actionable change without restricting service.
4. I support the amendment which addresses the type of vote needed to pass changes to By-laws. I support a 2/3 majority vote as opposed to a simple majority vote to change By-laws.

Warm Regards,
Dr. Krista Ryan

ccco.info
ccco.info

From: Dr. Glenn <dr@glenn-lang.com>
Sent: Friday, November 17, 2023 10:52 AM
To: cco.info
Subject: CCO PROPOSED BY-LAW AMENDMENTS

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.

1. A number By-laws are being changed to be more inclusive and neutral, changing pronouns from her/his to their or member. I am opposed to all of it. It's a slippery slope.
2. The way I understand it, with a Nomination Committee there are no longer any nominations allowed from the floor. I am opposed to the President of the Council being part of this committee as the President could have too much sway over the Council.
3. By-law changes to By-law 6.9 dealing with "cooling off period" as it pertains to someone's eligibility to run for Council seeks to change the period from 3 to 6 years. This is a change that will obstruct and exclude the most experienced, enthusiastic and committed members of our profession from continuing their service to the profession. This amendment is clearly not in the *public interest*. A 3 year cooling off period across the board is more than adequate. A criminal charge should NOT require a cooling off period. A criminal conviction, depending on the nature of the crime may be different IF the crime is such that it has significance to an individual's practice or their ability to serve on Council. Examples of this are physical or sexual assault, robbery, fraud and the like where a person's trust is in serious question. Convictions such as stunt driving, impaired driving etc are different and should be treated as such. They have no bearing on a person's capacity on Council. With regards to someone who is in a litigious situation with the CCO, I believe that someone in this position should not be prevented from running for Council. I understand we still live in a democracy and should have the ability to make actionable change without restricting service.
4. I support the amendment which addresses the type of vote needed to pass changes to By-laws. I support a 2/3 majority vote as opposed to a simple majority vote to change By-laws.

Sincerely,

Dr. Glenn Lang
box 1030 - 920 Yonge St
Walkerton, Ontario
N0G 2V0

dr@glenn-lang.com

From: Gord Burkholder <gord@...>
Sent: Friday, November 17, 2023 9:59 PM
To: Joel Friedman
Subject: Feedback - Bylaw amendments circulated September 19, 2023 (2 attachments)
Attachments: 1 Ontario Regulatory colleges cooling off chart.pdf; 1 Ontario Regulatory colleges voting procedures (5).pdf

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November 17, 2023

College of Chiropractors of Ontario

Attn: Joel Friedman-Deputy Registrar
Ms Jo-Ann Willson - Registrar
Dr. Sarah Green-President
Executive Committee
Quality Assurance Committee
Council members

Re: Feedback - Bylaw amendments circulated September 19, 2023

I would like to submit my feedback regarding the recent proposed by-law amendments. I ask that my feedback be distributed to all council members and taken under consideration. These are my opinions and are submitted in good faith. I echo the sentiment of many of my peers that the feedback portal is grossly inadequate to provide quality feedback. I urge the council to look into a new feedback system.

Bylaw 6

Extending the cooling off periods from 3 to 6 years for an individual who has served as a director on other chiropractic boards is unnecessary and excessive. Just a few years ago there was no cooling off period and the council functioned extremely well. Then a one year cooling off period came into effect which seemed a reasonable addition to the election bylaws. But then it was followed by 3 years...now 6 years? Where does this end? Members that have served on other boards and organizations bring a wealth of knowledge and skill to the table. By excluding people for 6 years we prevent highly competent, committed people from serving on council. In some cases, depending on the date of resignation and the election cycle, this could exclude a member for almost 9 years. I wonder if this same exclusionary rule applies to the appointed public members? This is certainly not consistent with the majority of Colleges. A review of other college bylaws demonstrates that no other college requires 6 years(see attachment). The proposed amendment appears excessive. It is not in the public interest.

The Bylaw 6.9 (f) prohibits a member who resigns from running for 6 years and 4 months. I hope this amendment is an error because it is not consistent and the optics are not good. Why the extra 4 months? It appears it may be targeting specific individuals who resigned from council. If the college is targeting individuals then the council should be honest and transparent about this, and let the

public and membership decide if this is appropriate. As stated in the President's Message **"...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."** In my opinion targeting specific individuals is unethical, possibly unconstitutional and optically bad for our profession. I personally believe the majority of members and the public would feel the same. Consider someone resigning from council for health reasons, to look after a sick relative, or for maternity leave? Should they be excluded from returning to council for 6 years? Is this ethical? A review of other college bylaws shows that no other college prohibits for 6 years after resignation. This amendment is not in the public interest.

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Excluding a member who has been involved in litigation with the college for 6 years is not appropriate. Members must have their right to challenge the college preserved. It is a fundamental right. Is a discipline hearing or an appeal to HPARB considered litigation? This bylaw is very vague and there are numerous scenarios that must be considered. If a member successfully wins the appeal because the college was in error, should they be excluded from running for council? There are simply too many scenarios that could be interpreted as "litigation" leaving this open to interpretation and legal challenges. A review of other colleges shows that only 3 colleges use 6 years for this rule, the majority are silent or state "if currently involved in proceedings". This amendment as drafted is not in the public interest.

Excluding a member for 6 years after being charged with a criminal offence may be inappropriate and excessive in some cases. In Canada an individual is innocent until proven guilty. A charge does not equate to guilt. Also the nature of the criminal act should be taken into account. The majority are either silent on this issue or evaluate each situation to determine suitability. I believe the latter would be the appropriate amendment. For these reasons I believe this proposed bylaw amendment, as drafted, is not in the public interest.

Nomination committee/president

The president should not be allowed to sit on the nomination committee for internal elections for the same reason presidents generally don't vote (except to break a tie). The rationale for this (Robert's rules of order) is that the president has significant influence over the council. Members will often side with the president because they are in a position of authority and they are usually "popular". Nominations should be based on competency. Popularity is not in the public interest. When did the CCO start using a nomination committee? It is my understanding that, in the past, nominations always came from the floor. When did this change?

Bylaw 8.8 Simple majority

It is interesting that the college is applying bylaw 8.8, a simple majority, to amend bylaws. I am absolutely perplexed that the CCO thinks the simple majority is the appropriate rule to apply. Robert's rules of order specifies that a 2/3 majority is required to amend a bylaw. The rationale for this is that a simple majority could allow the organization to be hijacked by a small group with ulterior motives. Doesn't it seem odd that a 2/3 majority vote is required to remove a chair or president, but a simple majority can be used to rewrite bylaws thus changing the rules that govern the entire organization? Robert's Rules of Order is the gold standard and has been used by nonprofits, corporations, regulatory bodies etc. since 1876. The majority of Colleges currently require a 2/3 majority vote to pass a bylaw amendment (**See attached chart**). The CCO appears to be the only college that does not specify how it amends bylaws. It is my opinion that the college needs to clarify how bylaw amendments are adopted. It is in the public interest that a 2/3 majority vote be required to amend all current and future bylaws.

Recent council package

When reviewing the executive committee report in the public package I noticed something extremely concerning. It states that "**Council is not required by the RHPA to circulate many of these by-law amendments...**" While this may be true, we have years of precedent that conflict with this statement. I have been a member since 1995. To my knowledge, until recent years, all by-law amendments (both minor and major) were circulated for feedback. The feedback was considered and the document was edited and recirculated if needed. This allowed for the best possible document to be created. It was transparent and done in the spirit of self regulation. Circulation and feedback is also in alignment with CCO's core values of collaboration, respect and transparency. To not circulate shows disrespect to the public, the profession and the self regulatory process. I also noticed this statement: "**I anticipate the following recommendation at the November 23, 2023 Council meeting: That Council approve the bylaw amendments as circulated.**" Feedback is not due until November 19, 2023. Are we to assume that the council is not going to take all relevant feedback into consideration? Is circulation and feedback viewed by council as just a formality? This is not appropriate and not in the public interest. All relevant feedback should be taken into account before a bylaw is amended. In some cases a bylaw amendment should be rejected, in other cases it may require editing and recirculation before it is adopted. To think that 16 council members can possibly think of all the possible ramifications of a bylaw change is unrealistic. This is unlikely to produce the best possible document. I urge the council to give Circulation and feedback the respect it deserves. As stated in the President's message "**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.**" Providing circulation and giving due consideration to all relevant feedback is "the norm". It is in the public interest and in alignment with the CCO's core values statement. While it is not mandatory, it is "the right thing to do." It is in the public interest.

In the past, bylaw changes were rare and usually came about due to changes in government legislation or simply to clarify wording issues. More recently there has been an unprecedented number of bylaw amendments. I understand the need for consistency with other colleges and the CPMF. However, many recent bylaw changes do not align with the majority of colleges and have nothing to do with the CPMF. In some cases they have an appearance of being driven by internal politics and/or agendas. The optics of this are not good for our profession. I believe the CCO needs to revisit its bylaw amendment procedures and ensure that they align with the core values of Integrity, Respect, Collaboration, and Transparency. Circulation and feedback is a vital component of the self regulatory process. It yields the best possible documents that are likely to stand the test of time. It is important that the college stays in alignment with best practices and the majority of Colleges. This is in the public interest.

Respectfully yours,

Gordon Burkholder D.C.
Member in good standing since

COOLING OFF PERIODS FROM ALL 26 REGULATORY COLLEGES in ONTARIO

Cooling Off requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Audiologists and Speech-Language Pathologists of Ontario	1 year	1 year	12 months	6 years	silent	6 years except for nonpayment of dues	3 years	silent	silent
College of Chiropractors and Podiatrists of Ontario	1 year	silent	5 years	3 years	silent	6 years -except for nonpayment of dues	3 years	3 years except if resigned with permission	silent
College of Dental Hygienists of Ontario	1 year	1 year	1 year	6 years	3 years	silent	3 years	silent	1 year after being part of a legal proceeding against the college
College of Dental Technologists of Ontario	1 year	1 year	12 months	3 years	silent	6 years - except for nonpayment of dues	3 years	silent	silent
Royal College of Dental Surgeons of Ontario	3 years	6 years	5 years	never	never -has an Eligibility Committee to evaluate	silent	silent	silent	never
College of Denturists of Ontario	1 year	Not current employee	3 years	3 years	silent	6 years	6 years	silent	current proceedings
College of Dietitians of Ontario	3 years	2 years	3 years	never	never	6 years -except for nonpayment of dues	3 years	silent	current proceedings
College of Homeopaths of Ontario	Agrees to resign before taking office	2 years	silent	3 years	silent	6 years	3 years	silent	silent
College of Kinesiologists of Ontario	3 years	3 years	3 years	3 years	a criminal finding relevant to	silent	3 years	3 years - other than for health or personal	silent

					the registrant's ability to practise the profession			reasons acceptable to Council	
'Cooling Off' requirements	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Massage Therapists of Ontario	2 years	2 years	silent	6 years	guilty of an offence that is relevant to their suitability to serve	6 years -if related to discipline order	6 years	silent	silent
College of Medical Laboratory Technologists of Ontario	12 months	12 months	12 months	silent	silent	6 years - except for nonpayment of dues	5 years	silent	6 years
College of Medical Radiation and Imaging Technologists	12 months	silent	silent	3 years	silent	6 years	silent	silent	silent
College of Midwives of Ontario	12 months	Can't be current employee	silent	3 years	silent	6 years -except for nonpayment of dues	3 years	silent	silent
College of Naturopaths of Ontario	2 years	2 years	silent	3 years	Prior conviction or current charges	6 years -except for nonpayment of dues	3 years	silent	current
College of Nurses of Ontario	Resign before nomination deadline	Resign before nomination deadline	3 years	3 years	silent	6 years -except for nonpayment of dues	3 years	16 months	silent
College of Occupational Therapists of Ontario	3 years	6 years	3 years	6 years	Finding of guilt relevant to suitability to practice	silent	6 years	3 years	current
College of opticians of Ontario	3 years	3 years	3 years	6 years	silent	6 years -except for nonpayment of dues	6 years	silent	6 years

College of Optometrists of Ontario	Resign if elected	silent	silent	Current proceeding	silent	silent	6 years for Council 3 year to committees	silent	silent
Ontario College of Pharmacists	3 years	silent	3 years	No current finding	current	6 years	6 years	silent	current
'Cooling Off' requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Physicians and Surgeons of Ontario	1 year	5 years	never	silent	silent	6 years	5 years	5 years related to a proposed disqualification	silent
College of Physiotherapists of Ontario	12 months	12 months	1 year	6 years	relevant to the Registrant's suitability to serve as a Councillor	silent	3 years	silent	current
College of Psychologists of Ontario	1 year	1 year	silent	2 years	2/3 of Council vote to disqualify	6 years	silent	silent	silent
College of Registered Psychotherapists of Ontario	1 year	12 months	silent	3 years	opinion of Council, is of such a nature that warrants disqualification	6 years -except for nonpayment of dues	3 years	silent	6 years after being part of a legal proceeding against the college
College of Respiratory Therapists of Ontario	current	12 months	silent	6 years	offence relevant to their suitability to be licensed	silent	6 years	silent	silent
College of Traditional Chinese Medicine and Acupuncturists of Ontario	2 years	1 year	3 years	6 years	In the opinion of Council, is of such a nature that warrants disqualification	6 years	3 years	3 years	current

COOLING OFF PERIODS BEING RECOMMENDED TO COUNCIL BY CCO EXECUTIVE (compared to other Colleges)

'Cooling Off' requirements	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
<p>Ontario Regulatory colleges</p> <p>College of Chiropractors of Ontario</p> <p>Proposed Cooling Off requirements</p>	<p>Currently 3 years</p> <p>Proposing to make 6 years</p> <p>NO other college requires 6 years</p> <p>All other Colleges require 0-3 years</p>	<p>Currently 3 years</p> <p>Proposing to make 5 years</p> <p>ONLY 3 Colleges requires 5-6 years</p> <p>All other Colleges require 0-3 years</p>	<p>3 years</p> <p>No change</p> <p>Most Colleges require 0-3 years</p> <p>2 colleges require 5 years</p> <p>9 Colleges are silent</p> <p>1 college is never</p>	<p>6 years</p> <p>Just amended from 3 years in Jan 2023</p> <p>10 Colleges requires 6 or more years</p> <p>13 Colleges require 3 years or less</p> <p>2 Colleges are silent</p>	<p>Currently none</p> <p>Proposing to make a 6 years</p> <p>NO other college requires 6 years</p> <p>12 Colleges are silent</p> <p>8 Colleges evaluate suitability to practice and whether it warrants disqualification</p> <p>2 Colleges are never</p> <p>3 Colleges unclear and unique</p>	<p>6 years</p> <p>Just amended from 3 years in Jan 2023</p> <p>18 Colleges requires 6 years</p> <p>most say "except for nonpayment of dues"</p> <p>7 Colleges are silent</p>	<p>6 years</p> <p>Just amended from 3 years in Jan 2023</p> <p>13 Colleges requires 3 years</p> <p>9 Colleges requires 5-6 years</p> <p>3 Colleges are silent</p>	<p>Currently 3 years and 4 mths</p> <p>Proposing to make 6 years and 4 months</p> <p>NO other college requires 6 years</p> <p>ONLY 4 Colleges requires 3 years</p> <p>19 Colleges are silent</p> <p>1 College requires 5 years</p> <p>1 College requires 16 months</p>	<p>Currently none</p> <p>Proposing to make a 6 years</p> <p>ONLY 3 Colleges requires 6 years</p> <p>7 Colleges only if involved in current proceedings</p> <p>1 College requires 1 year</p> <p>14 Colleges are silent</p>

Summary of Voting Procedures used by Ontario Regulatory Colleges

CCO's Bylaw Clause 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.

Ontario Regulatory college	Year created	Has a Simple Majority voting clause (CCO Bylaw 8.8)	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Chiropractors of Ontario	1991	Yes (see above) 2023 Council applied this clause to Bylaw changes in January 2023 CCO did not apply this clause to Bylaw amendments in 2009 or 2015-16	Silent (no specific clause or specific requirements listed) Robert's Rules of order specifically referenced in CCO's Rules of Council.	2/3 of Council	Only to break the tie	Robert's Rules of Order

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO Bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Audiologists and Speech-Language Pathologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Never	Bourinot's Rules of Order
College of Chiropractors and Podiatrists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent In the event of a tie vote, the motion is defeated	Sturgis - The Standard Code of Parliamentary Procedure
College of Dental Hygienists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent	Robert's Rules of Order

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO Bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Parliamentary Rules used or referenced Other unique clauses
College of Dental Technologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
Royal College of Dental Surgeons of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	The Standard Code of Parliamentary Procedure
College of Denturists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	Majority of Council	Only to break the tie	Robert's Rules of Order
College of Dietitians of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent	determined by the chair or presiding officer of such meeting in accordance with the rules of order that the Board of Directors adopts from time to time.
College of Homeopaths of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	silent	Yes	Robert's Rules of Order
College of Kinesiologists of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Massage Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	None referenced
College of Medical Laboratory Technologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	The Board of Directors shall set or adopt such rules of order that it deems appropriate to govern and guide the conduct of its meetings
College of Medical Radiation and Imaging Technologists	1991 updated 2017	Yes -not used to change bylaws	Bourinot's Rules of Order (2/3 majority required)	silent	No second vote motion defeated	Bourinot's Rules of Order
College of Midwives of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	None referenced
College of Naturopaths of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Nurses of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	No	American Institute of Parliamentarians' Standard Code of Parliamentary Procedure

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Occupational Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	such rules of order as it deems appropriate to govern the conduct of each Board meeting
College of opticians of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	silent	No second vote motion defeated	Robert's Rules of Order
College of Optometrists of Ontario	1991	Yes -not used to change bylaws	Special resolution -defaults to Roberts Rules in Bylaws	2/3 of Council	No second vote motion defeated	Robert's Rules of Order
Ontario College of Pharmacists	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes with additional vote to break the tie	None referenced The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.
College of Physicians and Surgeons of Ontario	1991	Yes -not used to change bylaws	Wainberg's Society Meetings Rules of Order	2/3 of Council	silent	Wainberg's Society Meetings Rules of Order
College of Physiotherapists of Ontario	1991	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	silent	Kerr and King's Procedures
College of Psychologists of Ontario	1991	Yes -not used to change bylaws	Keesey's Modern Parliamentary Procedures	2/3 of Council	silent	Keesey's Modern Parliamentary Procedures
College of Registered Psychotherapists of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Respiratory Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	silent	No	Robert's Rules of Order The Nomination Committee will consist of at least two (2) members of Council who are not running for election to the Executive Committee, at least one of whom shall be a public member and at least one of whom shall be a professional member
College of Traditional Chinese Medicine and Acupuncturists of Ontario	2006	Yes -not used to change bylaws	Simple majority explicitly stated	Simple majority	No second vote motion defeated	Robert's Rules of Order

Joel Friedman

From: Jeff Winchester <...>
Sent: Saturday, November 18, 2023 9:30 AM
To: Joel Friedman
Subject: Feedback

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I have always assumed that councils and boards were non-biased and fair in their assessment of the responsibility they carry out. I understand it is likely a thankless job in many ways. I do appreciate the work required.

However, when a board becomes weaponized then is the public really being protected? The board says "fiduciary" and I hear "gaslighting".

My biggest concern I would like to give feedback on is what I see as arbitrary number decisions. I just don't see where these numbers are coming from. If you had to defend these in a court of law then could you? I feel the changes in time frames have an absolute agenda attached to them.

Like I stated earlier, I used to think boards and councils were unbiased. Well in 2023 I don't believe in that anymore.

I see arbitrary numbers like 6 years AND FOUR MONTHS, three years to SIX YEARS and a SIMPLE MAJORITY vs 2/3 majority to make amendments. If you want to pretend there is no bias there at least should be an ILLUSION of that in the policies. I don't see that, in fact to me it appears the opposite. These changes seem like personal attacks on members trying to run for the board- or at least the argument could be made for that. This is the opposite of transparency.

If you can attack one chiropractor with bad policy then where does it stop and who is next? This has nothing to do with protecting the public.

There is no ILLUSION (anymore)- it is clear these are personal attacks.

Changing majority votes, years you can run since you have had an encounter with the CCO is not protecting the public. It appears to be an agenda to change, hide and rewrite the thankless work of previous boards and their thought out views.

I truly think this needs to be cautiously considered because the optics of these changes could easily put a eye smile on any opposing lawyers face.

Regards,

De Jeff Winchester

It's not a problem with your BACK, it's a problem with your NERVOUS SYSTEM

Joel Friedman

From: Michelle Whitney ✓
Sent: Saturday, November 18, 2023 12:11 PM
To: Joel Friedman; Green Sarah; Jo-Ann Willson
Subject: Additional Feedback
Attachments: 1 Ontario Regulatory colleges cooling off chart.docx; 1 Ontario Regulatory colleges voting procedures.docx

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Good afternoon,
Please include the following charts in addition to feedback I provided on Thursday of this week. These charts are for all Council members eyes both elected and appointed.

Thank you for your attention to this.

M. Whitney,
D.C.

COOLING OFF PERIODS FROM ALL 26 REGULATORY COLLEGES in ONTARIO

'Cooling Off' requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Audiologists and Speech-Language Pathologists of Ontario	1 year	1 year	12 months	6 years	silent	6 years except for nonpayment of dues	3 years	silent	silent
College of Chiropractors and Podiatrists of Ontario	1 year	silent	5 years	3 years	silent	6 years -except for nonpayment of dues	3 years	3 years except if resigned with permission	silent
College of Dental Hygienists of Ontario	1 year	1 year	1 year	6 years	3 years	silent	3 years	silent	1 year after being part of a legal proceeding against the college
College of Dental Technologists of Ontario	1 year	1 year	12 months	3 years	silent	6 years - except for nonpayment of dues	3 years	silent	silent
Royal College of Dental Surgeons of Ontario	3 years	6 years	5 years	never	never -has an Eligibility Committee to evaluate	silent	silent	silent	never
College of Denturists of Ontario	1 year	Not current employee	3 years	3 years	silent	6 years	6 years	silent	current proceedings
College of Dietitians of Ontario	3 years	2 years	3 years	never	never	6 years -except for nonpayment of dues	3 years	silent	current proceedings
College of Homeopaths of Ontario	Agrees to resign before taking office	2 years	silent	3 years	silent	6 years	3 years	silent	silent
College of Kinesiologists of Ontario	3 years	3 years	3 years	3 years	a criminal finding relevant to the registrant's ability to practise the profession	silent	3 years	3 years - other than for health or personal reasons acceptable to Council	silent

'Cooling Off' requirements	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Massage Therapists of Ontario	2 years	2 years	silent	6 years	guilty of an offence that is relevant to their suitability to serve	6 years -if related to discipline order	6 years	silent	silent
College of Medical Laboratory Technologists of Ontario	12 months	12 months	12 months	silent	silent	6 years - except for nonpayment of dues	5 years	silent	6 years
College of Medical Radiation and Imaging Technologists	12 months	silent	silent	3 years	silent	6 years	silent	silent	silent
College of Midwives of Ontario	12 months	Cant be current employee	silent	3 years	silent	6 years -except for nonpayment of dues	3 years	silent	silent
College of Naturopaths of Ontario	2 years	2 years	silent	3 years	Prior conviction or current charges	6 years -except for nonpayment of dues	3 years	silent	current
College of Nurses of Ontario	Resign before nomination deadline	Resign before nomination deadline	3 years	3 years	silent	6 years -except for nonpayment of dues	3 years	16 months	silent
College of Occupational Therapists of Ontario	3 years	6 years	3 years	6 years	Finding of guilt relevant to suitability to practice	silent	6 years	3 years	current
College of opticians of Ontario	3 years	3 years	3 years	6 years	silent	6 years -except for nonpayment of dues	6 years	silent	6 years
College of Optometrists of Ontario	Resign if elected	silent	silent	Current proceeding	silent	silent	6 years for Council 3 year to committees	silent	silent
Ontario College of Pharmacists	3 years	silent	3 years	No current finding	current	6 years	6 years	silent	current

'Cooling Off' requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Physicians and Surgeons of Ontario	1 year	5 years	never	silent	silent	6 years	5 years	5 years related to a proposed disqualification	silent
College of Physiotherapists of Ontario	12 months	12 months	1 year	6 years	relevant to the Registrant's suitability to serve as a Councillor	silent	3 years	silent	current
College of Psychologists of Ontario	1 year	1 year	silent	2 years	2/3 of Council vote to disqualify	6 years	silent	silent	silent
College of Registered Psychotherapists of Ontario	1 year	12 months	silent	3 years	opinion of Council, is of such a nature that warrants disqualification	6 years -except for nonpayment of dues	3 years	silent	6 years after being part of a legal proceeding against the college
College of Respiratory Therapists of Ontario	current	12 months	silent	6 years	offence relevant to their suitability to be licensed	silent	6 years	silent	silent
College of Traditional Chinese Medicine and Acupuncturists of Ontario	2 years	1 year	3 years	6 years	in the opinion of Council, is of such a nature that warrants disqualification	6 years	3 years	3 years	current

COOLING OFF PERIODS BEING RECOMMENDED TO COUNCIL BY CCO EXECUTIVE (compared to other Colleges)

'Cooling Off requirements	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Chiropractors of Ontario	Currently 3 years	Currently 3 years	3 years	6 years	Currently none	6 years	6 years	Currently 3 years and 4 mths	Currently none
Proposed Cooling Off requirements	Proposing to make 6 years	Proposing to make 6 years	No change	Just amended from 3 years in Jan 2023	Proposing to make a 6 years	Just amended from 3 years in Jan 2023	Just amended from 3 years in Jan 2023	Proposing to make 6 years and 4 months	Proposing to make a 6 years
	NO other college requires 6 years All other Colleges require 0-3 years	ONLY 3 Colleges requires 5-6 years All other Colleges require 0-3 years	Most Colleges require 0-3 years 2 colleges require 5 years 9 Colleges are silent 1 college is never	10 Colleges requires 6 or more years 13 Colleges require 3 years or less 2 Colleges are silent	NO other college requires 6 years 12 Colleges are silent 8 Colleges evaluate suitability to practice and whether it warrants disqualification 2 Colleges are never 3 Colleges unclear and unique	18 Colleges requires 6 years most say "except for nonpayment of dues" 7 Colleges are silent	13 Colleges requires 3 years 9 Colleges requires 5-6 years 3 Colleges are silent	NO other college requires 6 years ONLY 4 Colleges requires 3 years 19 Colleges are silent 1 College requires 5 years 1 College requires 16 months	ONLY 3 Colleges requires 6 years 7 Colleges only if involved in current proceedings 1 College requires 1 year 14 Colleges are silent

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Summary

A "6 years Cooling Off period" was not found to be consistent with most Regulatory colleges except in matters related to Discipline decisions, a revoked license, or a disqualification from Council after a proper investigation and vote by Council. Most colleges have between 1 to 3 years "cooling off period" from associations, educational institutions, and staff positions. A 6 year Cooling Off period following litigation/defending oneself against the College may be considered unconstitutional.

Summary of Voting Procedures used by Ontario Regulatory Colleges

CCO's Bylaw Clause 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.

Ontario Regulatory college	Year created	Has a Simple Majority voting clause (CCO Bylaw 8.8)	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Chiropractors of Ontario	1991	Yes (see above) 2023 Council applied this clause to Bylaw changes in January 2023 CCO did not apply this clause to Bylaw amendments in 2009 or 2015-16	Silent (no specific clause or specific requirements listed) Robert's Rules of order specifically referenced in CCO's Rules of Council.	2/3 of Council	Only to break the tie	Robert's Rules of Order

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO Bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Audiologists and Speech-Language Pathologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Never	Bourinot's Rules of Order
College of Chiropractors and Podiatrists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent In the event of a tie vote, the motion is defeated	Sturgis - The Standard Code of Parliamentary Procedure
College of Dental Hygienists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent	Robert's Rules of Order

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO Bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Parliamentary Rules used or referenced Other unique clauses
College of Dental Technologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
Royal College of Dental Surgeons of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	The Standard Code of Parliamentary Procedure
College of Denturists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	Majority of Council	Only to break the tie	Robert's Rules of Order
College of Dietitians of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent	determined by the chair or presiding officer of such meeting in accordance with the rules of order that the Board of Directors adopts from time to time.
College of Homeopaths of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	silent	Yes	Robert's Rules of Order
College of Kinesiologists of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Massage Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	None referenced
College of Medical Laboratory Technologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	The Board of Directors shall set or adopt such rules of order that it deems appropriate to govern and guide the conduct of its meetings
College of Medical Radiation and Imaging Technologists	1991 updated 2017	Yes -not used to change bylaws	Bourinot's Rules of Order (2/3 majority required)	silent	No second vote motion defeated	Bourinot's Rules of Order
College of Midwives of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	None referenced
College of Naturopaths of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Nurses of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	No	American Institute of Parliamentarians' Standard Code of Parliamentary Procedure

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Occupational Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	such rules of order as it deems appropriate to govern the conduct of each Board meeting
College of opticians of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	silent	No second vote motion defeated	Robert's Rules of Order
College of Optometrists of Ontario	1991	Yes -not used to change bylaws	Special resolution -defaults to Roberts Rules in Bylaws	2/3 of Council	No second vote motion defeated	Robert's Rules of Order
Ontario College of Pharmacists	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes with additional vote to break the tie	None referenced The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.
College of Physicians and Surgeons of Ontario	1991	Yes -not used to change bylaws	Wainberg's Society Meetings Rules of Order	2/3 of Council	silent	Wainberg's Society Meetings Rules of Order
College of Physiotherapists of Ontario	1991	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	silent	Kerr and King's Procedures
College of Psychologists of Ontario	1991	Yes -not used to change bylaws	Keeseey's Modern Parliamentary Procedures	2/3 of Council	silent	Keeseey's Modern Parliamentary Procedures
College of Registered Psychotherapists of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Respiratory Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	silent	No	Robert's Rules of Order The Nomination Committee will consist of at least two (2) members of Council who are not running for election to the Executive Committee , at least one of whom shall be a public member and at least one of whom shall be a professional member
College of Traditional Chinese Medicine and Acupuncturists of Ontario	2006	Yes -not used to change bylaws	Simple majority explicitly stated	Simple majority	No second vote motion defeated	Robert's Rules of Order

From: Dr. Paul Blaser
Sent: Sunday, November 19, 2023 10:43 PM
To: cco.info
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.

Dear members of the CCO.

Thank you once again for tireless work to uphold the highest standards for regulating our profession. For brevity, I have summarized the following points.

1. I am 100% opposed to the proposal to changing pronouns to be gender neutral. Social media ideologies are not the concerns of the CCO.
2. I agree that 5 hours of hands-on training of adjustments every 3 periods is good for the profession.
3. I am opposed to having a Nomination Committee coming from within the CCO council. This gives too much power and control to the president and council members.
It should be available from all good-standing members of the profession.
4. An individual's eligibility to run for council was recently changed from 3 to 6 years. The sudden bylaw change was fast-tracked immediately before an upcoming election. In my opinion, this was a targeted attack upon 1 member. This is probably the most embarrassing event that I can recall in my 37 years in practice.
5. I support the prevailing idea that a minimum of a 2/3's majority is required to change an existing bylaw.

Once again, please consider the above points as we all strive to strengthen and unify our profession.
All my regards.

Dr. Paul H. Blaser

On Tue, Sept 19, 2023, 1:31 p.m. College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:

x

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

Joel Friedman

From: Bob Pike <rp@ccocanada.com>
Sent: Sunday, November 19, 2023 11:04 PM
To: cco.info
Subject: feedback on CCO BY-LAW Policy

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CCO's BY- LAW CHANGES.

- 1.
- 2.
3. Transcultural modifications to CCO terminology is unwise and will be a waste of time and energy.
- 4.

- 2.
- 3.
4. I support the amendment to the standard of practice S-003.
- 5.

It is preferable that 5 hours of 'hands on' sessions for adjustments be provided and completed every six years.

- 3.
- 4.
5. The nomination committee is a recent development at the CCO. There are no longer any nominations allowed from the floor. We are opposed to the president being a part of this committee, as the president has too much influence over the Council.
- 6.
- 7.

4 By-law changes to by- law 6.9, dealing with a "cooling off period" as it pertains to someone's eligibility to run for Council; seeks to change the period from three to six years. We find this amendment unsupportable. This is a change that will block or delay our most qualified members from providing leadership in our profession.

The Council is not punitive. We believe that three years is sufficient. We further feel that this policy could be used to prevent specific individuals from applying for positions on Council which is not a good omen for our young and evolving profession.

5. We believe that when a by-law change is happening, that Roberts Rules of order should be the default protocol for our profession. It specifically states that a 2/3rds majority is required for a by-law change rather than a mere majority policy.

It is in the public interest that a government regulatory body like the CCO, follow this well established rule. We are in favour of a 2/3rds majority, rather than a simple majority vote when it comes to changing by-laws. We feel that this policy protects both the public and our profession from tyrannical interference, and from influences that have the best interests of either Chiropractic or the public interest, as their priority.

We feel that by-laws are not to be changed without the best interests of Chiropractic as the overriding compass.

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Thank you for your service to our profession.

Dr. Bob Pike D.C.
204 Simcoe Ave, Suite 10
Keswick, ON L4P 3S6
905.476.6475
www.pikechiropractic.com



Virus-free www.avast.com

Joel Friedman

From: Dr Emilie Perras <ccco.info>
Sent: Sunday, November 19, 2023 10:51 PM
To: cco.info
Cc: Emilie Perras
Subject: member feedback due nov 19th

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Hello,

I was unable to find a place to send in my feedback for some guidelines that are up for consideration. If it's not too late, can you send me the link? I looked everywhere once I logged into the member portal. I also looked on the public page but could not see anything.

I am also writing my comments here. If there is a place in the portal I am happy to send it through there instead.

1. I don't believe the president should be included in the nomination committee. They already hold a lot of power and could sway others' decisions.
2. As for the cooling off period proposed. I do believe 3 years is sufficient. I had already written in my comments on this matter.
3. I don't believe we need to change to gender neutral, they/them language. In my opinion it is not a good use of the CCO's time and the membership money.

Thank you,

Dr Emilie Perras
Pediatric & Family Chiropractor - Chiropraticienne Pédiatrique et Familiale www.coltshealth.com rras

From: Robbie Berman <rb@ccocollaborative.com>
Sent: Thursday, November 9, 2023 3:47 PM
To: Joel Friedman
Subject: questions about bylaws

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

Hi Joel,

Hope all is well, it has been a long time. If I haven't said so already, congratulations on your promotion to Deputy Registrar. I remember your first days interning at CCO. I need to bring you back to that time for a moment. You will remember that we worked together intensely on updating CCO Bylaws and together we recommended the changes necessary to comply with Bill 171. Looking back, it took us almost 2 years to make sure we got it right and it required numerous conversations with Government representatives about what would be considered the appropriate procedures to follow when amending Bylaws. I recall discussing these requirements with Ms. Gwen Gignac of the Ontario Ministry of Health. There was no question back then CCO followed Robert's Rules of Order which requires a 2/3 majority to amend Bylaws. This premise, contained within Robert's Rules of Order, was considered and is still considered the gold standard.

This leads me to ask you some questions:

1. At the January 20, 2023 Council meeting there was a vote by Council to amend Bylaws but it did not receive a 2/3 majority. The facilitator, after being questioned, announced that Bylaws can be amended by a simple majority. This also appears in the minutes. This was the first I heard that CCO no longer requires a 2/3 majority to change its Bylaws. I have completed a thorough review of the public Council packages and I cannot find where there was any public discussion about this and I could not find any Council vote to change the requirement from a 2/3 majority to a simple majority. Could you please point me to and send me CCO Council minutes that show a CCO Council approved such a change. It has been repeatedly stated recently that this is how CCO handles Bylaws. I do question why CCO believes a simple majority is best practices and why Bylaw 8.8 is believed to overrule Robert's Rules. CCO has always been silent on amending Bylaws. In conversation, a Ontario Government representative explained that by referencing Robert's Rules, CCO need not re-write Robert's Rules into Bylaws. CCO's reference to Robert's Rules was originally stated in Bylaw 8.18 (now 8.17). Robert's Rules are listed as the default within CCO Council's Rules of Order. As a matter of transparency, can you please explain what happened, when, and why?
2. I have reviewed all 26 Regulatory Colleges Bylaws and it is noted the "Simple Majority Clause" (CCO's 8.8) was not found to be used by any other College to amend Bylaws. It seems self evident that CCO is misinterpreting the use of clause 8.8 and therefore is incorrect in applying it. Please provide me with information why the current CCO Council believes it applies?

3. At the January 20, 2023 meeting it was suggested that the amendments to change the cooling off period from three to six years following a discipline matter was to become consistent with CPSO, CNO, CPO, and COO. This also appears in the January 24, 2023 President's Message. Upon review this information seems not to be entirely accurate. Nevertheless, the January 24, 2023 President's Message stated "Extending the interval to six years was deemed to be in the public interest, as findings of professional misconduct or incompetence are serious". I understand both the consistency and seriousness rationale. However, proposing to make most cooling off periods six years to be internally consistent becomes a circular argument. Internal consistency makes CCO Bylaws inconsistent with most other Regulators. No other Regulator requires a six year cooling off period after leaving professional organizations. This change is not consistent with CPSO, CNO, CPO, COO or any other Regulator. Please explain how creating new inconsistencies when compared with other Regulators helps to serve the public interest? This also raises questions about how serving on other chiropractic organizations is considered a serious issue requiring a six year cooling off period? There are numerous past and a current member of Council that would have been ineligible to serve on Council if this rule previously existed. I think you would agree many of those Council members brought valuable knowledge and experience to CCO and that best serves the public interest. How are members, who developed competence by being involved with other chiropractic organizations, a serious issue equal to being found guilty of a professional misconduct? It is understandable that a cooling off period is necessary, but is a six year hiatus in the best interest of the public or Council? Dr. Mizel, a current Council member, could speak to Council about his experience and how his serving on other chiropractic organizations helped him develop skills to better serve the public interest. I would appreciate any insight to the claim that a six year cooling off period, other than for discipline or disqualification, serves and protects the public interest?
4. There are many new clauses being circulated that are suspect because they are rare among most other Regulators. For example, a six year cooling off period for previous staff before running for Council. Why would Dr. Walton or Dr. Tibor, if they decided to run for Council, have to wait six years before running for Council? How is this in the public's best interest?
5. There are numerous new restrictions that raise ethical questions and possibly expose CCO to more legal challenge. Not allowing a member who has been involved in litigation with/against CCO or with/against an individual Council member from being eligible to run for CCO Council is questionable. This has never been part of CCO Bylaws before. After speaking to multiple legal friends, they have suggested that taking away someone's right to defend themselves or appeal to HPARB (tribunal) or appeal to courts (litigation) or eliminating a member's right to appear as an expert witness on behalf of another CCO member might be considered unconstitutional. As written, CCO would only allow members to testify on behalf of the College and not on the other side of an argument. Please explain how restricting these members from running for Council serves the public interest? Most Colleges only state a member cannot be involved in active litigation. Clauses like this might protect individuals at CCO but how does it protect the public interest? These type of clauses have the potential to expose CCO to risk and legal challenge. Financial responsibility and fiduciary duty suggests it might be in the best interest for CCO Council to further investigate these issues through a legal lens

before exposing the organization to possible harm. A brand new clause states that being accused of a criminal offence makes someone ineligible? Is CCO claiming that everyone is guilty until proven innocent? Guilty of an offence is justifiable but being charged? Most Regulatory Colleges that have implemented similar clauses have caveats that a member must be found guilty and the offence must be related to suitability to practice. Is CCO now recommending disqualifying someone for having even a minor offence? Is having a speeding ticket now considered serious? A thorough Council review as well as a legal review may be necessary. A comprehensive investigation may lead to the need for re-phrasing before finalizing amendments.

6. Having the Executive Committee serve as a Bylaw Review Committee seems contrary to the mandate of the committee and incongruent with the RHPA. The RHPA says:

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Executive Committee's exercise of Council's powers

12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

Having the 7 members of the Executive Committee, who have already recommended the amendments, present amendments to Council for final approval seems like the Executive Committee is, for all practical purposes, making and amending Bylaws. This seems inappropriate. Could you please explain why a smaller Bylaw subcommittee with expertise in Bylaw review was not established? Without such a committee there is a very real appearance of bias. Clarification and any comments on this subject is much appreciated.

As you can imagine there are ever-expanding questions as to whether all ethical and legal issues have been fully explored, explained to Council, and thoroughly considered by Council. These are massive Bylaw changes and all aspects must be considered and contemplated so CCO Council does not expose itself to unnecessary and avoidable risks. I will be sending in my complete feedback about the Bylaw amendments currently circulated by the November 19, 2023 deadline. If you could kindly provide clarification and answers to the above 6 issues before the feedback deadline it would be most helpful and could limit redundant feedback. Thank you in advance for your time.

Respectfully,

Dr. Robbie Berman
CCO Member since 1995
Council and non-Council member 2004-2013
Bylaw review 2007-2009

Joel Friedman

From: Robbie Bermar
Sent: Monday, November 13, 2023 3:23 PM
To: Sarah Green
Cc: Jo-Ann Willson; Joel Friedman
Subject: information and questions about Bylaws
Attachments: 1 Bylaw 8.8 review of 26 colleges.docx

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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 Dr. Green, CCO President

As there are many CCO members who are seekers of truth and fairness, we collectively ask CCO Council to evaluate and investigate all information provided. There remains very serious concerns around the accuracy surrounding the January 20, 2023 Council meeting and the President's Message from January 24, 2023. The concerns stimulated extensive research into Bylaw amendments. Over the coming days you will be sent emails with attachments to share with the rest of Council as a matter of transparency. These emails contain extensive research regarding procedures and expectations when amending Regulatory Bylaws. The information collected has been gathered from the Ontario Government, government reports, Ontario Regulators, past CCO Council members, CCO members, CCO's website, past Council packages, past CCO newsletters, and public observers. Included are questions and concerns from various CCO members.

The reason members have ask me to submit elaborate feedback is to protect the integrity of CCO, ensure the current CCO Council is aware of and follows established procedure, and to avoid the current CCO Council from unknowingly exposing the organization to further challenge or legal proceedings. CCO has spent unprecedented amounts of money on legal challenges, hearings, and Code of Conduct proceedings recently. With financial responsibility as a strategic pillar, it is suggested CCO Council has a financial responsibility and fiduciary duty to immensely evaluate all feedback along with all other aspects of amending Bylaws before approving further substantial concept changes to CCO Bylaws. Abrupt changes, with very little public discussion related to membership and public feedback, were observed at the January 20, 2023 Council Meeting. The suggested motivation behind amending Bylaw 6 and 12 was to become consistent with the CPSO, CNO, CPO and COO. This no longer holds true with most of the proposed amendments currently being circulated for feedback.

My first email to you as President stated, "It is refreshing to see new people at Council and watch them all strive to best serve the profession while regulating in the public interest. I found CCO extremely fulfilling and rewarding. If I can help in any way to mentor new Council members or help out in any other way, I am an email or call away." My offer still stands.

This information is submitted on behalf of multiple CCO members. It is doubtful CCO will receive extensive feedback about Bylaw reform from individual members but that does not equate to CCO amendments being appropriate or acceptable to the membership. CCO has proven not to be a safe environment to submit feedback. Members have become scared that CCO will attack those who dissent. CCO Members, including past Council members and past CCO Presidents, have seen their feedback and information ignored. This has created a culture of mistrust.

With this first email, the attachment is a comprehensive review of the other 25 Regulatory Colleges use of "The Simple Majority Clause." It is noted that not a single other Ontario Regulatory College has been found to apply this clause to amend Bylaws. It is also noted the majority of Regulatory Colleges explicitly state and require a 2/3 majority. This is consistent with Robert's Rules of Order; the gold standard. All information provided is to enhance clarity, truth, and transparency. Thank you in advance for making the time to review this important information.

Respectfully,

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Dr. Robbie Berman
CCO member since 1995
CCO Council and non-Council member 2004-2013

A Review of Ontario Regulatory Colleges Requirements for Amending Bylaws

CCO President's Message from January 24, 2023 suggested Bylaw clause 8.8 is applicable to changing Bylaws

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.

Upon review, all 26 Regulators have a 'Council Meeting' Bylaw similar to CCO'S Bylaw 8 (specifically clause 8.8). By reviewing all 26 Regulatory Colleges' websites, it was noted that no Ontario Regulatory College was found to apply their "Simple Majority clause" to amend College Bylaws. The 2023 CCO Council stands alone.

Most Ontario Regulatory Colleges have a separate section within their Bylaws containing specific rules on how to amend Bylaws. CCO does not. CCO has always defaulted to Robert's Rule of Order. It is the gold standard. Robert's Rules clearly state Bylaw amendments require a minimum of a 2/3 majority. The "Simple Majority clause" (CCO's 8.8), originated from an Ontario Government template which all Regulators were given as the standard framework to develop College Bylaws. CCO Bylaws came into effect in 2001. In 2023, the wording of Bylaw clause 8.8 remains identical to the original wording from 2001; the Bylaw wording has not changed. However, for some undisclosed reason, the current CCO Council is interpreting Bylaw clause 8.8 completely different from previous CCO Councils. This new interpretation is inconsistent with all other Regulators in Ontario. Clause 8.8, as written, applies to "ordinary business" of Council. Clause 8.8 was never intended to apply to "special business" such as amending Bylaws. The Ontario Government explains Regulations and Bylaws are very different from all other College business and separate rules do apply. Bylaws are the foundational rules that govern the organization (akin to articles of incorporation). Consistency and transparency is expected across all Ontario Regulators when dealing with similar situations (with minor exceptions). Therefore, Bylaws are to be rarely altered unless there are changes in legislation or directed by the Ontario Government. Reviewing Ontario Regulatory Colleges' websites demonstrate the stability and overall consistency across all Regulators. Included for review: CCO's specific reference to Robert's Rules of Order, a simple explanation on how to amend Bylaws from Robert's Rules of Order, and relevant Bylaw clauses from the other 25 Regulatory Colleges for comparison.

SUMMARY

NB. The Ontario Regulatory Colleges that have been evaluated for regulatory excellence namely, the College of Nurses, Dentists, and Occupational Therapists all explicitly codify a 2/3 majority is required to amend Bylaws.

15 of 21 original Regulatory Colleges (1991) explicitly codify a 2/3 majority is required to amend their Bylaws. I.e. In 2023, College has specific clauses within their Bylaws stating a 2/3 majority is required to amend a Bylaw.

1 original Regulatory College explicitly codifies that a simple majority is all that is needed to amend a Bylaw. (physiotherapists).

5 original Colleges have no specific wording pertaining to Bylaws amendments (silent); CCO is 1 of these. The Regulatory Colleges that do not specifically mention how to amend Bylaws (silent on requirements) do reference a parliamentary process as the default. Since 2001 CCO has relied on, referenced, and defaulted to Robert's Rules of Order. Robert's Rules of Order are referenced in CCO's Rules of Order of Council.

BLUE – Simple Majority clause (Clause 8.8) or its equivalent from other Regulatory colleges

BLACK – Specific Bylaw clauses describing requirements for amending Bylaws from other Regulatory colleges

RED - Clause related to whether a President votes or not from other Regulatory colleges

Rules of Order of the Council of the College of Chiropractors of Ontario Approved by Council September 20, 2014 Amended: June 17, 2020

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.

Robert's Rules of Order

Robert's Rules provide guidance on how to amend constitutions, bylaws, and rules of order¹. **Bylaws can't be changed unless the members get previous notice of any proposed change and a large majority (commonly two-thirds) is required to enact any proposed change²**. Amending bylaws essentially changes the contract you've made with your fellow members about how your organization operates, so you need to be really technical and precise

No matter how good a job you've done creating your bylaws, sooner or later you'll need to change something. Robert's Rules encourages creating bylaws that can't be too easily amended, but amending them isn't so difficult that you can't consider and make changes within a reasonable time when necessary.

The screenshot shows a web browser window displaying an article on the 'dummies' website. The browser's address bar shows the URL: <https://www.dummies.com/articles/business/careers/finance/business/general-business/rules/rules>. The website header is yellow and contains the 'dummies' logo, navigation menus for 'Articles', 'Books', 'Collections', and 'Custom Solutions', a search bar, and a 'Log In' button. The article title is 'Setting the conditions for amending your bylaws'. The main content area includes a book cover for 'Robert's Rules For Dummies', a 'Tip' icon, and a paragraph of text. A sidebar on the right lists related articles. At the bottom, there is a 'Sponsored' banner for 'Disruption Is The New Normal' with an 'OPEN' button.

bylaw amendment procedure x Robert's Rules for Amending B x +

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Setting the conditions for amending your bylaws

Robert's Rules For Dummies

Explore Book Buy On Amazon

Tip

In amending a previously adopted bylaw, make sure that the rights of all members continue to be protected. The surest way to provide this protection is to prevent bylaws from being changed without first giving every member an opportunity to weigh in on a change. And bylaws should never be changed as long as a minority greater than one-third disagrees with the proposal.

Always specify in your bylaws the exact requirements for their amendment. According to Robert's Rules, you should, at the very least, require a two-thirds vote *and* previous notice to make any change at all in your bylaws.

Design Thinking: Creativity Techniques

Design Thinking: The Customer Journey

Design Thinking: Using an Empathy Map

Design Thinking: Characterizing

Sponsored: Disruption Is The New Normal OPEN

Setting the conditions for amending your bylaws (Robert's Rules for Amending Bylaws - dummies)

In amending a previously adopted bylaw, make sure that the rights of all members continue to be protected. The surest way to provide this protection is to prevent bylaws from being changed without first giving every member an opportunity to weigh in on a change. And bylaws should never be changed **as long as a minority greater than one-third disagrees** with the proposal.

TIP: Always specify in your bylaws the exact requirements for their amendment. According to Robert's Rules, **you should, at the very least, require a two-thirds vote and previous notice to make any change at all in your bylaws.**

Amending specific articles, sections, or subsections of your bylaws. When you're amending parts of your bylaws, you propose the amendment as a main motion and specify one of the same processes you would for any amendment.

The processes of making the motion to amend are:

- Strike out words, sentences, or paragraphs
- Insert (or add) words, sentences, or paragraphs
- Strike out and insert (or substitute) words, sentences, or paragraphs

Tackling a full revision of your bylaws

A *revision* to bylaws is an extensive rewrite that often makes fundamental changes in the structure of the organization. By considering a revision of your bylaws, you're proposing to substitute a new set of bylaws for the existing ones. Your group is free to amend anything in the proposed revision before it's adopted, as if the bylaws were being considered and adopted for the first time. There is a necessary procedure.

Bylaw amendments require a two-thirds vote and recording the results of the vote

Bylaw amendments (requiring a two-thirds vote) are handled as a rising vote unless the amendments are adopted by unanimous consent. However, because of the importance of bylaws and the impact of their amendment, unless the vote is practically unanimous, the best and fairest procedure is to count the vote and record the result in the minutes.

College of Nurses of Ontario By-Laws 4 Page 7

7.16 Unless otherwise required by law or by the by-laws, every motion which properly comes before the Council shall be decided by a simple majority of the votes cast at the meeting by councillors present.

Policy development involves identifying trends or issues that may have an impact on nursing regulation. New [government legislation](#), direction from Council, and other external factors can play a role in helping the College identify and shape its policies. These policies in turn shape the College's [by-laws](#). The College's by-laws are the rules that govern how the College operates. Government legislation authorizes Council to make by-laws related to the College's governance, administration and regulatory functions.

Part 1: General

2. By-Laws (Pg 4)

2.01 By-laws of the College may be enacted, amended or revoked by a **two-thirds majority vote of the councillors present** at a Council meeting duly called for the purpose of considering such enactment, amendment or revocation.

2.02 Notice of a motion to enact, amend or revoke a by-law shall be given to Council at least ten days prior to the meeting referred to in Article 2.01

7.21 The chair is not required to vote whether or not that vote would affect the outcome.

Royal College of Dental Surgeons of Ontario Page 36

2.10.6 Default is simple majority Except as otherwise provided for in the Act, regulations, or by-laws, each vote at a Council meeting shall be decided by a majority of votes cast at the meeting.

Our by-laws govern how the College operates. They outline how meetings are held, the committees we have, our code of conduct, how elections are held, and a great deal more. [The Regulated Health Professions Act \(RHPA\)](#) gives our Council the power to enact by-laws.

Here's how by-laws are made.

- A new by-law (or changes to an existing by-law) is drafted by a College committee, depending on the subject.
- The by-law is presented at a Council meeting. If approved it is sent to all Ontario dentists, other dental health care organizations and members of the public for review and feedback.
- Feedback from the 60-day consultation is considered by the committee and, if needed, additional changes are made to the by-law.
- The by-law returns to Council for final approval.
- When approved, the by-law comes into effect.

2.10.5 Roll call vote for regulations A vote at a Council meeting on a motion to propose or amend a regulation, or to submit a proposed regulation or regulation amendment to the Ministry

a. shall be by roll call vote; and b. the minute of such vote shall record those members of Council in favour, those opposed, those who abstained, and those who were not present.

1 Enactment, Amendment and Revocation of By-Laws

26.1.1 **Two-thirds vote needed to enact**, amend, or revoke a by-law

By-laws may be enacted, amended, or revoked by a **two-thirds vote** of the members of Council present at a Council meeting called for that purpose

2.10.7 **Vote of chair to be counted where a member of Council is acting as chair of a Council meeting, his or her vote is counted in any matter brought to a vote.**

College of Occupational Therapists of Ontario

11.07 **Majority Vote** Unless otherwise specified in these bylaws, matters considered at any meeting of the Board shall be decided by a majority vote cast upon each matter by the Directors present. Voting by proxy is not permitted at meetings of the Board.

8.08 Making, Amending and Revoking Bylaws

8.08.1 The bylaws of the College or any section thereof may be enacted, amended, or revoked by a **two thirds majority affirmative vote of Board Directors** present and voting at a meeting of the Board called for that purpose

11.08 **In cases of an equality of votes, the Board Chair shall have a deciding vote to break the tie.**

The College of Audiologists and Speech-Language Pathologists of Ontario

6.1.10. **Except where otherwise specified in the RHPA, Code, ASLPA, or the Regulations or By-laws of the College, every issue to be decided at a Board of Directors meeting shall be decided by a simple majority of votes of those voting at the meeting**

15. MAKING, AMENDING AND REVOKING BY-LAWS

15.1. **Vote.** The By-laws of the College or any part thereof may be enacted, amended or revoked by a resolution of a **two-thirds majority of Directors.**

Chair does not make motions, or participate in discussion, or vote

College of Chiropodists/Podiatrists

8.16 **Unless otherwise required by law or by the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by councillors present.**

2. BY-LAWS

2.01 By-laws of the College may be enacted, amended or revoked by a vote of **at least two-thirds of the councillors present** at a Council meeting duly called for the purpose of considering such enactment, amendment or revocation

Silent on President allowed to vote

College of Dental Hygienists of Ontario

4.7 Quorum and Voting

(1) A majority of Council Members shall constitute a quorum for the transaction of business. Unless otherwise provided for, questions arising at any meeting of the Council shall be decided by a majority of votes of those present and voting. In the event that a vote is tied following deliberation of the question, the question shall be deemed to have been defeated.

ARTICLE 13: ENACTMENT, AMENDMENT AND REPEAL OF BYLAWS

13.1 Enactment, Amendment and Repeal A bylaw of the College may be made, amended and repealed by a vote of **at least two-thirds of the Council Members present** and voting at any Council meeting.

13.2 Notice of Proposal Where obligated by the Act, proposed bylaws shall be circulated to every Registrant at least 60 days before Council approves them

Silent on President voting

College of Dental Technologists of Ontario

11.08 – Simple Majority Unless specifically provided for otherwise under the Act, the RHPA, or these By-Laws, every motion which properly comes before the Board shall be decided by a simple majority of the votes cast at the meeting by the Directors present.

25.02 – Amendments The By-Laws of the College or any section thereof may be enacted, amended, or revoked by a **two thirds majority affirmative vote** of the Board of Directors present and voting at a meeting of the Board called for that purpose.

11.09 – Chair Vote If the Chair is a member of the Board, they may vote.

11.10 – Tie Votes In the event of a tie vote, the motion is defeated.

College of Denturists of Ontario

22.09 Simple Majority Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

37. BY-LAWS AND AMENDMENT

37.01 Effective Date These by-laws shall become effective as soon as they have been approved by Council.

37.02 Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by **a two-thirds majority of the Council members** present and voting at a meeting of Council called for that purpose.

22.10 Chair Votes If the Chair is a member of Council, he or she may participate in the discussion of a matter before Council but shall not vote unless there is a tie vote and the Chair's vote would break the tie, unless the Chair wishes to vote against a motion and the Chair's vote would create a tie that would defeat the motion, or unless there is a roll call vote (e.g., to enact a regulation).

College of Dietitians of Ontario

7.11 Voting at Meetings Unless otherwise required by law or by the by-laws, every motion which properly comes before the Board of Directors shall be decided by a simple majority of the votes cast at the meeting by directors present. In the event of a tie vote, the motion is defeated.

17.1 Making By-laws

By-laws of the College may be enacted, amended, or revoked by a vote of **at least two-thirds of the directors present** at a Board of Directors meeting duly called for the purpose of considering such enactment, amendment or revocation.

Silent on President voting

College of Homeopaths of Ontario

11.09 – Simple Majority Unless specifically provided for otherwise under the Act, the RHPA, or the bylaws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council Members present.

25. BYLAWS AND AMENDMENTS

25.01 – Effective Date These bylaws shall become effective as soon as they have been approved by the Council.

25.02 – Amendments The bylaws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council Members present and voting at a meeting of Council called for that purpose

11.10 – Chair Vote If the Chair is a member of Council, he or she may vote.

11.11 – Tie Votes In the event of a tie vote, the motion is defeated

College of Kinesiologists of Ontario

11.09 Simple Majority Unless specifically provided for otherwise under the Act, the RHPA, or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

24.02 Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council members present and voting at a meeting of Council called for that purpose

11.10 Chair Vote If the Chair is a member of Council, he or she may vote.

11.11 Tie Votes In the event of a tie vote, the motion is defeated

College of Massage Therapists of Ontario By-Law No. 1

11.09 – Simple Majority

Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

The Health Professions Procedural Code gives CMTO's Council authority to make by-laws relating to the College's administration and operations:

Amendment or Revocation of By-Laws

3. (A) By-laws of the College may be enacted, amended or repealed by a vote in support from **a two thirds majority of the members of the Council** present at a meeting held to consider the by-law, where a quorum is present.

(B) Except for amendments of a non-substantive nature, which may be incorporated by Council following notice and at any time prior to a vote being held, written notice of all motions in respect of the making, amending or revoking of a by-law shall be circulated:

- i. At least 14 days prior to the consideration of such motion by Council; and
- ii. Where required under section 94(2) of the Code, to all registrants at least 60 days prior to the consideration of such motion.

(C) Every by-law, including every amendment and revocation of a by-law, shall be dated and numbered according to the date on which it was passed, certified by the President or Vice President, in addition to the Registrar, and maintained in electronic form in its chronological order.

11 (C) The Chair of the meeting shall not vote on any matter unless there is a tie vote, and then the Chair of the meeting shall cast the deciding vote

4.10.11 VOTING •

The decisions of the Board shall be made by motion and in accordance with the relevant Board Policy.

- Every question to be determined shall be determined by a majority of the votes cast at the meeting, **excluding the Chair's, and if there is an equality of votes on a question, the Chair shall cast the deciding vote.**

15.1 MAKING, AMENDING, AND REVOKING THE BY-LAW

The By-Law of the College or any part thereof may be enacted, amended or revoked pursuant to S. 94 (1) and (2) of the Code by a vote of **at least two-thirds (2/3) of the Board Members present** at a Board meeting duly called for that purpose.

Medical Radiation and Imaging Technologists

8.1. Questions arising at any Council meeting shall be decided by a majority of votes of Councillors present at the meeting. If there is an equality of votes, **the chair of the meeting shall not have a second, or casting vote, and the motion shall be lost.**

24. Procedure - The rules of procedure in **Bourinot's Rules of Order** shall be followed for meetings of Council. (2/3 majority to amend Bylaws)

College of Midwives of Ontario

7.07 – Simple Majority Unless otherwise required by the Code or the by-laws, Council and Committee members shall, when making decisions, make every effort to reach a consensus, defined as a state of mutual agreement among members of a group where all legitimate concerns of individuals have been addressed to the satisfaction of the group but, where a decision cannot be reached by consensus, a conventional voting process shall be used and the decision shall be made by a simple majority of the votes cast by the members present.

18.03 – Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by **a two-thirds majority of the Council members present** and voting at a meeting of the Council called for that purpose.

- b. The Chair shall be entitled to vote on matters before Council;**

College of Naturopaths of Ontario

11.09 Simple Majority Unless specifically provided for otherwise under the Act, the RHPA or these by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

25. BY-LAWS AND AMENDMENTS

25.01 Effective Date These by-laws shall become effective as soon as they have been approved by Council.

25.02 Amendments These by-laws of the College or any article thereof may be enacted, amended, or revoked by a simple majority of the Council members present and voting at a meeting of Council called for that purpose

11.10 Chair Votes If the Chair is a Council member, they may vote.

11.11 Tie Votes In the event of a tie vote, the motion is defeated

College of Opticians of Ontario

8.18 Votes to Govern Each Director is authorized to exercise one vote on every motion at a Board meeting. Subject to the RHPA and the by-laws, any question arising at any Board meeting shall be decided by a majority of votes. In the case of an equality of votes at any Board meeting, the chair of the meeting shall not have a second or casting vote and the matter shall be deemed not to have been carried.

ARTICLE 24: BY-LAWS

24.1 Making, Amending and Revoking By-laws The Board shall have the power to make, amend or revoke any or all of the by-laws or Articles therein, by resolution of a **two-thirds majority of those Directors present** at a duly-constituted meeting of the Board or, without such meeting, by written resolution which has been confirmed by the hand-written signature of all Directors

College of Optometrists of Ontario

14.01 (6) Every motion considered by a Committee shall be decided by a majority of the votes cast at the meeting. If the votes cast result in a tie, the chair shall not have a second vote and the motion will be defeated.

PART 2 - AMENDMENT OR REVOCATION OF BY-LAWS 2.01

Special Resolution is Required

(1) A Special Resolution is required to amend or revoke these By-laws, or make new By-laws.

(2) Written notice of all motions applying to the making, amending or revoking of a By-law shall be circulated:

(a) to Council Members at least 14 days prior to the tabling of such motion; and

(b) when required under Section 94(2) of the Code, to all Members at least 60 days prior to the tabling of such motion.

(3) Every By-law, including every amendment and revocation of a By-law, shall be dated and numbered according to the date on which it was passed, certified by the President or Vice-President, in addition to the Registrar, sealed and maintained in a book in its chronological order.

(2) If the votes cast result in a tie, the chair shall not have a second vote and the motion will be defeated

ONTARIO COLLEGE OF PHARMACISTS and PHARMACY TECHNICIANS

6.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. **In the event of a tie vote, the Chair shall break the tie with an additional vote.**

ARTICLE 24 MAKING, AMENDING AND REVOKING BY-LAWS

24.1 Requirements.

24.1.1 By-Laws may be made, repealed or amended by **at least two-thirds of all Directors present** at a meeting of the Board and eligible to vote.

The College of Physicians and Surgeons of Ontario authority is defined by government legislation and College by-laws

29 (8) Unless otherwise required by law or by the by-laws, every motion which properly comes before the council shall be decided by a simple majority of the votes cast at the meeting by the councillors in attendance (including a councillor who is the presiding officer) and, if there is an equality of votes on a motion, the motion shall be deemed to have been defeated.

54. (1) A by-law may be made, amended and revoked by an ordinary motion except that subclause 29(4)(b)(iv) does not permit the making, amending or revoking of a by-law.

(2) Every by-law and every amendment and revocation of a by-law shall be numbered according to the order in which it was passed, certified by the presiding and recording officers of the meeting at which it was passed and maintained in a book in its numerical order

18. Except where inconsistent with the Regulated Health Professions Act, 1991, the Medicine Act, 1991, the regulations or the by-laws of the College, any questions of procedure at or for any meetings of Council shall be determined by the chair of such meeting in accordance with the rules of order as contained in the current version of **Wainberg's Society Meetings Including Rules of Order.**

Silent on President voting

College of Physiotherapists of Ontario

4.8. **Kerr and King's Procedures for Meetings and Organizations**, Third Edition, are the rules of order for meetings of Council and form part of these By-laws.

BY-LAWS 2.8. (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Councillors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.

(2) Proposed by-laws made under the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94 (1) of the Code shall be circulated to every Member at least 60 days before they are approved by Council.

Silent on President voting

College of Psychologists of Ontario

3.14 Meetings of Council shall be conducted in accordance with Keesey's "Modern Parliamentary Procedures".
 a. A majority vote shall be defined as a majority of Council members who are eligible to vote and in attendance;

By-law 17: Procedure for Making, Amending or Revoking By-laws

17.1 A By-law may be made, amended or revoked by a resolution of Council subject to subsection 94(2) of the Code.

17.4 A copy of the By-laws made by the Council shall be given to the Minister and to each member and shall be made available to the public in accordance with the provisions of the Regulated Health Professions Act, 1991.

Silent on President voting

College of Registered Psychotherapists of Ontario

11.09 – Simple Majority Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

24.02 – Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council members present and voting at a meeting of Council called for that purpose

11.10 – Chair Votes If the Chair is a member of Council, he or she may vote¹.
 1) Ordinarily, a Chair does not vote unless it would affect the result.

11.11 – Tie Votes In the event of a tie vote, the motion is defeated

College of Respiratory Therapists of Ontario

4.11 Matters shall be decided by vote as follows:

- a) Making amending and revoking **the By-Law and regulations shall require a two-thirds (2/3) majority vote of those Council Members** in attendance.
- b) Unless otherwise required by law or by this By Law, every motion which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by those Council Members in attendance.
- c) If there is a tie vote on a motion, the motion shall be defeated.

6.01 - By-Laws of the CRTO may be made, amended, or revoked **by a two-thirds (2/3) vote of the sitting Council Members in attendance** at a duly constituted meeting or by the signatures of all actual Council Members.

College of Traditional Chinese Medicine and Acupuncturists of Ontario

- (i) Except where otherwise provided in the Act, regulations or By-Laws, every motion coming before any meeting shall be decided by a majority of votes cast at the meeting, including the chair, provided that the chair is a member of the Council. In the case of equality of votes, the chair shall not have a second vote and the motion shall be considered to be defeated.

23. BY-LAWS AND AMENDMENTS

23.01 Make, Amend, Revoke By-Law The College's By-Laws may be made, amended or revoked in the same manner as other resolutions or motions that appear before Council. A motion to amend or revoke these By-Laws requires a vote of the majority of those in attendance and voting at the meeting.

From: Robbie Berman <drrjberman@hotmail.com>
Sent: Thursday, November 16, 2023 1:22 PM
To: Joel Friedman
Subject: feedback about Bylaw amendments circulated September 19, 2023
Attachments: 1 Specific concerns to bylaw amendments.docx; 1 Ontario Regulatory colleges voting procedures.docx; 1 Ontario Regulatory colleges cooling off chart.docx

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

Hi Joel,

As you are aware, I am very passionate and knowledgeable about CCO Bylaws. There are 113 pages of proposed Bylaw amendments. I believe that the CCO feedback portal cannot capture such a large quantity of information or do justice to comments made about the most massive Bylaw changes ever proposed by CCO. Please accept this email and attachments as partial feedback related to Bylaw changes and to alert Council members to numerous concerns and inconsistencies with other Regulators in Ontario. Please include these attachments in the public feedback section of CCO's Public package for clarity and transparency. I have spent many hours with others accumulating this information. We hope Council will give proper evaluation and respect to the efforts of CCO members who had the bravery and felt it important to provide comprehensive feedback.

Currently proposed CCO Bylaw changes will make CCO very different than all other Regulators in Ontario.

1. Concerns with proposed Bylaw changes
2. Chart of how the 26 Regulatory Colleges apply "the simple majority clause"
3. Chart of "cooling off" requirements from 26 Colleges

Please let me know this feedback has been received with a confirmation email.

Thank you,

Respectfully,

Dr. Robbie Berman
CCO member since 1995
CCO Council and non-Council member 2004-2013

There are many more concerns than could be listed here about the most substantive Bylaw reforms ever postponed by CCO. With the limitations of the feedback portal, it seems to be an unreasonable request to provide complete feedback and information about the concerns of 113 pages of Bylaw reform. The feedback portal is not the right mechanism. This is the reason I submitted this type of response. Please see the attached charts to see what other Regulators consider appropriate. Over the last year there seems to be an undisclosed emphasis and rush to get new CCO Bylaws in place. Many Bylaws are inconsistent with other Regulators. Most changes have no public interest rationale. As member, I can only ask why? Is CCO hiding something?

Concern: Why has CCO Council been removed from approving finances? Inconsistent with other colleges and RHPA

4.10 Goods or services may be purchased or leased for the benefit of CCO if the purchase or lease is approved by:

(a) the registrar or the deputy registrar, if the resulting obligation does not exceed \$25,000;

(b) the registrar or the deputy registrar and one of the president, vice-president, or treasurer if the resulting obligation is between \$25,000 and \$50,000; and

(c) the registrar or the deputy registrar and two of the president, vice-president, or treasurer if the resulting obligation exceeds \$50,000.

Original clause read: (c) the Executive Committee or the Council if the resulting obligation exceeds \$50,000.

Concern: 6 year cooling off periods are not consistent with most other Regulatory colleges. How does this serve the public interest? No other College has 6 year cooling off periods across the board as proposed by CCO.

6.9 (g) the member has not resigned from a position on Council, before completing their term, within the last six years and four months;

Concern: This does not make sense for resignations due to pregnancy, health reasons, personal crisis, etc.

Suggestion: Need to re-phrase to allow reasonable exceptions and/or previous approval from Council

i) the member is not, and has not been in preceding three six 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;

Concern: eliminates competent leaders. This would create a public interest concern and a CCO bias

(m) the member has not been a member of the staff of CCO at any time within the preceding three six years; (why?)

(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;

Concern: members will no longer have the right to defend themselves? Discipline, tribunals, HPARB, or code of conduct? Is it not a person's right to bring litigation against a party that has caused them harm? Other colleges state only in a conflict if engaged in active litigation. No six year hiatus from any other college. Is this clause lawful? Unconstitutional?

(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;

Concern: this eliminates anyone from testifying against CCO. Both sides must be treated equally. It seems unethical to eliminate anyone who defends a member against CCO. This would not allow someone to act as an expert witness in court or discipline hearings. This seems protective of CCO but not ethical or in the best interest of the public. How does this clause address a public interest issue? It may be deemed unconstitutional. This only allows a member to be a witness for the CCO but threatens those who testify against CCO? Has CCO thought this through?

(p) (new) is charged with a criminal offence contrary to the Criminal Code of Canada; and

Concern: members are innocent until proven guilty; eliminates members before they are found guilty? Prejudicial?

7.11 The president of the Council shall be the chair of the Executive Committee and shall participate in the Nominating Committee. Concern: internal nomination committee creates personal bias and unsubstantiated endorsements. This has not been explained to or approved by the membership. It seems to shift the power away from Council. This seems contrary to the RHPA and eliminates the democratic election process. How is a non-democratic process in the Public interest? Why does the current Council believe these processes need to be changed?

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7.21 The president, while chairing a Council meeting or Executive Committee Meeting, votes only to break a tie after all others have voted.

Concern: President voting creates a voting bias and gives too much power to the individual who sets the agenda.

9.7 At the discretion of Council, this by-law 9 applies to Non-Chiropractic Committee Members with necessary modifications.

Concern: The Non-chiropractic appointment Bylaw 18 was created during COVID crisis in non-transparent fashion. There was no consultation with membership. There has been no public posting of this type of appointment on CCO's website or President Messages. How is CCO transparently posting this opportunity? Do other Colleges do this?

13.8 Council may, without, amending these by-laws, adjust the amount of any fees or penalties in By-law 13 to reflect annual changes to the Cost of Living

Concern: Bylaw 13 must be circulated to change fees. This is legislated in RHPA. Would this not be in breach of RHPA?

13.14 Where a member is required to complete a Specified Continuing Education or Remediation Program (SCERP), the member shall pay the prescribed fee or the fee set by the registrar.

Concern: Is a cost penalty imposed by an ICRC committee permitted by the RHPA? If not, this clause violates RHPA

Summary of Voting Procedures used by Ontario Regulatory Colleges

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CCO's Bylaw Clause 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.

Ontario Regulatory college	Year created	Has a Simple Majority voting clause (CCO Bylaw 8.8)	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Chiropractors of Ontario	1991	Yes (see above) 2023 Council applied this clause to Bylaw changes in January 2023 CCO did not apply this clause to Bylaw amendments in 2009 or 2015-16	Silent (no specific clause or specific requirements listed) Robert's Rules of order specifically referenced in CCO's Rules of Council.	2/3 of Council	Only to break the tie	Robert's Rules of Order

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO Bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Audiologists and Speech-Language Pathologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Never	Bourinot's Rules of Order
College of Chiropractors and Podiatrists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent In the event of a tie vote, the motion is defeated	Sturgis - The Standard Code of Parliamentary Procedure
College of Dental Hygienists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent	Robert's Rules of Order

Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO Bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Parliamentary Rules used or referenced Other unique clauses
College of Dental Technologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
Royal College of Dental Surgeons of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	The Standard Code of Parliamentary Procedure
College of Denturists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	majority of Council	Only to break the tie	Robert's Rules of Order
College of Dietitians of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	silent	determined by the chair or presiding officer of such meeting in accordance with the rules of order that the Board of Directors adopts from time to time.
College of Homeopaths of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	silent	Yes	Robert's Rules of Order
College of Kinesiologists of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Massage Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	None referenced
College of Medical Laboratory Technologists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	The Board of Directors shall set or adopt such rules of order that it deems appropriate to govern and guide the conduct of its meetings
College of Medical Radiation and Imaging Technologists	1991 updated 2017	Yes -not used to change bylaws	Bourinot's Rules of Order (2/3 majority required)	silent	No second vote motion defeated	Bourinot's Rules of Order
College of Midwives of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes	None referenced
College of Naturopaths of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Nurses of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	No	American Institute of Parliamentarians' Standard Code of Parliamentary Procedure

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Ontario Regulatory college	Year created	Has a Simple Majority voting clause same/similar to CCO bylaw 8.8	Required votes to amend Bylaws	Required votes to remove from a position on Council/committee	President votes	Rules used or referenced Or Other unique clauses
College of Occupational Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Only to break the tie	such rules of order as it deems appropriate to govern the conduct of each Board meeting
College of opticians of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	silent	No second vote motion defeated	Robert's Rules of Order
College of Optometrists of Ontario	1991	Yes -not used to change bylaws	Special resolution -defaults to Roberts Rules in Bylaws	2/3 of Council	No second vote motion defeated	Robert's Rules of Order
Ontario College of Pharmacists	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	2/3 of Council	Yes with additional vote to break the tie	None referenced The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.
College of Physicians and Surgeons of Ontario	1991	Yes -not used to change bylaws	Wainberg's Society Meetings Rules of Order	2/3 of Council	silent	Wainberg's Society Meetings Rules of Order
College of Physiotherapists of Ontario	1991	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	silent	Kerr and King's Procedures
College of Psychologists of Ontario	1991	Yes -not used to change bylaws	Keeseey's Modern Parliamentary Procedures	2/3 of Council	silent	Keeseey's Modern Parliamentary Procedures
College of Registered Psychotherapists of Ontario	2007	Yes -not used to change bylaws	Simple majority explicitly stated	2/3 of Council	Yes	Robert's Rules of Order
College of Respiratory Therapists of Ontario	1991	Yes -not used to change bylaws	2/3 of Council explicitly stated	silent	No	Robert's Rules of Order The Nomination Committee will consist of at least two (2) members of Council who are not running for election to the Executive Committee, at least one of whom shall be a public member and at least one of whom shall be a professional member
College of Traditional Chinese Medicine and Acupuncturists of Ontario	2006	Yes -not used to change bylaws	Simple majority explicitly stated	Simple majority	No second vote motion defeated	Robert's Rules of Order

COOLING OFF PERIODS FROM ALL 26 REGULATORY COLLEGES in ONTARIO

'Cooling Off' requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Audiologists and Speech-Language Pathologists of Ontario	1 year	1 year	12 months	6 years	silent	6 years except for nonpayment of dues	3 years	silent	silent
College of Chiropractors and Podiatrists of Ontario	1 year	silent	5 years	3 years	silent	6 years -except for nonpayment of dues	3 years	3 years except if resigned with permission	silent
College of Dental Hygienists of Ontario	1 year	1 year	1 year	6 years	3 years	silent	3 years	silent	1 year after being part of a legal proceeding against the college
College of Dental Technologists of Ontario	1 year	1 year	12 months	3 years	silent	6 years - except for nonpayment of dues	3 years	silent	silent
Royal College of Dental Surgeons of Ontario	3 years	6 years	5 years	never	never -has an Eligibility Committee to evaluate	silent	silent	silent	never
College of Denturists of Ontario	1 year	Not current employee	3 years	3 years	silent	6 years	6 years	silent	current proceedings
College of Dietitians of Ontario	3 years	2 years	3 years	never	never	6 years -except for nonpayment of dues	3 years	silent	current proceedings
College of Homeopaths of Ontario	Agrees to resign before taking office	2 years	silent	3 years	silent	6 years	3 years	silent	silent
College of Kinesiologists of Ontario	3 years	3 years	3 years	3 years	a criminal finding relevant to the registrant's ability to practise the profession	silent	3 years	3 years - other than for health or personal reasons acceptable to Council	silent

'Cooling Off' requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Massage Therapists of Ontario	2 years	2 years	silent	6 years	guilty of an offence that is relevant to their suitability to serve	6 years -if related to discipline order	6 years	silent	silent
College of Medical Laboratory Technologists of Ontario	12 months	12 months	12 months	silent	silent	6 years - except for nonpayment of dues	5 years	silent	6 years
College of Medical Radiation and Imaging Technologists	12 months	silent	silent	3 years	silent	6 years	silent	silent	silent
College of Midwives of Ontario	12 months	Cant be current employee	silent	3 years	silent	6 years -except for nonpayment of dues	3 years	silent	silent
College of Naturopaths of Ontario	2 years	2 years	silent	3 years	Prior conviction or current charges	6 years -except for nonpayment of dues	3 years	silent	current
College of Nurses of Ontario	Resign before nomination deadline	Resign before nomination deadline	3 years	3 years	silent	6 years -except for nonpayment of dues	3 years	16 months	silent
College of Occupational Therapists of Ontario	3 years	6 years	3 years	6 years	Finding of guilt relevant to suitability to practice	silent	6 years	3 years	current
College of opticians of Ontario	3 years	3 years	3 years	6 years	silent	6 years -except for nonpayment of dues	6 years	silent	6 years
College of Optometrists of Ontario	Resign if elected	silent	silent	Current proceeding	silent	silent	6 years for Council 3 year to committees	silent	silent
Ontario College of Pharmacists	3 years	silent	3 years	No current finding	current	6 years	6 years	silent	current

'Cooling Off' requirements	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Physicians and Surgeons of Ontario	1 year	5 years	never	silent	silent	6 years	5 years	5 years related to a proposed disqualification	silent
College of Physiotherapists of Ontario	12 months	12 months	1 year	6 years	relevant to the Registrant's suitability to serve as a Councillor	silent	3 years	silent	current
College of Psychologists of Ontario	1 year	1 year	silent	2 years	2/3 of Council vote to disqualify	6 years	silent	silent	silent
College of Registered Psychotherapists of Ontario	1 year	12 months	silent	3 years	opinion of Council, is of such a nature that warrants disqualification	6 years -except for nonpayment of dues	3 years	silent	6 years after being part of a legal proceeding against the college
College of Respiratory Therapists of Ontario	current	12 months	silent	6 years	offence relevant to their suitability to be licensed	silent	6 years	silent	silent
College of Traditional Chinese Medicine and Acupuncturists of Ontario	2 years	1 year	3 years	6 years	in the opinion of Council, is of such a nature that warrants disqualification	6 years	3 years	3 years	current

COOLING OFF PERIODS BEING RECOMMENDED TO COUNCIL BY CCO EXECUTIVE (compared to other Colleges)

'Cooling Off requirements Ontario Regulatory colleges	after being a director of an association or employee of an educational institution	after being an employee of the College	after 9 consecutive years on Council	after discipline decision	After guilty of criminal offence	after license revoked or suspended	After being disqualified from Council	After resigning from Council	After litigation or other legal proceedings against the College or members of Council
College of Chiropractors of Ontario	Currently 3 years	Currently 3 years	3 years	6 years	Currently none	6 years	6 years	Currently 3 years and 4 mths	Currently none
Proposed Cooling Off requirements	Proposing to make 6 years NO other college requires 6 years All other Colleges require 0-3 years	Proposing to make 6 years ONLY 3 Colleges requires 5-6 years All other Colleges require 0-3 years	No change Most Colleges require 0-3 years 2 colleges require 5 years 9 Colleges are silent 1 college is never	Just amended from 3 years in Jan 2023 10 Colleges requires 6 or more years 13 Colleges require 3 years or less 2 Colleges are silent	Proposing to make a 6 years NO other college requires 6 years 12 Colleges are silent 8 Colleges evaluate suitability to practice and whether it warrants disqualification 2 Colleges are never 3 Colleges unclear and unique	Just amended from 3 years in Jan 2023 18 Colleges requires 6 years most say "except for nonpayment of dues" 7 Colleges are silent	Just amended from 3 years in Jan 2023 13 Colleges requires 3 years 9 Colleges requires 5-6 years 3 Colleges are silent	Proposing to make 6 years and 4 months NO other college requires 6 years ONLY 4 Colleges requires 3 years 19 Colleges are silent 1 College requires 5 years 1 College requires 16 months	Proposing to make a 6 years ONLY 3 Colleges requires 6 years 7 Colleges only if involved in current proceedings 1 College requires 1 year 14 Colleges are silent

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Summary

A "6 years Cooling Off period" was not found to be consistent with most Regulatory colleges except in matters related to Discipline decisions, a revoked license, or a disqualification from Council after a proper investigation and vote by Council.

Most colleges have between 1 to 3 years "cooling off period" from associations, educational institutions, and staff positions.

A 6 year Cooling Off period following litigation/defending oneself against the College may be considered unconstitutional.

Joel Friedman

612 -

From: Robbie Berman
Sent: Friday, November 17, 2023 1:30 PM
To:
Cc:
Subject: (Private and Confidential) Questions and Concerns for CCO Council members to review
Attachments: Concerns and observations.pdf; Bylaw 8.8 review of 26 colleges.pdf

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 Dr. Green, CCO President and elected Council members,

Many CCO members are seekers of truth, transparency, and fairness. As such, we collectively ask CCO Council members to evaluate and investigate all information provided. As a matter of transparency, we ask that this email and attachments be forwarded to the public members of Council. Not all public members have emails publicly available. This email contains extensive research into concepts currently being evaluated by CCO Council. The information collected has been gathered from the Ontario Government, government reports, Ontario Regulators, past CCO Council members, CCO members, CCO's website, past Council packages, past CCO newsletters, and public observers. Included are various questions and concerns from CCO members.

This information is being sent in good faith and intended to assist the 2023 Council in decision making. This information is being sent directly to all elected members of Council in order to ensure each elected Council member receives the same information at the same time.

As a past Council member, indemnified by Bylaw 10, multiple CCO members have entrusted me to show honesty and integrity and be brave enough to submit elaborate correspondence. This collaboratively collected information is submitted on behalf of many CCO members to help protect the integrity of CCO, ensure the current CCO Council is aware of and follows established procedure, and to avoid the current CCO Council from unknowingly exposing the organization to further challenge or legal proceedings. CCO has spent unprecedented amounts of money on legal challenges, hearings, and Code of Conduct proceedings recently. We believe spending members' dues, on avoidable legal proceedings, is not in the best interest of CCO, CCO members, or the public. With fiscal responsibility listed as a strategic objective, it is suggested CCO Council has a financial responsibility and fiduciary duty to immensely evaluate all concerns and feedback, along with all other aspects of amending Bylaws, before moving forward with substantial concept changes to CCO Bylaws. We trust that by having complete information in front of Council members, Council will have the integrity to thoroughly read, evaluate, verify, and identify what is fact. CCO is expected to follow transparent processes and proper procedures. CCO's conduct and adherence to procedure are on public display. It is not the intention of this submission to anger anyone or for anyone to take comments personally. The purpose of this submission is to assure CCO remains viable and is allowed to continue to regulate the Chiropractic profession in the public interest. CCO Members have expressed true concerns about the sustainability of self-regulation. As a past Council member, I can truly appreciate the effort, commitment, and humility needed to serve on CCO Council. Thank you to all for your dedication.

The first email attachment is an observational report about very real concerns, expressed by various members and outside observers, in regards to the June 21, 2023 and September 8, 2023 Council meetings. There are additional concerns about the upcoming November 23, 2023 meeting. This report is submitted to enhance clarity, truth, and transparency; it is not intended to discredit individuals or Council.

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(from November 13, 2023 email)

There remains very serious concerns around the accuracy surrounding the January 20, 2023 Council meeting and the President's Message from January 24, 2023. The concerns stimulated extensive research into Bylaw amendments.

It is doubtful CCO will receive extensive feedback about Bylaw reform from individual members but that does not equate to CCO amendments being appropriate or acceptable to the membership. CCO has proven not to be a safe environment to submit feedback. Members have become scared that CCO will attack those who dissent. CCO Members, including past Council members and past CCO Presidents, have seen their feedback and information ignored. This has created a culture of mistrust.

The (second email) attachment is a comprehensive review of the other 25 Regulatory Colleges use of "The Simple Majority Clause." It is noted that not a single other Ontario Regulatory College has been found to apply this clause to amend Bylaws. It is also noted the majority of Regulatory Colleges explicitly state and require a 2/3 majority. This is consistent with Robert's Rules of Order; the gold standard.

For clarity and simplicity, charts have been developed by a group of CCO members that accurately show how each of the other 25 Regulatory Colleges approach voting on Bylaw amendments, President voting, and cooling off periods. Those charts have been submitted separately as feedback related directly to the Bylaw amendments being circulated.

Council members are welcomed and expected to verify the authenticity of this information. Thank you in advance for taking the time to review this important information.

Respectfully,

Dr. Robbie Berman
CCO member since 1995
CCO Council and non-Council member 2004-2013

November 17, 2023

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Attention: Dr. Sarah Green, CCO President, and CCO Council members

Cc: Ms. Willson, Registrar, and Mr. Friedman, Deputy Registrar

This letter is to report very real concerns to the 2023 CCO Council. Concerns relate to CCO Council meetings, transparency, and availability of and access to public information. Major concerns revolve around the appropriateness of the massive fundamental Bylaw changes recommended by the 2023 Executive Committee.

Comments and concerns submitted here are to assist, add historical perspective, and to provide and ask for clarity. This information is submitted in good faith. Comments are not intended to discredit individuals or Council. Questions and comments are not an individual's view, rather a collection of comments from CCO members and outside observers who have expressed concerns regarding the observable behaviour of the 2023 CCO Council.

Question: Does the current CCO Executive and the 2023 CCO Council understand that recommending any changes to a CCO document requires CCO Council to publicly disclose and discuss all relevant information under consideration? Does the current CCO Executive and the 2023 CCO Council understand the necessity to provide reasonable explanations why each proposed change would better serve and protect the public interest?

Multiple observers at the September 8, 2023 Council meeting found the meeting extremely concerning. Concerns revolved around statements made that seemed to be or perpetuate misconceptions, misinterpretations, or misunderstandings about established and recommended governing policies. Additionally, there were concerns around transparency, information bias, appearance of personal bias, conflicts of interests, and limited information being made available to the public. These concerns are genuine and there is a reasonable expectation that CCO Council will undertake a transparent, comprehensive, and appropriate investigation into each of the concerns.

Is Council aware: prior to the pandemic in 2020, CCO had no nomination committee for internal elections, the Ontario Government emphasized transparency over confidentiality, and both Regulation and Bylaw amendments required a 2/3 majority vote. This is verifiable information.

Misconceptions/Misinterpretations

- 1) It was stated that only the Colleges of Nurses of Ontario require a 2/3 majority to change Bylaws. This can be shown to be incorrect.
- 2) There seems to be a presumption by the 2023 Council that CCO has always required just a simple majority to amend Bylaws. This can be shown to be incorrect.
- 3) It has been stated that Bylaw clause 8.8 applies to all business of CCO and was meant to be used for making and amending Bylaws. This can be shown to be incorrect.

There is a question whether the 2023 CCO Council recognizes CCO meetings are on public display. The public, CCO members, other stakeholders, various groups, and representatives from the Ministry of Health are observing. There is a question whether the 2023 Council understands that the primary purpose of a public Council meeting is to conduct all CCO business transparently, and that means, in front of the public. The Government explains public Council meetings as the way to update Council, stakeholders, and the Ontario public about the issues of the day and about the work being done at the committee level. Open meetings and public discussion, revealing what each committee is recommending or doing behind closed doors (committee work occurs behind closed doors), is the expected norm. Transparent Council discussions as well as publicly presented committee reports demonstrate to the public that CCO's activities focus on serving and protecting the public interest. Council meetings are necessary, not just for CCO Council to consider recommendations or make decisions, but to publicly display why such recommendations and decisions are made. Any lack of transparency or inconsistencies in process may expose CCO to challenge and may lead to irreparable harm. This is real a concern.

Respectfully, with only two Council members remaining from the pre-pandemic days, the 2023 Council has limited Council experience predating the pandemic. It appears to observers some of the past institutional knowledge and established institutional procedures have been undisclosed, lost, or forgotten. There seems to be confusion about what is meant by "manage and administer the affairs" of the college (in RHPA) compared to 16 Council members expressing person opinions about how they would like CCO to function. CCO is not suppose to be ruled by people or opinion, rather by consistent fair process and transparent procedure. This is real concern.

Question: How does the most massive re-write of CCO Bylaws ever proposed in CCO's 30 + years of existent better serve and protect the public interest? Why are such changes being rushed and forced into existence?

Modernization of CCO Bylaws, including gender neutrality and aligning CCO Bylaws to be consistent with other Regulators, is an admirable goal. However, that is not all that is being proposed within the currently circulated amendments. This most recent CCO Bylaw reform seems to incorporate undisclosed opinions. Little, if any, public rationale to explain how or why such changes better serves the public interest accompanied the circulation. Many proposed changes are not consistent with the majority of other Ontario Regulators. This is real concern.

Question: How does eliminating the chiropractic leadership from running for Council after serving on any other chiropractic organization serve the public interest? For CCO, an organization that is focusing on selecting and developing competency, this does not make logical sense. Members who have developed board competency by serving in other capacities at various chiropractic organizations would be unreasonably ostracized for 6 years. Even if a 1-3 year cooling off period is justified (used by other Regulators), how does a 6-year hiatus allow anyone to maintain competency? Where else can potential candidates develop and maintain competency?

Numerous new restrictions raise ethical questions. Not allowing a member, who has been involved in litigation with/against CCO or with/against an individual on Council, from being eligible to run for CCO Council seems questionable and may be unlawful. This has never been part of CCO Bylaws before. Removing someone's fundamental right to defend themselves seems threatening and unethical. Is CCO suggesting an appeal to HPARB (tribunal) or an appeal to courts (litigation) or appearing as an expert witness on behalf of another CCO member would eliminate that member from running for a position on Council? This seems unreasonable and might be considered unconstitutional. As written, CCO would only allow members to testify on behalf of the College and not on the other side of an argument. Clauses like this seem to protect individuals involved with CCO, but how does it protect the public interest? These new clauses have the very real potential of exposing CCO to unnecessary risk and possible legal challenge. When any regulator is challenged in court, win or lose, they lose in the public eye; sometimes public respect and sometimes trust. Financial responsibility and fiduciary duty suggest it is in Council's best interest to further investigate these issues. Bylaw changes cannot and should not be rushed. A comprehensive investigation may lead to needed re-phrasing in the public interest.

Identifying these weaknesses in the current proposal of Bylaw reform, reveals the 2023 CCO Council may not have allocated the necessary time and attention to evaluate each amendment in an all-encompassing way. It has become extremely alarming how little investigation has occurred into researching the basic concepts of why a 2/3 majority is the accepted gold standard, used by many institutions and the majority of Ontario Regulators, compared to a simple majority. It is frightening to hear individuals express that they 'feel' a simple majority is best. Regulatory Colleges must adhere to logical and defensible principles. Since January 2023, CCO Council has proposed the greatest number of new amendments and changes to Bylaws than have ever been proposed in CCO's 32-year existence. This is truly shocking to observers and does raise serious questions. It is reasonable to expect the 2023 Council, having so many newer members, would spend the necessary time and resources to seek out and analyse all the facts before forever changing CCO Bylaws. With respect, many observers feel there is not enough experience on Council or enough justification presented by Council to propose such drastic changes to CCO Bylaws. Making changes to CCO Bylaws is a serious undertaking and changes must only be implemented after a comprehensive investigation and a thorough understanding of the process. Complete evaluation of ethics, legality, and justifiability are necessary tasks before implementing any substantial changes to established Bylaws.

Ministry of Health representatives explain that substantial changes to governing rules (Bylaw construct) must be clearly explained, and must answer, with appropriate justification and comprehensive rationale, each change as to:

- 1) Why a change is required?
- 2) What change is being proposed?
- 3) Have public discussion and public rationale about how the proposed change better serves the public interest?

We collectively implore the 2023 Executive and CCO Council to gather all the relevant facts before embarking on re-writing or finalizing the rules that govern themselves. The amount of membership response is less important than the substance and quality of each submission. The Ontario Government expects governing Bylaws to remain relatively consistent and stable among Regulators. The newly proposed Bylaw changes are the most drastic and numerous in CCO's history. Council has introduced changes that will make CCO a stand-alone College in regards to many new stances proposed within the recently circulated Bylaw amendments. This is a real concern.

Internal Nomination Committee: Internal selection committees are rife with inherent conflict of interests, appearance of bias, and personal opinion. For a nomination committee to be successful, anyone selected to serve on a nomination committee would need to have specialty training on competency selection. If not, any recommendations are just personal opinions and unqualified endorsements. Real conflicts exist when someone nominates oneself (direct conflict of interest) or by selecting "friends" (appearance of personal bias). This is inevitable with this newly introduced nomination committee first implemented for internal elections in 2021. Mr. de Domenico highlighted this "elephant in the room" at the September 8, 2023 Council meeting. By reviewing Cayton reports, a nomination (selection) committee was a recommendation to aid in selecting skilled and competent committees. However, for a nomination (selection) committee to be unbiased and truly qualified, Cayton suggests that the committee would need to be external to Council. Members of a nomination committee would need to show a superior ability to select competency over that of Council members. If not external, the powers of Council would shift into the hands of only a few individuals on Council instead of Council as a whole. This seems contrary to the RHPA. Endorsements from any nomination committee (internal or external) would not necessarily assure competency but does open the door to the possibly of unsubstantiated endorsements, personal bias, and creates an unlevelled playing field. It is noted, Council members are not permitted to endorse any candidate running in an external CCO election (election to Council), and so, it must be questioned why internal endorsements are permissible or considered best practice? The RHPA grants Council the powers to "manage and administer the affairs" of the College. A nomination committee shifts this power to a few individuals. There is a very real potential for abuse. The introduction of an internal nomination committee, created by the CCO Executive in 2021, has not necessarily proven to produce improved competency. Bylaw 7 describes the fair and well-established democratic internal election process. An internal Nomination Committee seems inconsistent with the RHPA and Bylaw 7. This is a real concern.

President voting: There are well-established and clear reasons why a President does not vote except when voting by secret ballot (ie. internal elections). The President sets the agenda, facilitates discussion, and is in a leadership role. This creates an inherent bias in deciding what items appear on the agenda, what issues are discussed at Council, and for how long. When Council members observe the actions of the President, one may be influenced by or simply copy the actions of the President out of fear or admiration. This creates a voting bias. Even when the President votes last, and only to break a tie, it still gives tremendous power to one individual. This is contrary to the RHPA. This is why it is suggested the President votes to maintain status quo (if tied, President votes to defeat the motion). Although legally the President may be entitled to vote, the ethical considerations come into play when that single vote could alter the results. Council is on public display; it remains vital for the integrity of the organization that the opinion of the President is not the one deciding vote. This is a real concern.

Transparency: Questions continue to swirl why complete and comprehensive background information is not being distributed, presented, discussed, or published in CCO Council packages. This is a real concern.

Is Council aware: The Public package for the September 8, 2023 Council meeting was missing much of the information that was provided to each Council member? Below is the relevant legislation that clearly spells out what information is legislatively required to be made available to the public and Council members alike.

SCHEDULE 2 OF THE HEALTH PROFESSIONS PROCEDURAL CODE

Meetings

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

Posting of meeting information

(1.1) The College shall post on its website information regarding upcoming meetings of the Council, including the dates of those meetings, **matters to be discussed at those meetings, and information and documentation that will be provided to members of the Council for the purpose of those meetings.** 2017, c. 11, Sched. 5, s. 8.

Is Council aware: Not a single page referenced by any committee chair presenting a report or making a recommendation to Council on September 8, 2023 was made available in the public package? Not a single draft document was included in the public Council package. By observing the public portion of the Council meeting, it seemed as though even Council members had limited information about the topic being discussed. Council discussion seems to lack a fulsome and balanced understanding of enormity of the topics. There was no past precedence discussed. No one explained or asked “why” the current document say what it does? No Council member asked “why” is the proposed change necessary? or “how” does the proposed change better serves the public interest? The bias to reach a pre-determined conclusion was palpable. It is commendable Council voted to circulation all documents for stakeholder feedback. Consultation and feedback is considered best practices according to the June 21, 2023 SML Law presentation.

Nowadays, CCO seems to emphasis confidentiality over transparency. The Ontario Government expects the primary focus of a Regulator to be that of transparency. Without full transparency it becomes almost impossible for the public to reasonably be ‘in the know’ of what Council is discussing, deliberating, and what information is being considered in making a decision. With much of the information not included in the public package, it became next to impossible for observers to comprehend if the September 8, 2023 Council package contained fulsome information, if the information was well balanced, or if the information evaluated was incomplete. There seems to be a transparency issue related to what information is available to the public. This is a real concern.

Cayton stated, “Conflicts arise when there is a real or perceived clash between two different objectives or responsibilities. When activities are carried out in secret, you must ask what it is an organisation is trying to hide? When that organisation is a legal regulator, aware that justice not only needs to be done but to be seen to be done, doubts may be justified.”

At the June 21, 2023 Council meeting, according to the SML Law training session, transparency is 1 of the 4 core fundamental responsibilities of a Regulatory board. It was stated, only 4 % of Council (1 of 16 Council members) chose transparency as one of their top 4 core responsibilities. This was very telling and is a real concern.

Is Council aware: In 2014, the Honourable Minister of Health Dr. Eric Hoskins instructed all Regulators to become more transparent with their processes, provide more information to the public, and required more information to appear on the public register (see CCO website). Some Colleges have transparency position statements on their website. CCO does not.

Is Council aware: Only 36.6 % of the September 8, 2023 Council package was made available to the public? There were only 378 pages in CCO Council's public package. The actual Council package contained 1033 pages.

It is reasonable to expect the public package did not contain the Executive minutes. Committee minutes remain confidential. Council also has the ability to keep legal opinion privileged. However, Steineke Grey Zone article 2015 and the Registrar's report in CCO's 2015 Annual Report discusses how this is not always the best choice.

It can be assumed pages 15-39 were the Executive committee minutes excluded from the public package. Following this gap, the public package is missing pages 41-43, 49-364 (a 315 page gap). Following this massive gap in information, the public package is missing pages 373-482, 497-504, 506-518, 529-544, 547-555, 557-562, 610, 613-630, 720-758, 767-771, 786-788, 815-819, 821-828, 853-888, 892-900, and 910-951.

Schedule 2: The Health Professions Procedure Code section 7 of the RHPA codifies 'items to be excluded' from the public. Can all the non-disclosed information be justified under section 7? This is a real concern.

Bylaw Reform: It behooves any organization that, before making sweeping changes to the Bylaw rules that govern themselves, the organization identifies and clearly understands where the original rules came from and why the current rules say what they say. It is a necessity to have a comprehensive understanding why the rules, currently in place, were/are considered best practices and how and why they serve and protect the public interest. The next step is developing a clear understanding of the mechanisms and process required to approve Bylaws. This critical analysis is a prerequisite before embarking on or introducing substantial Bylaw amendments.

Undoubtedly, there are undisclosed legal and other personal opinions differing in perspective. Opinions might suggest that the proposed Bylaw changes are in some way beneficial and can be adopted by a simple majority. However, none of that information was made public, discussed publicly, or published in CCO's public package. Even if such opinions exist, understanding past precedence, past procedures, and the original rationale for the rules currently in place, would be considered by most to be an essential component of best practices, proper process, transparency, and due diligence. Cayton states, "Council members should remember that whatever the legal advice, it is only advice; they are responsible for the decision."

The information that follows is intended to assist the 2023 CCO Council in understanding and thoroughly investigating CCO's past protocol and recognized well-established procedures. The 2023 Council has the same responsibility as past Councils to make appropriate and transparent decisions consistent with its mandate:

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).

Starting at the beginning...

CCO is 1 of 26 Colleges regulated by the Ontario Government. CCO was 1 of the original 21 Regulatory Colleges established in 1991. These 21 Colleges were distributed the same set of Bylaw templates to assist each College in developing consistent foundational rules that would govern their respective organizations in the public interest. In 2001, CCO implemented a set of Bylaws. These were the Rules of Order setting out how CCO will behave and operate. The CCO Bylaws incorporated and defaulted to Robert's Rules of Order by reference in Bylaw 8.18.

In 2005, the Red Tape Act permitted CCO to revoke two Regulations namely:

O. Reg. 910/93: ELECTION OF COUNCIL MEMBERS (ontario.ca)

O. Reg. 672/93: COMMITTEE COMPOSITION (ontario.ca)

The Ontario Government allowed CCO to revoke Regulations O. Reg. 910/93 and O. Reg. 672/93 based on CCO having its election processes additionally codified within CCO Bylaws 6 and 7 by 2001.

- By-law 6: Election of Council Members
- By-law 7: Elections (within Council)

To make, amend, or revoke a Regulation requires a more onerous process than is required to make or amend a Bylaw. Amending a Regulation requires circulation for 60 days, 2/3 majority of Council in favour, and a recorded vote. Even then, a Regulation still requires final approval by the Ontario Government. These requirements have not changed in 2023. Directed by the Ministry of Health, CCO recently used these precise procedures (rules) to amend Regulation 137/11 when adding the "Emergency Class" of Registration.

Recognizing CCO's Election of Council Members and Committee Composition Bylaws were originally set out in Regulations, it can be objectively understood why the 2/3 majority requirement to amend Election Bylaws remained. Recently, CCO claimed Bylaw amendments no longer require a 2/3 majority. This is a real concern.

There are interrelationships between Bylaws and Regulations described in section 43 of the RHPA and in Sections 94 and 95 of the Health Professions Procedural Code. Regulations and Bylaws establish fundamental organizational rules. The difference, Regulations require final government approval whereas Bylaw only require Council approval. The Ministry's (best practices) protocol can be found within the February 24, 2023 Council package. Regulations and Bylaws are expected to remain relatively stable according to the Ministry of Health.

Understanding the "why" Regulations, Bylaws, and other special business of Council, including the removal of a Council member from a chair or an Executive position, requires a 2/3 majority, is essential. Requiring a minimum of a 2/3 majority to change any foundational or fundamental rule is well established in Robert's Rules of Order. Votes, requiring a 2/3 majority, eliminate the very serious risk of a simple majority disrupting the functions of Council. By understanding the principles and purposes behind Bylaws, as the foundational rules that governs organizational behaviour, one can recognize changing these fundamental rules by a simple majority exposes an organization to the unintended risk of upheaval by a majority alliance. This is a real concern.

There seems to be a promoted belief that a simple majority vote to amend CCO Bylaws has always been the status quo at CCO. This is untrue. This fact can be verified by speaking to past Council members and by reviewing past Council minutes. A 2/3 majority is CCO's well-established norm. The change to a simple majority could not be found in CCO minutes or within the CPMF or any other government report. Since CCO is working towards best practices, it is reasonable to assume CCO has and can point out to members a recognized authority, which substantiates a simple majority would be considered a new gold standard or best practice. This is a real concern.

A recent review of CCO Bylaws reveals there have been over 40 dated amendments since June 2019. This does not include the newest proposals. Major changes occurred in the midst of COVID but were not COVID related. Limited, if any circulation or request for feedback occurred before approving such changes. This is a real concern.

Frequent Bylaw amendments were rare before 2019. CCO first amended its Bylaws in 2009. At that time, all proposed Bylaws amendments were circulated for 60 days to be transparent and for ethical reasons, even though not legally required by the RHPA. The Bylaws were then approved sequentially but individually. Each Bylaw required a 2/3 majority; the vote was recorded. The primary reason for updating Bylaws in 2009 was due to changes in legislation requiring Bylaw amendments. The process was thorough, completely transparent, driven by full disclosure, and included publicly presented logical explanations for every change. Legal requirements were not the only measure stick. The goals were to live up to CCO values of integrity, respect, and transparency.

In 2015-2016, the Ontario Government once again required CCO to amend its Bylaws because the Ontario Government increased the transparency requirements in the RHPA. Again, the same 60-day circulation was followed by a 2/3 majority vote. This was CCO's established protocol to amend Bylaws. This can be verified.

If the currently proposed amendments proceed without Council comprehensively investigating the rules around making Bylaw changes, Bylaw 6 (Elections) will have changed 10 times in the last 5 years. For a Bylaw, originally codified in Regulation (O. Reg. 910/93), amending it so frequently seems highly unusual. Knowing this, it is suggested CCO revert back to the previous well-established 2/3 majority requirement used by CCO pre-pandemic and to limit the frequency of Bylaw changes. A full 60-day circulation is considered best practice and is utilized by other Regulatory Colleges. Some Regulators display this 60-day requirement on their website.

Robert's Rules of Order extensively describes, explains, and justifies the principles of why a 2/3 majority is required in Bylaw reform. Bylaws act as the measuring tools for past, current, and future Councils to function under consistent framework. Without stable processes and procedures each year's Council could do its own thing. The optics, fairness, and transparency of the organization would be called into question. This is a real concern.

Since the Special Meeting of Council on January 20, 2023, where CCO Council abruptly amended Bylaw 6 (Elections), there has been ever expanding questions and concerns. This was the first time CCO Council introduce a 6-year cooling off period. No rationale was provided at the time to justify this substantial change, other than a few other Regulators had done so. There was no public discussion about why the 1 or 3 year cooling off periods were no longer sufficient. There was no discussion about why the other 20 + Colleges did not change their cooling off periods to 6 years. No discussion of what matter of public interest was being addressed by implementing these changes or why such changes better served the public interest. This is a real concern.

Then, by a simple majority vote (6-5), 30 years of precedence was altered. Not a single elected member of Council voted in favour of the change. This was the first time CCO publicly claimed Bylaw amendments only required a simple majority. This raised serious red flags. The declaration of only needing a simple majority seems inconsistent with 30 years of past precedence and is out of step with Robert's Rules of Order. Robert's Rules of Order is the gold standard and remains CCO's default listed in its Rules of Order. This is a real concern.

On November 13, 2023, the public Council package for the November 23, 2023 meeting had already been posted on CCO's website. The Executive report states, "I anticipate the following recommendation at the November 23, 2023 Council meeting". "Recommendation 2: That Council approve the bylaw amendments as circulated".

With the closing date to submit feedback not until November 19, 2023, it seems that the Executive report reveals a pre-determined conclusion without considering or implementing any changes or taking the necessary time at Council to analysis the solicited stakeholder feedback. Feedback, yet to come in, might identify problems that require consideration by Council. There may be suggested improvements, which would need to be integrated into Bylaws before finalizing. Evaluating all suggestions and feedback would be in the spirit of self-regulation, transparency, due diligence, and best practices. If the purpose of the circulation is truly to gather comprehensive feedback from stakeholders, it is questionable why this premature recommendation. It is justified to ask whether further feedback is going to be included and properly considered or left out and ignored. This is a real concern.

Having the seven Executive Committee members (44% of Council), who have already reported there intention to approve amendments, creates a voting bias. Without having a fulsome discussion and comprehensive review of all feedback at the Council level, it seems as if the Executive Committee is, for all practical purposes, making and amending Bylaws. It is questionable why the Executive Committee feels they collectively can serve as a Bylaw Review Committee. Observers, who understand the RHPA, suggest this seems most inappropriate.

Executive Committee's exercise of Council's powers (stated in The RHPA)

12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law. This is a real concern.

Members remain hopeful that the 2023 Council will take these concerns seriously and comprehensively investigate the 20 + questions and concerns listed. Should these concerns and information be ignored, there is a very real possibility such behaviour will trigger an external investigation. The Minister, according to the RHPA, has the ability to impose a College supervisor should CCO Council be deemed not to be focused on serving and protecting the public interest. This has happened to other Regulatory Colleges in the past. This is a real concern.

As CCO members, we simply ask that the questions and concerns within this letter be properly considered, addressed, and CCO Council prepare and provide the membership with a transparent response before moving forward with Bylaw reform. There is no expectation or request for CCO to go backwards or unwind the past. There is a reasonable expectation that CCO Council, vested with new knowledge and a thorough understanding of past precedence, will move forward cautiously and with integrity congruent with its mandate to serve and protect the public interest. Massive, substantial, and rapid Bylaws changes have the very real potential of causing irreparable harm to self-regulation of the Chiropractic profession. All information is submitted in good faith and is intended to assist the 2023 CCO Council so it may adopt the most appropriate, fair, and transparent procedures consistent with best practices and the RHPA.

Thank you for your indulgence.

A Review of Ontario Regulatory Colleges Requirements for Amending Bylaws

CCO President's Message from January 24, 2023 suggested Bylaw clause 8.8 is applicable to changing Bylaws

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.

Upon review, all 26 Regulators have a 'Council Meeting' Bylaw similar to CCO'S Bylaw 8 (specifically clause 8.8). By reviewing all 26 Regulatory Colleges' websites, it was noted that no Ontario Regulatory College was found to apply their "Simple Majority clause" to amend College Bylaws. The 2023 CCO Council stands alone.

Most Ontario Regulatory Colleges have a separate section within their Bylaws containing specific rules on how to amend Bylaws. CCO does not. CCO has always defaulted to Robert's Rule of Order. It is the gold standard. Robert's Rules clearly state Bylaw amendments require a minimum of a 2/3 majority. The "Simple Majority clause" (CCO's 8.8), originated from an Ontario Government template which all Regulators were given as the standard framework to develop College Bylaws. CCO Bylaws came into effect in 2001. In 2023, the wording of Bylaw clause 8.8 remains identical to the original wording from 2001; the Bylaw wording has not changed. However, for some undisclosed reason, the current CCO Council is interpreting Bylaw clause 8.8 completely different from previous CCO Councils. This new interpretation is inconsistent with all other Regulators in Ontario. Clause 8.8, as written, applies to "ordinary business" of Council. Clause 8.8 was never intended to apply to "special business" such as amending Bylaws. The Ontario Government explains Regulations and Bylaws are very different from all other College business and separate rules do apply. Bylaws are the foundational rules that govern the organization (akin to articles of incorporation). Consistency and transparency is expected across all Ontario Regulators when dealing with similar situations (with minor exceptions). Therefore, Bylaws are to be rarely altered unless there are changes in legislation or directed by the Ontario Government. Reviewing Ontario Regulatory Colleges' websites demonstrate the stability and overall consistency across all Regulators. Included for review: CCO's specific reference to Robert's Rules of Order, a simple explanation on how to amend Bylaws from Robert's Rules of Order, and relevant Bylaw clauses from the other 25 Regulatory Colleges for comparison.

SUMMARY

NB. The Ontario Regulatory Colleges that have been evaluated for regulatory excellence namely, the College of Nurses, Dentists, and Occupational Therapists all explicitly codify a 2/3 majority is required to amend Bylaws.

15 of 21 original Regulatory Colleges (1991) explicitly codify a 2/3 majority is required to amend their Bylaws. I.e. In 2023, College has specific clauses within their Bylaws stating a 2/3 majority is required to amend a Bylaw.

1 original Regulatory College explicitly codifies that a simple majority is all that is needed to amend a Bylaw. (physiotherapists).

5 original Colleges have no specific wording pertaining to Bylaws amendments (silent); CCO is 1 of these.

The Regulatory Colleges that do not specifically mention how to amend Bylaws (silent on requirements) do reference a parliamentary process as the default. Since 2001 CCO has relied on, referenced, and defaulted to Robert's Rules of Order. Robert's Rules of Order are referenced in CCO's Rules of Order of Council.

BLUE – Simple Majority clause (Clause 8.8) or its equivalent from other Regulatory colleges

BLACK – Specific Bylaw clauses describing requirements for amending Bylaws from other Regulatory colleges

RED - Clause related to whether a President votes or not from other Regulatory colleges

Rules of Order of the Council of the College of Chiropractors of Ontario Approved by Council September 20, 2014 Amended: June 17, 2020

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.

Robert's Rules of Order

Robert's Rules provide guidance on how to amend constitutions, bylaws, and rules of order¹. **Bylaws can't be changed unless the members get previous notice of any proposed change and a large majority (commonly two-thirds) is required to enact any proposed change**². Amending bylaws essentially changes the contract you've made with your fellow members about how your organization operates, so you need to be really technical and precise

No matter how good a job you've done creating your bylaws, sooner or later you'll need to change something. Robert's Rules encourages creating bylaws that can't be too easily amended, but amending them isn't so difficult that you can't consider and make changes within a reasonable time when necessary.

The screenshot shows a web browser window with the URL www.dummies.com. The page title is "Setting the conditions for amending your bylaws". The main content area includes a sub-header "Setting the conditions for amending your bylaws" and a paragraph: "In amending a previously adopted bylaw make sure that the rights of all members continue to be protected. The surest way to provide this protection is to prevent bylaws from being changed without first giving every member an opportunity to weigh in on a change. And bylaws should never be changed as long as a minority greater than one-third disagrees with the proposal." Below this is a yellow box with a hand icon and the text "Tip: Always specify in your bylaws the exact requirements for their amendment. According to Robert's Rules, you should, at the very least, require a two-thirds vote and previous notice to make any change at all in your bylaws." To the left is a book cover for "Robert's Rules For Dummies" with buttons for "Explore Book" and "Buy On Amazon". To the right is a sidebar with links to "Clear and Tangible", "Design Thinking: Creativity Techniques", "Design Thinking: The Customer Journey", "Design Thinking: Using an Empathy Map", and "Design Thinking: Characterizing a Product From the Process". At the bottom, there is a blue "OPEN" button and a close icon.

Setting the conditions for amending your bylaws (Robert's Rules for Amending Bylaws - dummies)

In amending a previously adopted bylaw, make sure that the rights of all members continue to be protected. The surest way to provide this protection is to prevent bylaws from being changed without first giving every member an opportunity to weigh in on a change. And bylaws should never be changed **as long as a minority greater than one-third disagrees** with the proposal.

TIP: Always specify in your bylaws the exact requirements for their amendment. According to Robert's Rules, **you should, at the very least, require a two-thirds vote and previous notice to make any change at all in your bylaws.**

Amending specific articles, sections, or subsections of your bylaws. When you're amending parts of your bylaws, you propose the amendment as a main motion and specify one of the same processes you would for any amendment.

The processes of making the motion to amend are:

- Strike out words, sentences, or paragraphs
- Insert (or add) words, sentences, or paragraphs
- Strike out and insert (or substitute) words, sentences, or paragraphs

Tackling a full revision of your bylaws

A *revision* to bylaws is an extensive rewrite that often makes fundamental changes in the structure of the organization. By considering a revision of your bylaws, you're proposing to substitute a new set of bylaws for the existing ones. Your group is free to amend anything in the proposed revision before it's adopted, as if the bylaws were being considered and adopted for the first time. There is a necessary procedure.

Bylaw amendments require a two-thirds vote and recording the results of the vote

Bylaw amendments (requiring a two-thirds vote) are handled as a rising vote unless the amendments are adopted by unanimous consent. However, because of the importance of bylaws and the impact of their amendment, unless the vote is practically unanimous, the best and fairest procedure is to count the vote and record the result in the minutes.

College of Nurses of Ontario By-Laws 4 Page 7

7.16 Unless otherwise required by law or by the by-laws, every motion which properly comes before the Council shall be decided by a simple majority of the votes cast at the meeting by councillors present.

Policy development involves identifying trends or issues that may have an impact on nursing regulation. New government legislation, direction from Council, and other external factors can play a role in helping the College identify and shape its policies. These policies in turn shape the College's by-laws. The College's by-laws are the rules that govern how the College operates. Government legislation authorizes Council to make by-laws related to the College's governance, administration and regulatory functions.

Part 1: General

2. By-Laws (Pg 4)

2.01 By-laws of the College may be enacted, amended or revoked by a **two-thirds majority vote of the councillors present** at a Council meeting duly called for the purpose of considering such enactment, amendment or revocation.

2.02 Notice of a motion to enact, amend or revoke a by-law shall be given to Council at least ten days prior to the meeting referred to in Article 2.01

7.21 The chair is not required to vote whether or not that vote would affect the outcome.

Royal College of Dental Surgeons of Ontario Page 36

2.10.6 Default is simple majority Except as otherwise provided for in the Act, regulations, or by-laws, each vote at a Council meeting shall be decided by a majority of votes cast at the meeting.

Our by-laws govern how the College operates. They outline how meetings are held, the committees we have, our code of conduct, how elections are held, and a great deal more. The Regulated Health Professions Act (RHPA) gives our Council the power to enact by-laws.

Here's how by-laws are made.

- A new by-law (or changes to an existing by-law) is drafted by a College committee, depending on the subject.
- The by-law is presented at a Council meeting. If approved it is sent to all Ontario dentists, other dental health care organizations and members of the public for review and feedback.
- Feedback from the 60-day consultation is considered by the committee and, if needed, additional changes are made to the by-law.
- The by-law returns to Council for final approval.
- When approved, the by-law comes into effect.

2.10.5 Roll call vote for regulations A vote at a Council meeting on a motion to propose or amend a regulation, or to submit a proposed regulation or regulation amendment to the Ministry

a. shall be by roll call vote; and b. the minute of such vote shall record those members of Council in favour, those opposed, those who abstained, and those who were not present.

Royal College of Dental Surgeons of Ontario PROCEDURE 26. Page 176

1 Enactment, Amendment and Revocation of By-Laws

26.1.1 **Two-thirds vote needed to enact**, amend, or revoke a by-law

By-laws may be enacted, amended, or revoked by a **two-thirds vote** of the members of Council present at a Council meeting called for that purpose

2.10.7 **Vote of chair to be counted where a member of Council is acting as chair of a Council meeting, his or her vote is counted in any matter brought to a vote.**

College of Occupational Therapists of Ontario

11.07 **Majority Vote** Unless otherwise specified in these bylaws, matters considered at any meeting of the Board shall be decided by a majority vote cast upon each matter by the Directors present. Voting by proxy is not permitted at meetings of the Board.

8.08 Making, Amending and Revoking Bylaws

8.08.1 The bylaws of the College or any section thereof may be enacted, amended, or revoked by a **two thirds majority affirmative vote of Board Directors** present and voting at a meeting of the Board called for that purpose

11.08 **In cases of an equality of votes, the Board Chair shall have a deciding vote to break the tie.**

The College of Audiologists and Speech-Language Pathologists of Ontario

6.1.10. **Except where otherwise specified in the RHPA, Code, ASLPA, or the Regulations or By-laws of the College, every issue to be decided at a Board of Directors meeting shall be decided by a simple majority of votes of those voting at the meeting**

15. MAKING, AMENDING AND REVOKING BY-LAWS

15.1. **Vote.** The By-laws of the College or any part thereof may be enacted, amended or revoked by a resolution of a **two-thirds majority of Directors.**

Chair does not make motions, or participate in discussion, or vote

College of Chiropodists/Podiatrists

8.16 **Unless otherwise required by law or by the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by councillors present.**

2. BY-LAWS

2.01 By-laws of the College may be enacted, amended or revoked by a vote of **at least two-thirds of the councillors present** at a Council meeting duly called for the purpose of considering such enactment, amendment or revocation

Silent on President allowed to vote

College of Dental Hygienists of Ontario

4.7 Quorum and Voting

(1) A majority of Council Members shall constitute a quorum for the transaction of business. Unless otherwise provided for, questions arising at any meeting of the Council shall be decided by a majority of votes of those present and voting. In the event that a vote is tied following deliberation of the question, the question shall be deemed to have been defeated.

ARTICLE 13: ENACTMENT, AMENDMENT AND REPEAL OF BYLAWS

13.1 Enactment, Amendment and Repeal A bylaw of the College may be made, amended and repealed by a vote of **at least two-thirds of the Council Members present** and voting at any Council meeting.

13.2 Notice of Proposal Where obligated by the Act, proposed bylaws shall be circulated to every Registrant at least 60 days before Council approves them

Silent on President voting

College of Dental Technologists of Ontario

11.08 – Simple Majority Unless specifically provided for otherwise under the Act, the RHPA, or these By-Laws, every motion which properly comes before the Board shall be decided by a simple majority of the votes cast at the meeting by the Directors present.

25.02 – Amendments The By-Laws of the College or any section thereof may be enacted, amended, or revoked by a **two thirds majority affirmative vote** of the Board of Directors present and voting at a meeting of the Board called for that purpose.

11.09 – Chair Vote If the Chair is a member of the Board, they may vote.

11.10 – Tie Votes In the event of a tie vote, the motion is defeated.

College of Denturists of Ontario

22.09 Simple Majority Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

37. BY-LAWS AND AMENDMENT

37.01 Effective Date These by-laws shall become effective as soon as they have been approved by Council.

37.02 Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by **a two-thirds majority of the Council members** present and voting at a meeting of Council called for that purpose.

22.10 Chair Votes If the Chair is a member of Council, he or she may participate in the discussion of a matter before Council but shall not vote unless there is a tie vote and the Chair's vote would break the tie, unless the Chair wishes to vote against a motion and the Chair's vote would create a tie that would defeat the motion, or unless there is a roll call vote (e.g., to enact a regulation).

College of Dietitians of Ontario

7.11 Voting at Meetings Unless otherwise required by law or by the by-laws, every motion which properly comes before the Board of Directors shall be decided by a simple majority of the votes cast at the meeting by directors present. In the event of a tie vote, the motion is defeated.

17.1 Making By-laws

By-laws of the College may be enacted, amended, or revoked by a vote of **at least two-thirds of the directors present** at a Board of Directors meeting duly called for the purpose of considering such enactment, amendment or revocation.

Silent on President voting

College of Homeopaths of Ontario

11.09 – Simple Majority Unless specifically provided for otherwise under the Act, the RHPA, or the bylaws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council Members present.

25. BYLAWS AND AMENDMENTS

25.01 – Effective Date These bylaws shall become effective as soon as they have been approved by the Council.

25.02 – Amendments The bylaws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council Members present and voting at a meeting of Council called for that purpose

11.10 – Chair Vote If the Chair is a member of Council, he or she may vote.

11.11 – Tie Votes In the event of a tie vote, the motion is defeated

College of Kinesiologists of Ontario

11.09 Simple Majority Unless specifically provided for otherwise under the Act, the RHPA, or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

24.02 Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council members present and voting at a meeting of Council called for that purpose

11.10 Chair Vote If the Chair is a member of Council, he or she may vote.

11.11 Tie Votes In the event of a tie vote, the motion is defeated

College of Massage Therapists of Ontario By-Law No. 1

11.09 – Simple Majority

Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

The Health Professions Procedural Code gives CMTO's Council authority to make by-laws relating to the College's administration and operations:

Amendment or Revocation of By-Laws

3. (A) By-laws of the College may be enacted, amended or repealed by a vote in support from a **two thirds majority of the members of the Council** present at a meeting held to consider the by-law, where a quorum is present.

(B) Except for amendments of a non-substantive nature, which may be incorporated by Council following notice and at any time prior to a vote being held, written notice of all motions in respect of the making, amending or revoking of a by-law shall be circulated:

- i. At least 14 days prior to the consideration of such motion by Council; and
- ii. Where required under section 94(2) of the Code, to all registrants at least 60 days prior to the consideration of such motion.

(C) Every by-law, including every amendment and revocation of a by-law, shall be dated and numbered according to the date on which it was passed, certified by the President or Vice President, in addition to the Registrar, and maintained in electronic form in its chronological order.

11 (C) The Chair of the meeting shall not vote on any matter unless there is a tie vote, and then the Chair of the meeting shall cast the deciding vote

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

4.10.11 VOTING •

The decisions of the Board shall be made by motion and in accordance with the relevant Board Policy.

- Every question to be determined shall be determined by a majority of the votes cast at the meeting, **excluding the Chair's, and if there is an equality of votes on a question, the Chair shall cast the deciding vote.**

15.1 MAKING, AMENDING, AND REVOKING THE BY-LAW

The By-Law of the College or any part thereof may be enacted, amended or revoked pursuant to S. 94 (1) and (2) of the Code by a vote of **at least two-thirds (2/3) of the Board Members present** at a Board meeting duly called for that purpose.

Medical Radiation and Imaging Technologists

8.1. Questions arising at any Council meeting shall be decided by a majority of votes of Councillors present at the meeting. If there is an equality of votes, **the chair of the meeting shall not have a second, or casting vote, and the motion shall be lost.**

24. Procedure - The rules of procedure in **Bourinot's Rules of Order** shall be followed for meetings of Council. (2/3 majority to amend Bylaws)

College of Midwives of Ontario

7.07 – Simple Majority Unless otherwise required by the Code or the by laws, Council and Committee members shall, when making decisions, make every effort to reach a consensus, defined as a state of mutual agreement among members of a group where all legitimate concerns of individuals have been addressed to the satisfaction of the group but, where a decision cannot be reached by consensus, a conventional voting process shall be used and the decision shall be made by a simple majority of the votes cast by the members present.

18.03 – Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by a **two-thirds majority of the Council members present** and voting at a meeting of the Council called for that purpose.

b. The Chair shall be entitled to vote on matters before Council;

College of Naturopaths of Ontario

11.09 Simple Majority Unless specifically provided for otherwise under the Act, the RHPA or these by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present

25. BY-LAWS AND AMENDMENTS

25.01 Effective Date These by-laws shall become effective as soon as they have been approved by Council.

25.02 Amendments These by-laws of the College or any article thereof may be enacted, amended, or revoked by a simple majority of the Council members present and voting at a meeting of Council called for that purpose

11.10 Chair Votes If the Chair is a Council member, they may vote.

11.11 Tie Votes In the event of a tie vote, the motion is defeated

College of Opticians of Ontario

8.18 Votes to Govern Each Director is authorized to exercise one vote on every motion at a Board meeting. Subject to the RHPA and the by-laws, any question arising at any Board meeting shall be decided by a majority of votes. In the case of an equality of votes at any Board meeting, **the chair of the meeting shall not have a second or casting vote and the matter shall be deemed not to have been carried.**

ARTICLE 24: BY-LAWS

24.1 Making, Amending and Revoking By-laws The Board shall have the power to make, amend or revoke any or all of the by-laws or Articles therein, by resolution of **a two-thirds majority of those Directors present** at a duly-constituted meeting of the Board or, without such meeting, by written resolution which has been confirmed by the hand-written signature of all Directors

College of Optometrists of Ontario

14.01 (6) Every motion considered by a Committee shall be decided by a majority of the votes cast at the meeting. If the votes cast result in a tie, the chair shall not have a second vote and the motion will be defeated.

PART 2 - AMENDMENT OR REVOCATION OF BY-LAWS 2.01

Special Resolution is Required

(1) A Special Resolution is required to amend or revoke these By-laws, or make new By-laws.

(2) Written notice of all motions applying to the making, amending or revoking of a By-law shall be circulated:

(a) to Council Members at least 14 days prior to the tabling of such motion; and

(b) when required under Section 94(2) of the Code, to all Members at least 60 days prior to the tabling of such motion.

(3) Every By-law, including every amendment and revocation of a By-law, shall be dated and numbered according to the date on which it was passed, certified by the President or Vice-President, in addition to the Registrar, sealed and maintained in a book in its chronological order.

(2) **If the votes cast result in a tie, the chair shall not have a second vote and the motion will be defeated**

ONTARIO COLLEGE OF PHARMACISTS and PHARMACY TECHNICIANS

6.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. **In the event of a tie vote, the Chair shall break the tie with an additional vote.**

ARTICLE 24 MAKING, AMENDING AND REVOKING BY-LAWS

24.1 Requirements.

24.1.1 By-Laws may be made, repealed or amended by **at least two-thirds of all Directors present** at a meeting of the Board and eligible to vote.

The College of Physicians and Surgeons of Ontario authority is defined by government legislation and College by-laws

29 (8) Unless otherwise required by law or by the by-laws, every motion which properly comes before the council shall be decided by a simple majority of the votes cast at the meeting by the councillors in attendance (including a councillor who is the presiding officer) and, if there is an equality of votes on a motion, the motion shall be deemed to have been defeated.

54. (1) A by-law may be made, amended and revoked by an ordinary motion except that subclause 29(4)(b)(iv) does not permit the making, amending or revoking of a by-law.

(2) Every by-law and every amendment and revocation of a by-law shall be numbered according to the order in which it was passed, certified by the presiding and recording officers of the meeting at which it was passed and maintained in a book in its numerical order

18. Except where inconsistent with the Regulated Health Professions Act, 1991, the Medicine Act, 1991, the regulations or the by-laws of the College, any questions of procedure at or for any meetings of Council shall be determined by the chair of such meeting in accordance with the rules of order as contained in the current version of **Wainberg's Society Meetings Including Rules of Order.**

Silent on President voting

College of Physiotherapists of Ontario

4.8. **Kerr and King's Procedures for Meetings and Organizations, Third Edition**, are the rules of order for meetings of Council and form part of these By-laws.

BY-LAWS 2.8. (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Councillors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.

(2) Proposed by-laws made under the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94 (1) of the Code shall be circulated to every Member at least 60 days before they are approved by Council.

Silent on President voting

College of Psychologists of Ontario

3.14 Meetings of Council shall be conducted in accordance with Keesey's "Modern Parliamentary Procedures".
 a. A majority vote shall be defined as a majority of Council members who are eligible to vote and in attendance;

By-law 17: Procedure for Making, Amending or Revoking By-laws

17.1 A By-law may be made, amended or revoked by a resolution of Council subject to subsection 94(2) of the Code.

17.4 A copy of the By-laws made by the Council shall be given to the Minister and to each member and shall be made available to the public in accordance with the provisions of the Regulated Health Professions Act, 1991.

Silent on President voting

College of Registered Psychotherapists of Ontario

11.09 – Simple Majority Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, every motion which properly comes before Council shall be decided by a simple majority of the votes cast at the meeting by the Council members present.

24.02 – Amendments The by-laws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council members present and voting at a meeting of Council called for that purpose

11.10 – Chair Votes If the Chair is a member of Council, he or she may vote¹.

1) Ordinarily, a Chair does not vote unless it would affect the result.

11.11 – Tie Votes In the event of a tie vote, the motion is defeated

College of Respiratory Therapists of Ontario

4.11 Matters shall be decided by vote as follows:

- a) Making amending and revoking the **By-Law and regulations shall require a two-thirds (2/3) majority vote of those Council Members** in attendance.
- b) Unless otherwise required by law or by this By-Law, every motion which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by those Council Members in attendance.
- c) If there is a tie vote on a motion, the motion shall be defeated.

6.01 - By-Laws of the CRTO may be made, amended, or revoked **by a two-thirds (2/3) vote of the sitting Council Members in attendance** at a duly constituted meeting or by the signatures of all actual Council Members.

College of Traditional Chinese Medicine and Acupuncturists of Ontario

- (i) Except where otherwise provided in the Act, regulations or By-Laws, every motion coming before any meeting shall be decided by a majority of votes cast at the meeting, including the chair, provided that the chair is a member of the Council. **In the case of equality of votes, the chair shall not have a second vote and the motion shall be considered to be defeated.**

23. BY-LAWS AND AMENDMENTS

23.01 Make, Amend, Revoke By-Law The College's By-Laws may be made, amended or revoked in the same manner as other resolutions or motions that appear before Council. A motion to amend or revoke these By-Laws requires a vote of the majority of those in attendance and voting at the meeting.

Joel Friedman

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From: Rose Bustria
Sent: Friday, November 17, 2023 1:28 PM
To: Robbie Berman
Cc:
Subject: Correspondence dated November 17, 2023 to Dr. Berman from Dr. Green, CCO President
Attachments: 20231117132233.pdf

Please see attached correspondence dated November 17, 2023 from Dr. Green, CCO President.

Rose Bustria
Executive Assistant
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 101
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: rbustria@cco.on.ca
Web Site: www.cco.on.ca

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

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

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College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

59 Hayden Street
Suite 800
Toronto, Ontario
M4Y 0E7

Tel: 416-922-6355
Toll Free: 1-877-577-4772
Fax: 416-925-9610
cco.info@cco.on.ca
www.cco.on.ca

November 17, 2023



Personal and Confidential

Via e-mail (b) (7)

Dr. Robbie Berman
17 Rollingwood Dr.
North York, ON M2H 2M4

Dear Dr. Berman:

Thank you for your November 9 and 13, 2023 emails.

As you will know from my September 19, 2023 President's message, CCO has been engaging in a systematic review of the by-laws for some time. It is one of my priorities to strengthen CCO's governance, and I see having by-laws that are supported by best practices and take into account the public interest as being a key part of that work.

CCO has retained experts on an ongoing basis to provide advice regarding best practices, as well as other aspects of governance. They have worked with CCO staff, the Executive Committee and Council to develop a set of proposed amendments, which has been circulated to the membership and other stakeholders for feedback and comment. The feedback from all stakeholders relating to the most recent circulation will be reviewed by the Executive Committee, who will be providing further recommendations to Council, informed by the feedback. Council will have the opportunity to review all the feedback on the proposed by-law amendments before making any decisions regarding by-law amendments. As part of this process, your feedback will be reviewed and considered, along with the feedback provided by other stakeholders, including members.

I note you continue to allege that Council did not review or evaluate feedback regarding proposed changes to By-laws 6 and 12 at its January 20, 2023, meeting and otherwise acted improperly in passing the amendments. As you know, Dr. Benjamin Hardick brought an application for judicial review regarding the January 20, 2023 by-law amendments. Justice O'Brien, of the Divisional Court, had the opportunity to review all the evidence regarding the process that led to the amendments in the course of considering Dr. Hardick's request for an interim order. I am enclosing a copy of Justice O'Brien's decision with this letter, as I think you will find it helpful in understanding the sequence of events, and the significant steps that the CCO took to ensure Council had all relevant information, including feedback from members and stakeholders, before making its decision.

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In particular, after considering all the evidence, Justice O'Brien concluded as follows at paragraph 26 and 39 of her decision:



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

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

In short, the issue before Justice O'Brien was whether CCO acted in the public interest, which is the essence of its statutory mandate. The court concluded that CCO did act in the public interest, not only in passing the amendments to the by-laws, but also in concluding that the amendments should be implemented immediately.

I trust that once you have the opportunity to review Justice O'Brien's decision you will gain a fuller understanding of the basis for Council's decision on January 20, 2023.

Once again, thank you for your interest and feedback regarding the proposed by-law amendments that I circulated in September 2023, and we look forward to reviewing your feedback, as well as the feedback from other members and stakeholders. CCO will continue to review best practices and to carefully consider feedback and advice from experts in making policy decisions consistent with its role and mandate.

Regards,

Dr. Sarah Green
President, CCO

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

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

RE: BENJAMIN HARDICK Applicant
AND:
COLLEGE OF CHIROPRACTORS OF ONTARIO Respondent
BEFORE: Justice O'Brien
COUNSEL: *D. Cowling and A. Boissonneau-Lehner*, for the Applicant
C. Paliare, K. Jones, and D. Rosenbluth, for the Respondent
HEARD: February 17, 2023

ENDORSEMENT

Overview

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

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

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

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

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

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

Analysis

Test for Granting a Stay

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

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

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

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

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

Is there a strong likelihood the judicial review will succeed?

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

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

A. Retrospective Effect

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

...

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

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

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

...

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

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

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

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

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

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

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

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

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

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

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

B. Bad Faith/Improper Motive

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

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

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

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

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

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

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

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

Will Dr. Hardick suffer irreparable harm?

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

Does the balance of convenience favour a stay?

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

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

Disposition

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



O'Brien J

Date: March 3, 2023

From: Jo-Ann Willson
Sent: December 4, 2023 8:07 AM
To: Rose Bustria
Subject: FW: Gratitude

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: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

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

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From: Sarah Green <drsarahgreen1@gmail.com>
Sent: Monday, December 4, 2023 6:28 AM
To: Robbie Berman <drjberman@hotmail.com>
Subject: Re: Gratitude

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 morning Dr Berman,

I am emailing to acknowledge receipt of your communication which will be considered along with all other feedback relating to the by-laws. In the future, I would appreciate that if you are communicating with me on CCO related matters, please forward that communication directly to CCO.

Dr Sarah Green

On Fri, Nov 24, 2023 at 3:54 PM Robbie Berman <drjberman@hotmail.com> wrote:

Good afternoon Dr. Green,

I know I have not made a good impression on you. I am concerned about that and want you to know I do not write to cause trouble, I respond because I truly care about chiropractic and CCO.

I am thankful for your dedication to chiropractic and CCO and I appreciate it hasn't been easy. I do want to express gratitude in your ability to run a well organized and efficient meeting. As an observer I can say it was one of the best I seen in some years.

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Although there remain some very real concerns around transparency, or why any more Bylaws amendments are justified or necessary, and concerns around limited materials being made available to the public, it was encouraging to witness the slow down to rush Bylaws without comprehensively evaluating, verifying, and investigating feedback. Determining validity of all information, internal and external, and adhering to appropriate and necessary protocol is undoubtedly in the public and profession's best interest. There are lots of materials to review.

I want to say it was impressive to see you control a meeting, allowing a good amount of time for public discussion about an important public interest issue. I watched a very interesting discussion about delegation of care. It began with a proposal that delegation of care must include a visit by the chiropractor on every visit. After feedback and discussion, it was completely adapted. Although, the draft version was not available in the public package, (why?), the resultant Guideline, we guess, will now allow a chiropractor to supervise virtually and no longer needs to be on the premises. This is modernization to align with virtual care. It was approved to better serve the public according to multiple Council members who chose to speak at the meeting. Council ultimately approved something completely different from where it started. This demonstrates how a public interest adaption, based on and benefitting from feedback, ultimately benefits patients and better serves the public interest.

In that vein, I hope the information supplied about Bylaws is accepted as intended. I hope it is reviewed and verified. I hope it is not left behind or relegated because of me.

I once again thank you for your commitment
It was a positive and encouraging meeting

Have a good weekend
Sincerely and Respectfully,

Dr. Robbie Berman

Sarah Green, B.Sc, DC

President

College of Chiropractors of Ontario

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;

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

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

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

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

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

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

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

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

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

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

Circulation of certain by-laws

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

Exception

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

Copies of by-laws, etc.

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

Public copies

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

Unanimous by-laws, etc.

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

2024 NOTICE OF ELECTION AND NOMINATION GUIDE FOR ELECTIONS TO DISTRICTS 1, 4 AND 5

College of Chiropractors of Ontario (CCO)

January 2024

NOTICE

Pursuant to By-law 6: Election of Council Members, notice is hereby given that elections to CCO Council will be held in Districts 1, 4 and 5. Elections in these districts will be for a term of approximately 3 years.

District 1: Northern comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming, the district municipality of Muskoka; and the city of Greater Sudbury.

District 4: Central comprised of the city of Toronto and the regional municipality of York.

District 5: Central West comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel and Waterloo, and the city of Hamilton.

ELECTION PROCEDURES

- CCO will not be providing candidates with a list of members in their districts or mailing labels. However, CCO will post on CCO's website and distribute to members in their districts on behalf of candidates biographical information and one additional page of campaign materials, in accordance with the election timetable and campaign guidelines.
- The elections are carried out by electronic vote and secret ballot. The Registrar supervises all aspects of the election.

ELECTION TIMETABLE

January 25, 2024: Notice of Election and Nomination Guide sent electronically to all members.

February 16, 2024: Nomination Date: Nomination papers, candidate undertakings, biographical information and additional campaign material to be circulated by CCO in a format suitable for distribution to voters must be received by CCO by 4 p.m.

February 20, 2024, 6 pm: Mandatory orientation for all candidates to be held virtually.

February 23, 2024: Deadline for candidates to withdraw from the election by 4 p.m.

March 5, 2024: CCO posts on its website and distributes by email a list of candidates and biographical information reviewed and approved by CCO to eligible voters in each district.

March 8, 2024: CCO posts on its website and distributes by email additional campaign material submitted by candidates and reviewed and approved by CCO to eligible voters in each district.

March 12, 2024: List of candidates, biographical information, and voting procedures sent by email to all eligible voters.

March 27, 2024: All votes must be received by CCO by 4 p.m.

March 27, 2024: Unofficial election results announced.

April 11, 2024: Deadline to make a written request for a recount with a \$150 deposit, which must be received by CCO by 4 p.m. Election results posted on CCO's website at www.cco.on.ca.



- Candidates are required to submit their nomination papers, candidate undertakings, biographical information and one additional piece of campaign material in a format suitable for distribution on or before **February 16, 2024 at 4 p.m.** CCO will review all materials for general consistency with the campaign guidelines for elections, the biographical information guidelines, the principles of fair, accurate and appropriate election statements and, by analogy, Standard of Practice S-016: Advertising, and will forward a response to the candidate as soon as possible. If you have any questions about any campaign material, contact CCO.
- Any additional campaign material and communications, including written material, oral presentations/speeches and general decorum of candidates must comply with the campaign guidelines for elections in this document. Material should be submitted to the CCO Election Review Committee in advance of February 16, 2024.
- Elections are conducted in a fair and transparent manner, consistent with democratic principles. Failure to comply with the principles of fairness by candidates and others may jeopardize the election process and results.
- Eligibility to nominate, vote and stand for elections to CCO Council is reflective of By-law 6.

ELIGIBILITY TO NOMINATE AND/OR VOTE

- A member holding a General (active), Inactive or Retired certificate of registration **is eligible to nominate and vote** in the electoral district in which the member, as of January 1st of the election year, has their primary practice, or if the member is not engaged in the practice of chiropractic, in which the member has their primary residence.
- A member **is ineligible to nominate or vote** in a Council election if the member is in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law or is in default in completing and returning any form required by CCO.

ELIGIBILITY TO STAND FOR ELECTION

A member **is eligible for election** to Council in an electoral district, if, on the closing date of nominations and any time up to and including the date of the election:

- the member's primary practice of chiropractic is located in the electoral district in which the member is nominated or, if the member is not engaged in the practice of chiropractic, the member's primary residence is located in the electoral district in which the member is nominated;
- the member is not in default of payments of any fees prescribed by by-law or any fine or order to pay costs to CCO imposed by a CCO committee or court of law;
- the member is not in default in completing and returning any form required by CCO;
- the member is not the subject of any disciplinary or incapacity proceeding;
- a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding six years; (continued on next page);

ACRONYMS

AFC	Alliance for Chiropractic
CCA	Canadian Chiropractic Association
CCEC	Council on Chiropractic Education (Canada)
CCEB	Canadian Chiropractic Examining Board
CCO	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CCRF	Canadian Chiropractic Research Foundation
CMCC	Canadian Memorial Chiropractic College
CNAC	Canadian National Alliance for Chiropractic
CSCE	Canadian Society of Chiropractic Evaluators
FCC	Federation of Canadian Chiropractic
OCA	Ontario Chiropractic Association
RHPA	Regulated Health Professions Act, 1991
UQTR	Université du Québec à Trois-Rivières



- the member has not resigned from a position on Council, before completing the term, within the last three years and four months;
- the member does not have an outstanding code of conduct matter with the College;
- the member is not, and has not been in the preceding three years, an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE, the CCEC of the FCC, CCRF or CNAC;
- the member is not, and has not been in the preceding three years, an officer, director, or administrator of any chiropractic educational institution, including but not limited to, CMCC and UQTR, such that a real or apparent conflict of interest may arise;
- the member has not been disqualified from the Council or a committee of the Council in the previous six years;
- the member is not a member of the Council or of a committee of the college of any other health profession;
- the member has not been a member of the staff of CCO at any time within the preceding three years;
- for District 7 only, the member is a member of the faculty of an accredited educational institution; and
- for any district other than District 7, the member is not eligible for election in District 7, and has not been eligible for election in District 7 in the preceding three years (three year cooling off period effective on a go forward basis November 25, 2021).

TERM OF OFFICE

The term of office of a member elected to Council is approximately three years commencing with the first regular meeting of Council immediately following the election (currently scheduled on April 16, 2024). Incumbents continue to serve in office until the first regular Council meeting, unless otherwise disqualified from Council. By-law 6: Election of Council Members outlines the circumstances in which a member may be removed from Council.

Please note: A member who has served on Council for nine consecutive years is ineligible for election to Council until a full three-year term has passed since that member last served on Council. A non-Council member may only serve on CCO committees for nine consecutive years, whether the time is served as a Council member or as a non-Council member.

ORIENTATION FOR CANDIDATES

Candidates are required to attend the virtual orientation session, schedule for February 20, 2024, 6 pm.

ROLE OF CCO AND COUNCIL MEMBERS

CCO is the regulatory body for chiropractors in Ontario, governed by a 15-16 member Council comprised of 6-7 public members appointed by the provincial government and 9 registered chiropractors elected by the membership.

CCO's legislative mandate is to govern chiropractic in the public interest. CCO's main responsibilities include:

- developing standards of admission to the profession;
- investigating complaints and disciplining members who have committed acts of professional misconduct or are incompetent;
- implementing a quality assurance program to ensure continuous quality improvement in the profession, including the development of standards of practice, policies and guidelines to which all members of the profession must conform;
- maintaining a public register; and
- implementing a patient relations program.

TIME COMMITMENTS

Council membership involves a significant time commitment, which varies according to committee. Members attend Council meetings four or more times per year and may serve on one or more committees. Preparatory readings and work for Council and committee meetings can be extensive. Candidates should also note that, whenever possible, all Council and committee meetings are held during regular business hours, Monday to Friday.

Members should review the Competencies for Council and Committee Members document, posted on the election page of CCO's website, for further information about competencies, expectations and time commitments on Council and committees.

COMPENSATION

Council members are compensated for their time spent on CCO work in accordance with

CCO By-law 9: Remuneration and Internal Policy 1-012. However, per diems and expenses paid by CCO to Council members are intended to partially offset the cost of a contribution to the self-regulation of the chiropractic profession rather than to pay for services rendered or to compensate for lost income or the opportunity to earn income.

CAMPAIGN GUIDELINES FOR ELECTIONS TO CCO COUNCIL

The following guidelines are for candidates for election or re-election to CCO Council and any member who produces or distributes campaign material on behalf of a candidate. These guidelines are intended to apply to the candidate biography, additional material distributed by CCO, any other written campaign materials distributed by any means, including email, websites or social media, oral presentations/speeches and general decorum of candidates. It is each candidate's responsibility to ensure that his/her campaign material and behaviour complies with the campaign guidelines:

Do the following:

- Be respectful, polite, dignified and professional in everything you do;
- Announce your qualifications and competencies rather than denouncing another candidate's qualifications;
- Rely on and promote information that is both factual and provable;
- Focus on your ideas and the positives that you have to offer;
- Ensure the words you use are inclusive and would not offend any specific group;
- Remember the public interest mandate of CCO and don't make any promises that could be viewed as inconsistent with that mandate;
- Remember that you are a professional and a member of a regulated health profession and so are other candidates;
- Take all reasonable steps to ensure anyone campaigning on your behalf also acts and communicates in a respectful, professional manner; (continued on next page)



- Comply with CCO regulations, standards of practice, policies and guidelines, including, but not limited to: CCO's Code of Ethics, CCO's Code of Conduct, the Candidate Undertaking, the Professional Misconduct Regulation, Policy P-011: Conflict of Interest for Council and Committee Members, Standard of Practice S-016: Advertising, Guideline G-016: Advertising and common law.
- The candidate's photograph may be included - head and shoulders only.
- Candidates must **NOT** imply, in any way, that CCO or any CCO Council or committee member supports their candidacy.
- Candidates should include information that is relevant to their knowledge, competencies, expertise, skills and attributes related to:
 - CCO's statutory mandate to regulate chiropractors in the public interest to assure, safe, ethical and competent chiropractic care for the public of Ontario
 - CCO's Competencies for Council and Committee Members and Peer Assessors (link)
 - chiropractic care of patients, including patients from different backgrounds
 - 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.

Do **not** do the following:

- Include any information or material that is false or misleading, not readily comprehensible by the persons to whom it is intended, or disgraceful, dishonourable or unprofessional;
- Compare yourself to another member's or other health care provider's practice, qualification or expertise;
- Imply, in any way, that CCO or any CCO Council or committee member supports your candidacy; or
- Mount a personal or professional attack on any candidate.

Non-compliance with the guidelines may result in a private or public direction issued by CCO during the election and a review as to whether the election is valid after the votes are counted. Non-compliance may result in the election of a district being recalled.

Professional, respectful discourse is essential to a fair election process!

GUIDELINES TO CANDIDATES FOR PROVIDING BIOGRAPHICAL INFORMATION

In addition to the guidelines above, a candidate's biographical information must meet the following guidelines. Biographical information must:

- Reflect CCO's role in protecting the public interest and be typewritten on one 8.5" x 11"-page white paper with a minimum of one-inch margins on all four sides, in portrait format (not landscape);
- The candidate's name must appear on the top of the page.

In addition to the candidate biography, candidates may submit one additional piece of campaign material that CCO will distribute to eligible voters in their district in accordance with the election timetable. This additional campaign material must comply with CCO election guidelines, be received by CCO on or before February 16, 2024, 4 pm, and only be written material typewritten on one 8.5" x 11"-page white paper with a minimum of one-inch margins on all four sides, in portrait format (not landscape).



CCO Committees

Statutory:

- Executive
- Inquiries, Complaints and Reports
- Discipline
- Fitness to Practise
- Patient Relations
- Quality Assurance
- Registration

Non-Statutory:

- Advertising
- Nominating Committee
- Election Review Sub-Committee

CURRENT CCO COUNCIL

ELECTED MEMBERS

Name	District	Term of Office (April to April)
*Dr. Angelo Santin, <i>Thunder Bay</i>	1	April 2021 - April 2024
Dr. Paul Groulx, <i>Stittsville</i>	2	April 2022 - April 2025
Dr. Michael Gauthier, <i>Ajax</i>	3	April 2022 - April 2025
Dr. Kyle Grice, <i>Toronto</i>	4	April 2022 - April 2025
*Dr. Julia Viscomi, <i>Maple</i>	4	April 2021 - April 2024
Dr. Sarah Green, <i>Elmira</i>	5	April 2023 - April 2026
*Dr. Dennis Mizel, <i>St. Catharines</i>	5	April 2021 - April 2024
Dr. Colin Goudreau, <i>Chatham-Kent</i>	6	April 2023 - April 2026
Dr. Jarrod Goldin, <i>Toronto</i>	7	April 2023 - April 2026

**Term of office expires April 2024. Eligible for re-election.*

PUBLIC MEMBERS

Name	Date Order-in Council Expires
Ms Anuli Ausbeth-Ajagu, <i>Brampton</i>	December 2024
Mr. Robert Chopowick, <i>Ajax</i>	September 2024
Mr. Gagandeep Dhanda, <i>Mississauga</i>	April 2024
Ms Zoe Kariunas, <i>Toronto</i>	October 2024
Mr. Shawn Southern, <i>Union</i>	October 2024
Mr. Scott Stewart, <i>Cavan Monaghan</i>	March 2025

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*

Thank you for participating in the self-regulation of your profession!



ELECTIONS QUESTIONS & ANSWERS

Q. What is the purpose of the election of professional members to the Council?

- A. The *RHPA* and the *Chiropractic Act, 1991* provide for the election of the majority of the Council from among the membership of the profession. Since chiropractic is a self-regulating profession, it is important that the majority of the Council be members of the profession. While there could be a number of ways for the professional members to be chosen, the legislation requires an election system to ensure that Council members have the confidence and respect of those whom they regulate.

Q. Is the election of Council members similar to the election of MPPs or municipal councillors?

- A. While the form of election is somewhat similar (i.e., voting for candidates by secret ballot), the purpose is actually quite different. Your MPP represents the interests of those who elected him/her. A Council member does not represent the specific interests of chiropractors, but rather the broader public interest as described in the *RHPA*.

CCO, unlike the legislature, is a corporation. The Council, as the Board of Directors of the corporation, has a fiduciary (trust) duty to fulfill the public interest mandate of the corporation/CCO and not the specific interests of the professional electorate.

Q. Does a Council member represent his/her constituents?

- A. No, a Council member does not have constituents. A Council member is somewhat like the trustee of an estate: he/she acts in the best interest of the beneficiary, not the persons who selected him/her as Trustee. The beneficiary under the *RHPA*

and the *Chiropractic Act, 1991* is the public interest. If a chiropractor from a Council member's district has a problem with CCO, it would be inappropriate for the Council member to intervene on the chiropractor's behalf with the pertinent committee or CCO staff person.

Q. How does this affect a candidate's 'campaign' materials?

- A. While people sometimes do refer to the election process as a 'campaign', this, too, is a bit of a misnomer. Candidates for election can and should provide information about themselves and their philosophy to the other chiropractors in their district to assist them in making an informed choice. However, there is not really a role for campaign 'promises' or statements about how a candidate, if elected, will decide specific matters that might arise in the future. In addition, candidates are strongly urged to forward their campaign material to CCO before distribution to ensure the elections are conducted in a fair manner.

The Election Review Sub-Committee will review all material for compliance with CCO standards and policies and consistency with the requirement for professional, respectful communication.

Q. Why, then, are Council members elected from districts?

- A. Perspective. Having Council members elected from various districts ensures that the perspective of all chiropractors, not just those from one region (e.g., the Greater Toronto Area), is reflected on Council. Some issues might have a different impact on the public from rural or northern areas, small towns, medium-sized cities and Toronto. It is important that all perspectives are heard.

This notice explains the election rules established under the *Chiropractic Act, 1991*. To the extent of any inconsistency, the legislation and the by-laws govern. If you have any questions, please contact CCO at (416) 922-6355.



CCO ELECTORAL DISTRICTS

[map not to scale, illustrative of districts only]

District 1: Northern comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka, and the city of Greater Sudbury.

District 2: Eastern comprised of the counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas and Glengarry, and the City of Ottawa.

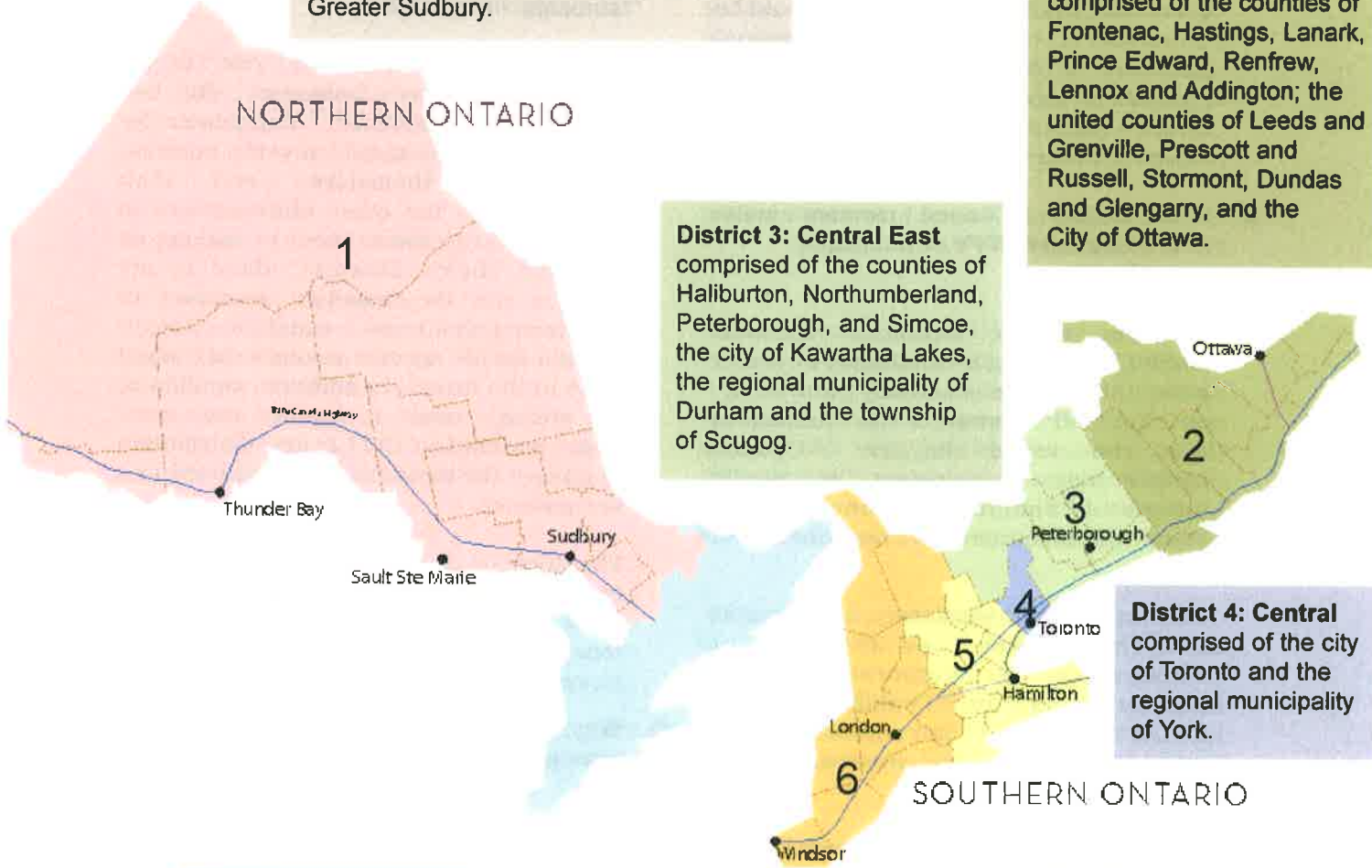
District 3: Central East comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog.

District 4: Central comprised of the city of Toronto and the regional municipality of York.

District 6: Western comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth and Oxford, and the municipality of Chatham-Kent.

District 5: Central West comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel and Waterloo, and the city of Hamilton.

District 7: Academic
Member of faculty of an accredited educational institution (elected by all members in Ontario).



ELECTION NOMINATION PAPER – ELECTIONS FOR DISTRICTS 1, 4 AND 5

College of Chiropractors of Ontario (CCO)

January 2024

The Election Nomination Paper must be received with the Candidate Undertaking Form at CCO by 4 p.m. on February 16, 2024. Please type or print neatly, using black ink. Forms may be emailed to CCO at cco.info@cco.on.ca, faxed to CCO at **416-925-9610**.

We, the undersigned members of CCO, eligible to vote in Electoral District _____,

nominate _____ of _____

(Name of Candidate) (City / Town)

as a candidate for the March 2024 election to CCO Council.

Candidate's Registration Number: _____

Business Phone: () _____

Business Address: _____

Confidential E-mail Address: _____

	Nominator's Name ¹ (please print)	City / Town	Registration Number	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

CANDIDATE'S CONSENT: I consent to allow my name to stand for election as a member of CCO for the Electoral District of _____ and agree to serve if elected. I will attend the February 20, 2024 Orientation Session for all candidates.

Candidate's Name

Candidate's Signature

Date

¹ Minimum of 10 eligible members who support the nomination and who are eligible to vote in the electoral district is required.

UNDERTAKING TO THE CCO REGISTRAR FROM CANDIDATE

College of Chiropractors of Ontario (CCO)

January 2024

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

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

1. (a) My **primary practice of chiropractic** is located in the electoral district for which I was nominated.
- OR -
- (b) I am not engaged in the practice of chiropractic and my **primary residence** is located in the electoral district for which I was nominated.

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

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

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

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

- 5. I undertake to:
 - maintain all confidentiality within the election process, including but not limited to, maintaining confidentiality with respect to which members voted or did not vote and/or submitted spoiled ballots.
 - review and comply with CCO’s provisions, including the Code of Conduct, CCO Internal Policy I-015: Policy to Avoid Abuse, Neglect and Harassment, Policy P-011: Conflict of Interest for Council and Committee Members, and CCO’s mission, vision, values and strategic objectives,
 - review CCO’s orientation material and attend any relevant training workshop,
 - participate in CCO’s Peer and Practice Assessment Program within six months of my election (if I have not already been peer assessed by that time), and
 - participate as a member of a discipline panel or fitness to practise panel if selected by the Chair of the Discipline or Fitness to Practise Committee, unless I have a conflict of interest.

- 6. I have **not**:
 - been disqualified from the Council or a committee of the Council in the previous six years.
 - resigned from a position on Council, before completing my term, within the last three years and four months.
 - served on Council for nine consecutive years without a full three-year term passing since I last served on Council.
 - been a member of the staff of the College at any time within the preceding three years.

- 7. A finding of professional misconduct, incompetence or incapacity has not been made against me in the preceding six years.

- 8. I confirm that:
 - I have read the Competencies for Council and Committee Members and Peer Assessors,
 - I have read section 3(1) of the Health Professions Procedural Code, under the *Regulated Health Professions Act, which prescribes the objects of the College.*
 - I have reviewed my active personal and business communications, including those on social media, and there is no current content that could embarrass or harm the reputation of CCO or give cause to consider that I am unable or unwilling to comply with CCO’s mission, vision, values, strategic objectives and by-laws, and the duty to be fair and impartial in all considerations, and
 - I have access to and agree to use the following confidential e-mail address for any and all CCO matters:

- 9. I acknowledge that as a member of Council, my primary duty is to serve and protect the public interest.

- 10. I recognize that, if I were to resign from Council, it will not be properly constituted. Therefore, if elected, I undertake not to resign from Council without first giving 60 days written notice to the President and Registrar so that the Council can take steps to ensure that Council can remain properly constituted at all times.

- 11. I **confirm** all the information in this undertaking is accurate, complete and true.

- 12. I further undertake to advise the Registrar forthwith of any change in the above-noted statements.

- 13. I understand it is an act of professional misconduct to fail to comply with an undertaking to the Registrar.

Candidate’s Name	Candidate’s Signature	Date
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Witness’ Name	Witness’ Signature	Date
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COMPETENCIES FOR COUNCIL AND COMMITTEE MEMBERS AND PEER ASSESSORS



Executive Committee

Approved by Council: November 25, 2021

Amended: June 21, 2023 (came into effect: September 8, 2023)

INTRODUCTION

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

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

OBJECTS OF THE COLLEGE

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

The College has the following objects:

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

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

CCO MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

Mission

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

Vision

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

Values

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

Strategic Objectives

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

COMPETENCIES FOR COUNCIL MEMBERS

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

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

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

Career Skills, Knowledge and Experience

Professional Chiropractic Experience

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

Regulatory, Administrative and Other Experience

- Experience in professional regulation, boards of directors or other administrative and member organizations
- Understand the role of self-regulation of health professions
- Experience with chairing and participating in meetings
- Understand rules of procedure (e.g., Roberts Rules of Order), codes of conduct, conflict of interest policies and confidentiality undertakings

- Experience in areas such as finance/accounting, education, information technology and governance
- Have a basic knowledge of technology and ability to use technology to perform the work of CCO (emails, Zoom meetings and webinars, PDFs, etc.)

Values, Skills, Behaviour and Character Attributes

Communication

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

Working in a Team-Based, Diverse Environment

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

Availability

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

Commitment to and Understanding of the role of the CCO

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

- Ability to identify and declare real and perceived conflicts of interest and appearances of bias

Commitment to Learning

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

Critical Thinking and Problem Solving

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

Professionalism

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

Knowledge of Professional Health Regulation and CCO

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

- Understand the role of a Council member, fiduciary duties and good governance principles, including the distinction and relationships in the roles of Council, the Registrar and staff
- Understand and appreciate finances and financial implications of decisions
- Understand and adhere to fiduciary and confidentiality duties

COMPETENCIES AND EXPECTATIONS FOR COMMITTEE MEMBERS

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

Executive Committee

Committee Mandate

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

Meeting Expectations

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

Competencies for the Executive Committee

- Knowledge and understanding of the regulatory framework of CCO, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, CCO By-laws, internal policies, conflict of interest policies, code of conduct and rules of order
- Communicate with key stakeholders, including members, members of the public, government and other external stakeholders
- Contribute to the review and recommendation to Council of an annual budget, consistent with resources, priorities and strategic objectives
- Review and analyze extensive material, listen and contribute in a respectful manner to discussion and debate and reach a decision regarding regulatory decisions
- Effective oral and written communication skills

- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Understands issues from different perspectives

Inquiries, Complaints and Reports Committee

Committee Mandate

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

Meetings Expectations

- Approximately 10-12 full day meetings per year

Competencies for the Inquiries, Complaints and Reports Committee

- Commitment to review extensive material related to inquiries, complaints and reports to CCO, including submissions by the complainant and member, clinical notes and records, materials from insurance companies, third-party payors and other third parties (e.g., employers), and expert and investigation reports
- Knowledge and understanding of the regulatory framework specific to the complaints process, including the *Regulated Health Professions Act, 1991* and the *Chiropractic Act, 1991*
- Knowledge and understanding of CCO regulations, standards of practice, policies and guidelines and able to apply them to specific complaints
- Knowledge and understanding of risk assessment tools used by the committee
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion and decision-making
- Use technology effectively and review digital material
- Experience in review of complaints and other forms of adjudication
- For chiropractors – broad knowledge base and experience in chiropractic care
- For public members – ability to listen, learn, discuss and ask questions of the professional members of the committee related to chiropractic practice
- Available and prepared for meetings
- Identify and declare any real or perceived conflicts of interest and/or appearances of bias

- Understand the fiduciary duty to act honestly, in good faith and in accordance with the duties and objects of the College
- Commitment to make informed, impartial and transparent decision
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Understands issues from different perspectives
- Understands regulatory outcomes of the inquiries, complaints and reports process
- Understands importance of well-supported reasons for decision and fairness, impartiality and transparency in decision-making
- Identify issues that require external expertise (legal advice or expert opinions)

Discipline Committee

Committee Mandate

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

Meetings Expectations

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

Competencies for the Discipline Committee

- Commitment to review extensive material related to discipline hearings, including notices of hearings, submissions from CCO and the member, joint submissions and agreed statements of fact, evidence including, clinical notes and records, materials from insurance companies, third-party payors and other third parties, and expert and investigation reports
- Knowledge and understanding of the regulatory framework specific to the discipline process, including the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991*, and the *Statutory Powers Procedures Act*
- Complete the Discipline Orientation from the Health Profession Regulators of Ontario (HPRO)
- Knowledge and understanding of CCO regulations, standards of practice, policies and guidelines and application of them to specific disciplinary matters
- Experience in sitting on regulatory or administrative panels and other forms of adjudication

- Use technology effectively and review digital material
- Understand the role of independent legal counsel (ILC), and able to work with and ask questions of ILC
- Understand the roles of Counsel and witnesses in a discipline hearing
- Identify and declare any real or perceived conflicts of interest and/or appearances of bias in deliberating disciplinary matters
- Understand the fiduciary duty to act honestly, in good faith and in accordance with the duties and objects of the College
- Commitment to make informed, impartial and transparent decisions
- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives
- Understand regulatory outcomes of discipline hearings and the importance of well-supported reasons for decisions
- Understand importance of fairness, impartiality and open-mindedness in decision making

Fitness to Practise Committee

Committee Mandate

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

Meetings Expectations

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

Competencies for Fitness to Practise

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

Registration Committee

Committee Mandate

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

Meetings Expectations

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

Competencies for Registration Committee

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

Quality Assurance Committee

Committee Mandate

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

Meetings Expectations

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

Competencies for the Quality Assurance Committee

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

Patient Relations Committee

Committee Mandate

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

Meetings Expectations

- Approximately 4-6 full day meetings per year

Competencies for the Patient Relations Committee

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

Advertising Committee (non-statutory)

Committee Mandate

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

Meetings Expectations

- Approximately 1-2 half day meetings per year
- Availability to review and provide feedback on advertisements and website and social media material submitted by members

Competencies for the Advertising Committee

- Knowledge and understanding of CCO standards of practice and guidelines as they relate to advertising, websites and social media
- Apply CCO standards of practice and guidelines as they relate to advertising, websites and social media to the review and feedback provided on submitted advertisements, website and social media content submitted by members
- Review past feedback provided from the Advertising Committee and apply to the review of advertisements, website and social media content submitted by members

- Effective oral and written communication skills
- Respectful and collegial communication when discussing and debating differing opinions
- Active contribution to discussion and decision-making
- Active listening and respectful communication with committee members and staff
- Possess strategies to build consensus
- Review, process and organize large amounts of information and material to synthesize issues and provide a framework for discussion
- Understand issues from different perspectives

COMPETENCIES FOR CHAIRS OF COUNCIL AND COMMITTEES

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

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

COMPETENCIES FOR PEER ASSESSORS

Peer Assessors conduct Peer and Practice Assessment (PPA) 1.0 and 2.0 which involves in-person interaction and assessment of members' practices and knowledge of CCO standards of practice, policies and guidelines. The PPA programs are designed to be educational in nature and are one component of the Quality Assurance Program intended to encourage life-long learning and continuous improvement amongst members. Peer assessors are appointed in accordance with Policy P-051: Assessors, and act as "ambassadors" for CCOs.

The following competencies are expected of Peer Assessors:

Career Skills, Knowledge and Experience

Professional Chiropractic Experience

- Experience in providing chiropractic care to a diverse group of patients in various practice settings
- Experience with various aspects of chiropractic care, including, patient consultation, examination and care, informed consent, record keeping, business and billing practices, billing of insurance companies and third-party payors, advertising and other communications to the public (websites and social media).
- Understanding of the importance of the protection of patient rights and patient safety, including the prevention of patient abuse and boundary violations

Regulatory, Administrative and Other Experience

- Experience in professional regulation, boards of directors or other administrative and member organizations
- Understand the role of self-regulation of health professions
- Have a basic knowledge of technology and ability to use technology to perform the work of PPAs (emails, Zoom meetings and webinars, PDFs, etc.)

Values, Skills, Behaviour and Character Attributes

Communication

- Communicate effectively, concisely, constructively, respectfully and accurately, verbally and in writing, with members selected for PPAs and CCO staff members and council and committee members in the context of regulating the profession in the public interest
- Communicate in a respectful manner and ask for clarification and explanation when needed

- Provide constructive and helpful contributions to discussion and debate with a view towards problem solving and making effective decisions

Working in a Team-Based, Diverse Environment

- Work cooperatively, collegially and respectfully in a team-based environment
- Demonstrate respectful behaviour to a variety of viewpoints and social and cultural differences
- Support decisions and positions of CCO Council
- Demonstrate a commitment to diversity and inclusion

Availability

- Commitment to being available to conduct PPAs
- Commitment to being prepared for PPAs by reading PPA materials in advance
- Punctual attendance at PPAs

Commitment to and Understanding of the role of the CCO

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

Commitment to Learning

- Commitment to ongoing learning and education about professional regulation, CCO and other areas relevant to serving as a Peer Assessor
- Ability to ask questions if knowledge is lacking

Professionalism

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

Knowledge of Professional Health Regulation and CCO

- Understand the role of the regulator and professional health regulation in Ontario
- Understand the difference in roles between a professional health regulator and other stakeholders, such as professional advocacy groups, protective associations and educational institutions
- Work within the wider context of the regulatory framework in Ontario and consistently with the goals and objectives of the Ontario Government and Ministry of Health
- Understand and work in accordance with the objects of the College and mission, vision, values and strategic objectives of CCO
- Understand and work within CCO's governance and organizational structure, governing legislation, and mission, vision, values and strategic objectives
- Understand the mandates and functions of CCO Council and committees
- Understand the specific role of the Quality Assurance Committee and of PPA as a component of the Quality Assurance Committee
- Understand and apply CCO regulations, by-laws, internal policies, codes of conduct, standards of practice, policies and guidelines
- Understand and adhere to fiduciary and confidentiality duties

ITEM 4.1.50

ELECTION REVIEW SUB-COMMITTEE TERMS OF REFERENCE

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(Approved by the Executive Committee: January 21, 2022)

The Election Review Sub-Committee is a sub-committee of the Executive Committee which is struck temporarily during the period of CCO's elections to Council.

1. Composition

The composition of the Election Review Sub-Committee shall include a maximum of 4 committee member, as follows:

- 1 - 2 members of the Council who are members of the College, and not candidates for election in that year;
- 1 - 2 members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- if possible, 1 individual with experience in professional regulation, who is unaffiliated with the College

2. Accountability and Reporting

The Election Review Sub-Committee reports to the Executive Committee

3. Duties and Responsibilities

- Review candidates' biographical and campaign materials for the elections to CCO Council, consistent with the Notice of Election document and CCO campaign guidelines;
- Provide feedback to candidates if there are any changes to be made to candidates' biographical and campaign material, consistent with the Notice of Election document and CCO campaign guidelines;
- Review and provide feedback to the Executive Committee on other matters related to campaign material for the elections to CCO Council from candidates, individuals or organizations.

It is outside of the scope of the Election Review Sub-Committee to review and make decisions related to eligibility to stand for election. This responsibility lies with the Executive Committee.

4. Meetings

The Election Review Sub-Committee will hold 1-2 virtual meetings, approximately 3 – 4 hours in length. Additional meetings may be required.

PROCEDURES FOR STRIKING AND DISSOLVING SUB-COMMITTEES



CCO Internal Policy: I-014
Executive Committee
Approved by Council: April 16, 2009
Re-affirmed: September 15, 2018

INTENT

To outline CCO's policies and procedures in striking and dissolving sub-committees, sub-groups, workgroups, projects or alike ("sub-committee"). Sub-committees may be formed to take on specific tasks and/or perform duties on behalf of CCO as directed by Council and/or a statutory committee.

POLICY

When CCO Council and/or a statutory committee require a sub-committee to assist in a specific project requested by Council and/or one of its statutory committees, the sub-committee shall require the following approval:

- If a sub-committee requires its own budget separate and apart from an existing statutory committee, the striking of the sub-committee shall require the approval of Council
- If a sub-committee's budget falls within the allocated budget of a statutory committee, the striking of the sub-committee shall require approval from that statutory committee

All sub-committees:

- shall report directly to a statutory committee and to Council as may be required;
- shall require terms of references outlining the purpose, goals, composition, reporting requirements, anticipated budget and authority of the sub-committee;
- shall typically be comprised of 3-5 members. Any additional member(s) appointed to a sub-committee must be approved by Council;

- may include one or more non-council member;
- shall include one or more public members of Council in the same proportion as that of Council, within reason;
- shall perform specific duties as directed by the statutory committee to which it reports and/or as directed by Council;
- shall schedule meetings through CCO;
- shall include an agenda and minutes with every meeting;
- may hold meetings via teleconference or in person;
- shall allocate per diems and reasonable expenses to the statutory committee to which it reports, unless otherwise directed by Council. All expenses must remain in the allotted budget of the statutory committee unless Council approves extra expenditures for that specific committee or sub-committee.

PROCEDURES

Appointments

Whenever possible, appointments and re-appointments to sub-committees shall be made following elections to Council and prior to the first committee meeting of the statutory committee to which the sub-committee reports. However, a newly required sub-committee may be struck and appointments may be made to this sub-committee at any time during the year based on need, following the approval of Council and/or the statutory committee to which the sub-committee will report.

Appointments and re-appointments to a sub-committee shall be made through the collaboration of the president, registrar and the committee chair of the statutory committee to which the sub-committee reports. In cases where a sub-committee reports directly to the Executive Committee, appointments shall be made through the collaboration of the president, registrar and vice-president.

In making appointments to a sub-committee, the following criteria shall be taken into account:

- a council member's interest in the specific task of the sub-committee,
- a council member's general knowledge relating to the specific task of the sub-committee,

- a council member's experience with similar tasks,
- the balancing of different perspectives on the sub-committee,
- the availability and time commitment of a council member to devote to the sub-committee, and
- other relevant qualifications and characteristics to complement the other members' attributes on the sub-committee.

The chair of a sub-committee shall be selected through the collaboration of the president, registrar and the committee chair of the statutory committee to which the sub-committee reports. In cases where the sub-committee reports directly to the Executive Committee, the chair shall be selected by the president, registrar and vice-president.

Dissolution of a sub-committee and/or discharge of a sub-committee member

A sub-committee shall be dissolved if:

- the sub-committee has completed its task, as determined by Council and/or the statutory committee to which the sub-committee reports, or
- the statutory committee to which the sub-committee reports and/or Council determines that the subcommittee is no longer necessary and/or has nothing further to add to the specific task/objective.

A member shall be discharged from a sub-committee if:

- the sub-committee has completed its specified task,
- the sub-committee is dissolved for any reason, or
- the member meets any of the conditions enumerated in By-law 6.29.

Sub-committees are to be struck for specific objectives/tasks and to assist CCO in carrying out its statutory mandate to regulate the chiropractic profession in the public interest. A sub-committee's existence is time-limited and the time frame is to be decided by Council and/or a statutory committee. When a time-frame is not placed on a sub-committee by Council, the sub-committee will dissolve automatically in five years from the date of its striking unless an extension is approved by Council.

Biographical Information Guideline

**Campaign Material
of:**

Reviewed by:

Date:

- Campaign material is acceptable
- Campaign material is unacceptable

Comments

- the candidate's name appears on the top of the page
- the candidate's photograph (head and shoulders only) is included
- the candidate's biographical information is type-written on one 8.5" x 11" – page white bond paper with a minimum of one-inch margins on all four sides, in portrait form (not landscape)
- ~~the candidate's biography includes the following statement verbatim – "chiropractors who are elected will reflect their commitment to the public's right to safe, effective and ethical chiropractic care"~~
- the candidate's biography does not imply, in any way, that CCO or any CCO Council member supports his/her candidacy

The candidate's biography does not include any information or material that is:

- false or misleading
- not readily comprehensible by the persons to whom it is directed
- a comparison to another member's or other health care provider's practice, qualification or expertise
- contrary to any CCO regulations, standards of practice, policies and guidelines, including Policy P-011: Conflict of Interest for Council and Committee Members
- having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional

Comments:

Election Information Guideline

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Campaign Material

of:

Reviewed by:

Date:

- Campaign material is acceptable
- Campaign material is unacceptable

Comments

- the candidate's election material does not imply, in any way, that CCO or any CCO Council member supports his/her candidacy

The candidate's election material does not include any information or material that is:

- false or misleading
- not readily comprehensible by the persons to whom it is directed
- a comparison to another member's or other health care provider's practice, qualification or expertise
- contrary to any CCO regulations, standards of practice, policies and guidelines, including Policy P-011: Conflict of Interest for Council and Committee Members
- having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional

Comments:

From: Jo-Ann Willson
Sent: Monday, February 5, 2024 4:05 PM
To: Sarah Green
Cc: Rose Bustria; Joel Friedman
Subject: Election Review Sub-Committee

This communication is being forwarded to all Council members except for those who are up for election in Spring 2024.

Please be advised that the Election Review Sub-Committee is comprised of the following:

Dr. Jarrod Goldin, Chair;
Dr. Michael Gauthier;
Ms Zoe Kariunus;
Mr. Scott Stewart.

As a reminder, the Election Review Sub-Committee is a sub-committee of the Executive charged with the responsibility of reviewing any campaign material and biographical information of candidates in the election to CCO Council for consistency with CCO's provisions, including general consistency with the advertising provisions (i.e. not being false or misleading etc.).

Thank you to everyone who expressed an interest in serving on the sub-committee.

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

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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: Jo-Ann Willson
Sent: January 30, 2024 11:41 AM
To: Rose Bustria
Subject: FW: Election Review Sub-Committee
Attachments: ElectionReviewSub-CommitteeTerms.pdf

Council.

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

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From: Joel Friedman <JFriedman@cco.on.ca>
Sent: Tuesday, January 30, 2024 11:36 AM
To: Jo-Ann Willson <jwillson@cco.on.ca>; Sarah Green <drsarahgreen1@gmail.com>
Subject: Election Review Sub-Committee

This email is being sent to members of CCO Council, with the exception of Drs. Mizel, Santin and Viscomi, who are up for election to Council in 2024.

We are soliciting interest from Council members to sit on the Election Review Sub-Committee (The Sub-Committee), which is a sub-committee of the Executive struck every year during the CCO elections, to review candidates' election biographies and materials and to provide feedback to candidates, consistent with the Notice of Election and CCO campaign guidelines.

The Executive Committee is of the view that a non-Council individual is not required for the 2024 elections.

The Sub-Committee typically holds two virtual meetings following the closing of nominations and may perform additional review via email. Although reporting to the Executive Committee, the Sub-

committee may consist of any member of Council, who is not up for election. Please see the attached terms of reference for further information.

If you are interested in putting your name forward for the sub-committee, please reply to me by February 1, 2024, 1 pm, following which, the Executive Committee will appoint the Sub-Committee.

Thank you.

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Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

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From: Jo-Ann Willson
Sent: December 18, 2023 11:15 AM
To: Rose Bustria
Subject: FW: [Registrars] FW: MOH Guide for Submitting Scope of Practice Change Proposals
Attachments: Guide for Submitting Scope of Practice Change Proposals_FINAL.pdf; Form 3_FINAL.pdf; Form 2_FINAL.pdf; Form 1_FINAL.pdf; Form 3.docx; Form 2.docx; Form 1.docx; 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: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Monday, December 18, 2023 11:11 AM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Cc: Henry, Allison (MOH) (Allison.Henry@ontario.ca) <Allison.Henry@ontario.ca>; Collins, Virginia (She/Her) (MOH) <Virginia.Collins@ontario.ca>; Lyon, Lindsay (MOH) <Lindsay.Lyon@ontario.ca>
Subject: [Registrars] FW: MOH Guide for Submitting Scope of Practice Change Proposals

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

This email is being forwarded to you on behalf of Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Ministry of Health.

We are pleased to inform you that the ministry has finalized the guidance materials and forms for submitting scope of practice change proposals.

The attached *Guide for Submitting Scope of Practice Change Proposals* is a plain-language resource that will aid applicants by setting out expectations and requirements when submitting a proposal for a scope of practice request to the ministry. Also attached are forms that can be used by the applicant to submit a scope of practice change proposal. The forms are available in two versions depending on your need: 1) accessible PDF, and 2) fillable Word documents. All the materials are also available in French upon request.

If there are any questions about these documents, the updated process for submitting a scope of practice change proposal, or if you would like the French version of these materials, please reach out to Virginia Collins, Manager of the Regulatory Design and Implementation Unit, at: Virginia.Collins@ontario.ca

Thank you

Allison

Allison Henry
Director, Health Workforce Regulatory Oversight Branch
Ministry of Health
438 University Avenue, 10th Floor
Toronto ON
647-267-2362



Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
Email: bakenny@regulatedhealthprofessions.on.ca
Web: www.regulatedhealthprofessions.on.ca
Phone: 416-986-0576

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Ontario 

CHANGES TO SCOPE OF PRACTICE

GUIDE FOR SCOPE OF PRACTICE CHANGE PROPOSALS

Ministry of Health
Health Workforce Regulatory Oversight Branch

November 2023

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Introduction

The *Regulated Health Professions Act, 1991*, (RHPA) and associated health profession Acts and regulations, set out the governing framework for the regulated health professions in Ontario. This framework ensures a consistent approach to self-regulation across all professions with the primary goal being public protection and public interest. This gives the public confidence that regulated health professions in Ontario provide safe, competent, and ethical services, and are accountable to the public, rather than professional self-interest.

A profession's scope of practice describes what a profession does, the services it provides, and the activities a professional is authorized to perform. These are set out in each profession-specific Act (e.g., *Nursing Act, 1991*; *Pharmacy Act, 1991*), supporting regulations and in other pieces of legislation. A proposal to change a profession's scope of practice may include:

1. revising the profession's scope of practice statement;
2. changing the controlled Acts it can perform (e.g., authorizing a new controlled act); and/or
3. amending regulations made under other legislation (e.g., *Laboratory and Specimen Collection Centre Licensing Act, 1990*, the *Healing Arts Radiation Protection Act, 1990*).

Purpose

This guide sets out the expectations and requirements when submitting a proposal to the ministry to propose a change to a profession's scope of practice. Submissions can be made to the Ministry of Health by a health regulatory college or professional association.

A proposal can be requested or submitted for the following reasons:

- A health regulatory college or association may identify a scope of practice expansion opportunity and submit a scope of practice change proposal for the ministry's consideration.
- The ministry may request that a health regulatory college submit a scope of practice change, in the form of a regulation or regulation amendment, when the ministry/government seeks to make targeted improvements to the healthcare system.

In these cases, the ministry expects health regulatory colleges, professional associations, and other affected partners/stakeholders to work together to ensure the

proposal is as complete as possible, is supported by all parties, and public protection and public interest considerations are appropriately represented.

Information provided in the submission will be used by the ministry to ascertain whether a scope of practice change is necessary. The information is also used to provide advice to the Minister on whether the proposal is viable, in the public interest, and meets ministry priorities.

About this Guide

To document the ministry's requirements and the considerations that are made when assessing proposals, this guide supports the applicant as they complete Form 1: Notification, Form 2: Scope of Practice Change Proposal, and Form 3: Regulatory Submission (for Health Regulatory Colleges only). Ministry advisors will also be available to support this process, as appropriate, to ensure that the decision-making needs of the government will be met.

Submission of a proposal and the ministry's review does not guarantee that a requested scope of practice change will be approved by the government.

Similarly, if supported, proposed amendments to scope of practice regulations (if any), are not final until reviewed by the Minister and approved by the Lieutenant Governor in Council.

How Does the Ministry Evaluate Proposals?

For the ministry to implement the best solutions – fairly, efficiently, and only when necessary – it needs to first understand all aspects of the problem, issue, or opportunity. A good proposal will provide, specifically and in detail, the proposed scope of practice change and how the scope change forms the solution.

Ontario's healthcare system is complex and interdependent. Changing one aspect of the system, such as a profession's scope of practice, will impact other aspects. The ministry needs to understand what these impacts are and weigh the risks and benefits of the change in scope of practice.

The ministry expects proposals to be:

- Supported by detailed, well-informed, and verifiable evidence
- Concise and free of complex language
- Balanced by including supporting and opposing views, benefits and risks, and risk mitigation strategies
- Relevant to a government priority and reflective of current and potential future needs in Ontario, if applicable.

What is the Model for the Evaluation of Scopes of Practice in Ontario (MESPO)?

The Model for the Evaluation of Scopes of Practice in Ontario (MESPO) is a ministry-developed framework used to evaluate scope of practice change proposals. MESPO takes a patient and system-centred approach, considering factors such as patient and health system needs, provider competencies, patient safety, public protection, fiscal sustainability, integration with the healthcare system, and alignment with current priorities of Ontario's healthcare system. All scope proposals submitted to the ministry will be evaluated using MESPO. Please see Appendix 1 for details of the MESPO framework.

Submission Process



Step 1: Ministry Notification

To start the submission process, the applicant will complete Form 1: Notification to advise the ministry of its intent to submit a proposal for a scope change. See section *Completing Form 1: Notification to Ministry of Health* for additional information.

The applicant will submit the notification via email to RegulatoryProjects@ontario.ca copying the Director of the Health, Workforce Regulatory Oversight Branch and the Manager, Regulatory Design and Implementation Unit. Their emails can be found [here](#).

Step 2: Advisor Assigned

Upon receiving and processing the notification, the ministry will send an acknowledgment of receipt and provide contact information of the ministry advisor who has been assigned to work with the applicant. The advisor will act as a liaison to support/guide the applicant as they complete their formal scope of practice submission using the ministry's forms and guidance materials.

Step 3: Proposal Development

The applicant will use Form 2: Scope of Practice Change Proposal as it develops its proposal to ensure it meets expectations for completeness. See section *Completing Form 2: Scope of Practice Change Proposal* for additional information. The ministry

advisor will be available to answer any questions about the ministry's process and expectations.

Submit the completed Form 2 via email to RegulatoryProjects@ontario.ca copying the Director of the Health, Workforce Regulatory Oversight Branch and the Manager, Regulatory Design and Implementation Unit. Their emails can be found [here](#).

Step 4: Ministry Review and Decision

The ministry is committed to a fair and transparent review process. The Ministry will take steps, whenever possible, to ensure that dedicated resources are available to review each proposal and to engage with applicants and involved stakeholders, when appropriate, during the review process.

The ministry will communicate with the applicant the outcomes of its review. Outcomes can include a decision not to proceed with the proposal, retain the proposal for future consideration, or support the proposal and communicate next steps.

If the decision is to support the proposal, the ministry will work collaboratively with the college on finalizing the proposal (Step 5).

Step 5: Proposal Submission (Health Regulatory Colleges Only)

Health regulatory colleges are required to submit Form 3: Regulatory Submission, as well as additional documents and information as part of the typical regulation-making process. See section *Completing Form 3: Regulatory Submission (To be completed by Health Regulatory Colleges Only)* and Appendix 3 for additional details.

Submit the completed Form 3 via email to RegulatoryProjects@ontario.ca copying the Director of the Health, Workforce Regulatory Oversight Branch and the Manager, Regulatory Design and Implementation Unit. Their emails can be found [here](#).

Timelines

Proposals will be assessed in a timely manner in alignment with Ontario Public Service (OPS) Common Service Standards¹ and best practices, to which the ministry is committed to upholding.

¹Common Service Standards are OPS-wide commitments to consistently provide a quality experience for customers across the government. Members of the public can expect minimum levels of service when interacting with government staff by telephone, in person, over email and through websites, through social media and by mail and fax. For more information see <https://www.ontario.ca/page/ontario-government-service-standards>.

Timelines may be impacted by several factors, including:

- other competing timelines and government priorities
- quantity and complexity of items to be considered
- ministry internal consultation requirements
- legislative processes and timing
- completeness and quality of supporting information
- number of scopes of practice proposals from other applicants
- review status of other proposals.

[Remainder of page intentionally left blank]

Completing Form 1: Notification to Ministry of Health

Completion and submission of Form 1: Notification, is the starting point. It notifies the ministry of the intention to submit a proposal for a scope of practice change and provides the ministry with an opportunity to respond, if appropriate, prior to the applicant developing a full proposal.

Section 1: Summary of Proposal

Provide a brief, plain language synopsis of the scope of practice change that is being sought.

Section 2: Contact Information

This section will include details on who is submitting the proposal and who will be working with the ministry on the proposal.

[Remainder of page intentionally left blank]

Completing Form 2: Scope of Practice Change Proposal

Form 2: Scope of Practice Change Proposal has been developed to mirror the components of the MESPO framework to ensure a well-crafted proposal that includes data, quality evidence and information needed by the ministry as described below. Additionally, the Form contains guiding questions that are designed to prompt the applicant to ensure that the necessary information is provided to assist with government decision-making. Form 2 will be used by the ministry to determine if it will support the scope of practice change proposal. If the decision is to support the proposal, then health regulatory colleges must complete Form 3: Regulation Submission (see section *Completing Form 3: Regulatory Submission*).

Supporting the Proposal with Quality Evidence

Because the ministry will use the proposal to inform and facilitate recommendations and government decision-making, it is important that supportive, quality evidence is provided to help the ministry understand the need for, and impact of, the proposed scope of practice change.

A strong submission will include evidence that is:

- Directly relevant to the scope of practice change being proposed, with clear links to impacts
- Profession-specific and geographically relevant where possible
- Varied, using more than one type of evidence and combining peer-reviewed research, where possible, with other forms of information
- Accurately described, well documented and verifiable.

To enhance the understanding of the information provided in this form, include charts, graphs, tables, diagrams, and other visual aids. Include depictions of before-and-after processes, for example, those presenting workflows, patient pathway, and expected effects on the healthcare system.

Note that applicants must provide evidence in a reference list or footnotes wherever it is cited and/or include copies of materials/evidence gathered. If evidence appears within larger documents, please curate the information and/or provide the ministry with page numbers or other references to ensure the ministry reviews the information that is supporting your proposal.

Please refer to the Hierarchy of Evidence in Appendix 2 for additional information.

Where research evidence is not available, the ministry will assess and weigh the grey literature (e.g., reports, working papers, newsletters) and other supporting evidence (e.g., jurisdictional/environmental scans) provided by the applicant.

Section 1: Description

In this section, provide a clear, concise, plain language synopsis of what would change for the profession and how practitioners treat or interact with their patients. The ministry needs to clearly understand the problem, issue, or opportunity that the proposal is aiming to address. If the applicant feels that the proposal is urgent, then explain why it is needed immediately and the potential consequences if it does not move forward. Also include any advantages and disadvantages of the proposed scope of practice change.

Section 2: Impact on End Users and Outcomes

This evaluation component should highlight which patients/clients/members of the public are anticipated to be impacted by the proposal, as well as the nature and size of the impact. It is important here that applicants articulate why the proposal is important for the ministry to consider now.

Overall, the ministry needs a good understanding of:

- Access to Care
- Care Pathways
- Efficiency
- Equity
- Intended Outcomes
- Safety
- Social Determinants of Health
- Patient/Client/Resident Experience
- Professional Collaboration
- Any Other Outcomes Identified by the Applicant

Some scope of practice changes may affect the patient experience by providing smoother transitions or a shorter, more direct care pathway (e.g., eliminating the need for referrals to other professionals). Other changes may affect the health and clinical outcomes of patients or have impacts on population health and disease incidence and prevalence. It is unlikely that a change would affect all of these areas, therefore information provided should focus on the most likely or most important impacts. The anticipated size and nature of these impacts need to be identified, as do the anticipated positive and negative outcomes.

Applicants are encouraged to use the Ministry of Health's [Health Equity Impact Assessment \(HEIA\) Tool to support their assessment](#). The HEIA tool can help the applicant identify unintended potential health impacts (positive or negative) of a policy, program, or initiative on vulnerable or marginalized groups within the population. The tool can also be used to help develop recommendations as to what adjustments to the proposal may be needed to mitigate negative impacts and maximize positive impacts on the health of vulnerable and marginalized groups.

Section 3: Costs and Savings

This evaluation component will look at the direct compliance costs associated with the policy option and regulatory changes from the perspective of:

- Patients
- Healthcare service (HCS) providers and businesses² (if different from HCS providers)
- The government, Ministry of Health, and other ministries and government programs.

Outline all areas where costs would be incurred resulting from the scope of practice change. In some cases, the change may result in a reduction in costs to patients, taxpayers, the government, and/or other regulated health professions. Applicants should provide an analysis that is comprehensive, rigorous, and based on the most accurate and relevant information.

Where relevant, discuss potential costs that would be sustained by the broader public service such as hospitals, the community, universities and colleges, if the proposal were to be approved.

Note that information provided in the proposal will be used by the ministry to prepare a Regulatory Impact Analysis (RIA) if the proposal is supported by the Minister. A RIA supports decision-making by providing a systematic review of the potential incremental impacts of policy instruments on stakeholders, including any potential regulatory burdens resulting from the proposed change, such as financial costs. RIA's will be prepared and published for legislation, regulations (LGIC and Minister), policies and forms affecting for-profit business, not-for-profit, and the Broader Public Sector. The analysis will be made available on the Regulatory Registry.

Section 4: Alignment with Healthcare Priorities

Provide an assessment of the alignment, relevance, and impact of the scope of practice change to current healthcare priorities. These priorities could relate to:

- Ministry strategies and initiatives
- Government objectives and commitments (e.g., regulatory burden reduction, achieving fiscal sustainability)
- Other government priorities.

² Under the *Modernizing Ontario for People and Businesses Act, 2020* (MOPBA), the government aims to make it easier for businesses to grow and compete by cutting unnecessary red tape and streamlining regulations while protecting the public interest. The MOPBA applies to all regulated entities that are subject to regulations including every business, trade, occupation, profession, service, venture and broader public sector organization, whether or not carried on with a view to profit (subsection 1(1)).

Section 5: Jurisdictional Comparison and Analysis

Understanding where other jurisdictions have implemented a particular scope of practice is a valuable source of information for the ministry as it may help illustrate what can be expected in Ontario should the change in scope of practice be made here.

This evaluation component contains three key points of information:

- A scan of comparable jurisdictions in Canada and internationally indicating where the proposed changed scope of practice has been implemented.
- An analysis of the key effects of the scope of practice changes on end users and on costs/savings to taxpayers. In comparable jurisdictions where the change has already been implemented.

The jurisdictional comparison should indicate whether members of the profession are expected to perform the proposed scope change at entry to practice in other jurisdictions, and if so, whether members of the profession in Ontario have the necessary competencies to do so.

Section 6: Risk Identification and Mitigation

This evaluation component looks at key risks and potential mitigation strategies. A risk may be an event or condition that may or may not happen and its impact may have positive or negative consequences.

Each proposed change to a profession's scope of practice may present its own set of negative or positive risks. Some potential risks to consider include:

- Safety risks (e.g., to patients, to healthcare providers)
- Risks to healthcare priorities, the healthcare system, or care delivery (e.g., creating silos of care, increase patient volumes in hospitals, negative impacts on employers)
- Legal risks to health regulatory colleges, regulated health professionals
- Risks to other regulated professions and on interprofessional care
- Opposition to the scope of practice change by other professions, professional associations, other health regulatory colleges, and the public.

For each area of risk, indicate the probability (or likelihood) of the risk occurring; and the consequences (or the extent and severity of impacts) if the risk occurs and how it could be mitigated.

Section 7: Implementation Considerations

It is important for the ministry to understand the implementation activities and milestones that a college and/or profession may undertake if the proposed scope of practice change and regulatory amendments are approved by the government.

In this section, identify and explain key implementation considerations if known and where appropriate. Implementation considerations may include, but are not limited to:

- Impact on the profession
- Activities to ensure practice readiness (e.g., development of educational resources including education course/program)
- Impact to the College's overall functioning, resources and established workplans/strategic plans

Section 8: Approach for Ongoing Quality and Safety

Evaluating and monitoring intended and unintended outcomes is an important part of ensuring ongoing quality and safety. This section should provide an overview of the activities and approaches for ongoing quality and safety that will be needed to ensure that patients continue to have access to safe and competent care should the proposed scope of practice change be approved.

This could include but is not limited to:

- Conditions, registration requirements, new policies or other regulatory activities related to the College's expectations and practitioner accountabilities
- Partnerships between colleges and other provincial quality assurance initiatives.

[Remainder of page intentionally left blank]

Completing Form 3: Regulatory Submission (To be completed by Health Regulatory Colleges Only)

Following receiving the ministry's support, health regulatory colleges must complete Form 3: Regulatory Submission.

Section 1: Contact Information

Please provide details on who from the health regulatory college will be working on the proposal.

Section 2: Summary of Proposal

In this section, please provide a clear, concise, plain language synopsis of what would change for the profession and how practitioners treat or interact with their patients. Here the health regulatory college should provide details on what will change from a regulatory or legislative perspective.

Section 3: Consultation

Under subsection 95(1.4) of the Health Professions Procedural Code in the *Regulated Health Professions Act, 1991*, each College regulation must be circulated to its members for a period of at least 60 days prior to the College Council approving the regulation.

In this section, health regulatory colleges should describe all the consultation activities that have been undertaken. Colleges must also provide details on any resulting proposed regulatory changes that resulted from these activities.

Section 4: Jurisdictional Comparison and Labour Mobility

Here, health regulatory colleges should include an analysis of labour mobility, including whether the proposal might impact regulated health professionals in this field from other jurisdictions who wish to register in Ontario.

Section 5: Approach for Ongoing Quality and Safety

In this section, the ministry is interested in knowing all the planned quality assurance activities that will be undertaken by the college.

Section 6: Implementation

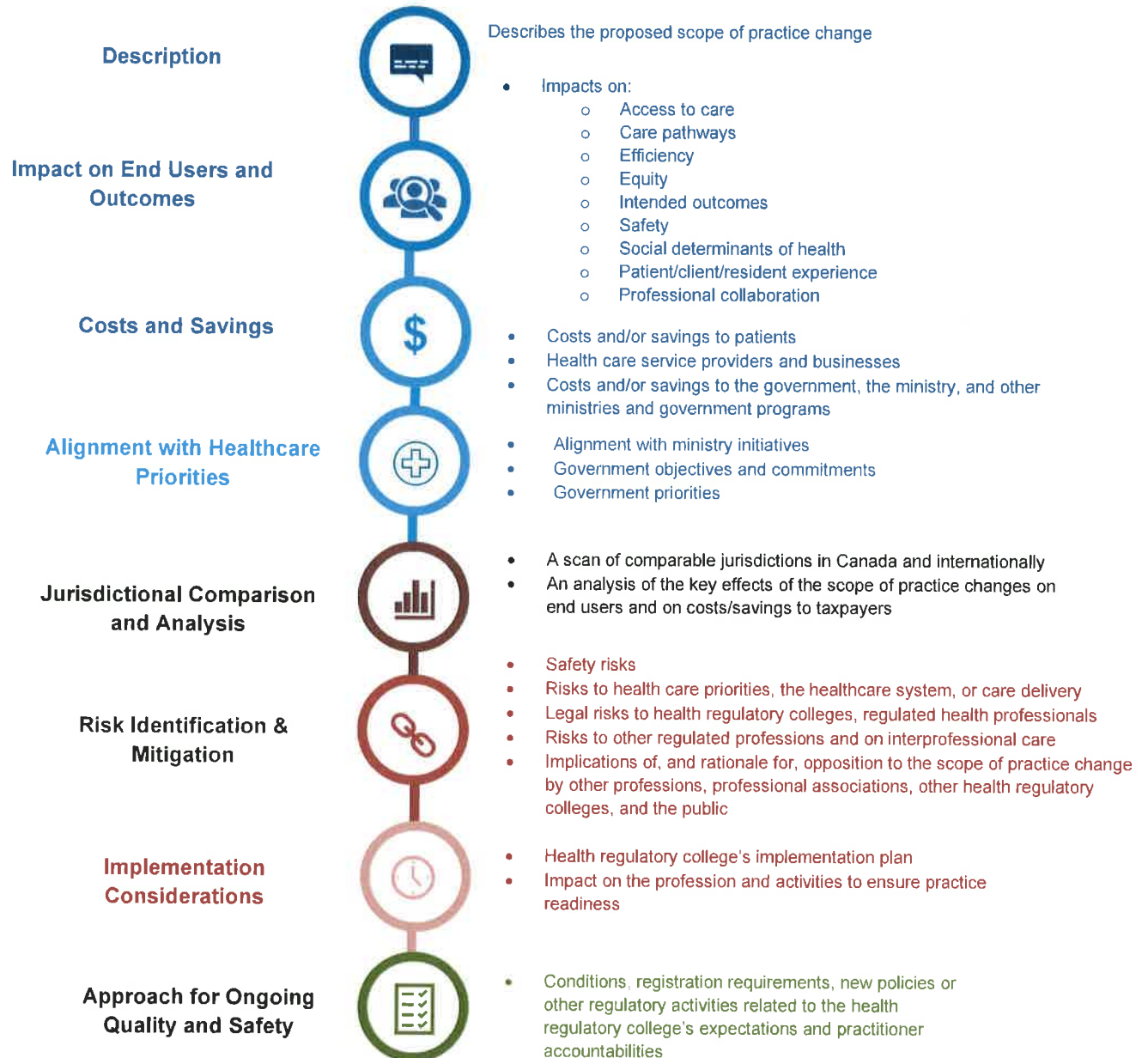
Here, health regulatory colleges need to identify all implementation milestones and any anticipated timelines. Colleges should include:

- The implementation plan

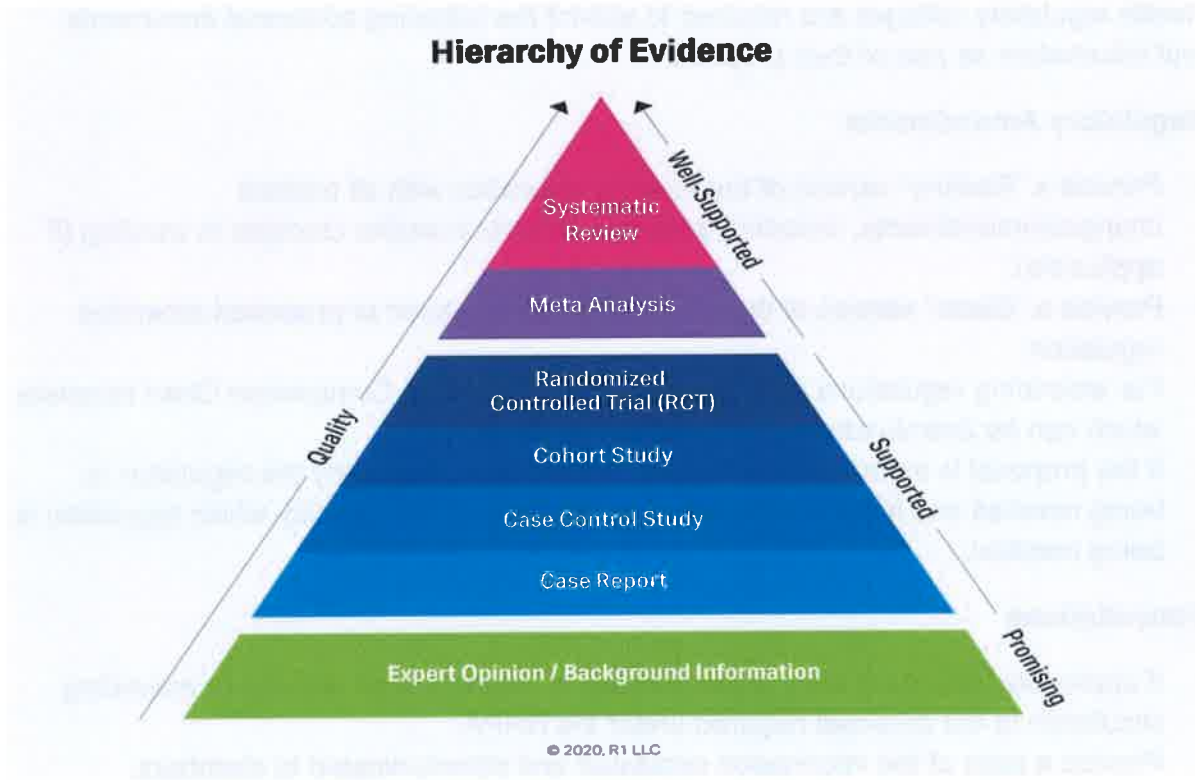
- The time needed to prepare for the scope of practice change prior to the regulation coming into force and the date the College wants the regulation to come into force
- Any risks associated with implementation
- How the scope of practice change will be communicated
- The urgency of the scope of practice change

[Remainder of page intentionally left blank]

APPENDIX 1: MODEL FOR THE EVALUATION OF SCOPES OF PRACTICE IN ONTARIO (MESPO) FRAMEWORK



Appendix 2: Hierarchy of Evidence



Appendix 3: Additional Required Document List for Health Regulatory Colleges

Health regulatory colleges are required to submit the following additional documents and information as part of their proposal.

Regulatory Amendments

- Provide a “Redline” version of the existing regulation with all tracked changes/amendments, including additions, deletions and/or changes in wording (if applicable).
- Provide a “Clean” version of the proposed new regulation or proposed amended regulation.
- For amending regulations only, complete the Regulation Comparison Chart template which can be downloaded at [placeholder for website].
- If the proposal is or includes a revoking regulation, explain why the regulation is being revoked and include instructions to the ministry that identify which regulation is being revoked.

Consultations

- If applicable, provide a copy of the Minister of Health’s letter waiving or amending circulation to the proposal required under the RHPA.
- Provide a copy of the information circulated and communicated to members, stakeholders, and the public during the circulation for consultation period including any cover correspondence or directions.
- Provide a copy of the materials and feedback generated during consultations.

Regulatory Council Approvals

- Provide the approved Council minutes passing a motion to adopt the regulation(s) including any pertinent discussions associated with the motion and its passage.
- Complete the following form - Position of Council Members on College’s Proposed Regulation template, which can be downloaded at [placeholder for website].

Form 3: Regulation Submission

Following approval by the Ministry of Health to proceed with the scope of practice change proposal, regulatory colleges must complete this Form.

Please refer to “A Guide for Scope of Practice Change Proposals” when completing this Form. Contact your ministry advisor if you have questions about the ministry’s process and expectations.

Appendix 3 includes a list of additional documentation and information that regulatory colleges are required to submit with their proposal. Please review these appendices and ensure that all required documentation and information is attached to this Form.

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

Section 1.	Contact Information
-------------------	----------------------------

1. What regulatory health College is submitting this scope of practice proposal for regulatory amendments?

2. What is the College's address?

Street address:

Unit/Suite:

City:

Postal code:

3. Who is the primary contact for this proposal?

Name:

Title:

Telephone/ext.:

Email:

4. If the primary contact is not available, who is the secondary contact for this proposal?

Name:

Title:
Telephone/ext.:
Email:

Section 2.	Summary of Proposal
-------------------	----------------------------

1. Describe the scope of practice change being proposed through these regulatory and/or statutory amendments?

2. This proposed scope of practice change may require (check all that apply):
 - New regulation
 - Amendment to O. Reg. _____ / _____
 - Complementary amendments to _____ / _____
 - Revocation of O. Reg. _____ / _____
 - Legislative amendment

3. Describe how each regulation and/or legislation change(s) being proposed relates to the scope of practice change and the intent of each amendment.

4. What date did the College Council approve the proposed regulation for submission to the ministry?

5. Please provide the date the proposed new regulation or amended regulation is to come into force.

Section 3.	Consultation
-------------------	---------------------

1. Describe the regulation making authority/authorities the regulatory college is relying upon to make the new regulation or amended regulation. Identify the provisions contained in the Regulated Health Professions Act, 1991 (RHPA), Health Professions Procedural Code (HPPC), and/or profession specific Act.

2. On what date did College Council approve circulation of the proposed new regulation or amended regulation?
3. During what dates was the proposed new regulation or amended regulation circulated for consultation and for how many days was it circulated?
4. Which stakeholders were consulted? Were any stakeholders not consulted and why?
5. How was the proposed new regulation or amended regulation circulated/communicated to College members?
6. How was the proposed new regulation or amended regulation circulated/communicated to stakeholders, including other regulatory colleges and professional associations?
7. Provide a summary and analysis of the consultation feedback received, including any correspondence. Include who responded and their feedback; all areas of agreement and opposition to the scope change by professions, professional associations, other regulatory colleges, and the public; and how the college responded to the feedback.
8. If the proposed new regulation or amended regulation was changed because of the consultation feedback, was it re-circulated to the College members and stakeholders?
9. If no changes were made based on the consultation feedback, explain why. Provide details on how the College intends to manage any contentious issues.
10. Was the Office of the Fairness Commissioner consulted on the proposed new regulation or amended regulation?

Section 4.**Jurisdictional Comparison and Labour Mobility**

1. Provide a national summary, and if applicable an international summary, of relevant practices in other regulated Canadian jurisdictions.
2. Does the proposed regulatory changes impact labour mobility?

3. Does the College have any Mutual Recognition Agreements (MRA) or other reciprocity agreements with jurisdictions, nationally or internationally, between regulatory bodies or associations?

Section 5.**Approach for Ongoing Quality and Safety**

1. Explain how public health and safety will be protected if the scope of practice is implemented.
2. Please describe how the College's quality assurance program will be affected if the scope of practice change is implemented.
3. Describe what mechanisms or monitoring processes need to be in place to ensure ongoing quality and safety if the scope of practice change is implemented?
4. Describe the College's evaluation plan to monitor intended and unintended outcomes to ensure ongoing quality and safety. List any targets for delivery and milestones toward those targets.

Section 6.**Implementation**

1. What is the college's implementation plan? Who will be responsible for implementation?
2. How much implementation time will the College need to prepare prior to the proposed regulation coming into force?
3. Are there any implementation risks? If so, what is the mitigation strategy?
4. Describe how the college will communicate to its members, stakeholders, and the public the implementation of the proposed new regulation or amended regulations, if approved?

5. **How will members of the public, patients, employers be made aware of a member's change in scope of practice. For example, will there be a notation on the college's public registry?**
6. **What date is the college seeking for the new regulation or amended regulation to come into force?**
7. **If the proposed new regulation or amended regulation is urgent, explain why it is needed immediately and what the consequences will be if it does not move forward?**

Form 2: Scope of Practice Change Proposal

Applicants must complete all sections in Form 2 to have it reviewed by the Ministry of Health. Following the submission and ministry analysis of this Form, your ministry advisor will communicate the ministry's decision on whether to proceed with your scope of practice change proposal. If the decision is to proceed, then regulatory colleges must complete Form 3: Regulation Submission.

Please refer to "A Guide for Scope of Practice Change Proposals" when completing this Form. Contact your ministry advisor if you have questions about the ministry's process and expectations.

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

Section 1.	Description
------------	-------------

- 1. Please provide a plain language description of the proposal.**
- 2. Does the profession's regulatory college support this scope of practice change proposal?**
 Yes
 No
- 3. If applicable, please include any additional information related to this section.**

Section 2.

Impact on End Users and Outcomes

- 1. What are the impacts that this proposed scope of practice change will have on specific populations?**
- 2. What is the impact on patient/client/resident experience?**
- 3. What are the impacts on the profession and activities to ensure practice readiness?**
- 4. What are the impacts to the healthcare system?**
- 5. If applicable, please include any additional information related to this section.**

Section 3.

Costs and Savings

- 1. What are the costs and/or savings to patients?**
- 2. What are the costs and/or savings to healthcare providers?**
- 3. What are the costs and/or savings to the Government, ministry, and other ministries and government programs?**
- 4. If applicable, please include any additional information related to this section.**
- 5. Please provide any evidence documentation that is related to this section.**

Section 4.**Alignment with Healthcare Priorities**

1. Please identify and explain where and how the proposal aligns with current healthcare priorities.
2. Please identify and explain any possible negative impacts on current healthcare priorities.
3. If applicable, please include any additional information related to this section.
4. Please provide any evidence documentation that is related to this section.

Section 5.**Jurisdictional Comparison and Analysis**

1. Please provide a detailed jurisdictional scan and analysis.
2. If applicable, please include any additional information related to this section.
3. Please provide any evidence documentation that is related to this section.

Section 6.**Risk Identification & Mitigation**

1. Are there any legal risks related to your proposal?
2. Are there any safety and public protection risks?
3. Are there any risks to other regulated health professions?
4. Are there any risks to integrated care?

5. Are there any risks to health care service delivery partners or Ontario businesses?
6. Is there any opposition to the scope change by other professions, professional associations, other regulatory colleges, and/or public?
7. Please provide any evidence documentation that is related to this section.
8. If applicable, please include any additional information related to this section.

Section 7.	Implementation Considerations
-------------------	--------------------------------------

1. If, following ministry analysis and support, the change in scope proceeded for government approval, what steps need to be considered as part of an implementation plan.
2. If applicable, please include any additional information related to this section.

Section 8.	Approach for Ongoing Quality and Safety
-------------------	--

1. Describe what mechanisms or monitoring processes need to be in place to ensure ongoing quality and safety if the scope of practice change is implemented?
2. Please provide any evidence documentation that is related to this section.
3. If applicable, please include any additional information related to this section.

Form 1: Notification to Ministry of Health

The first step of the process is to complete this Form (Ministry Notification). This completed Form will be emailed to RegulatoryProjects@ontario.ca, copying the Director of the Workforce Regulatory Oversight Branch and the Manager of the Regulatory Design and Implementation Unit. Their emails can be found [here](#).

Please refer to “A Guide for Scope of Practice Change Proposals” when completing this Form.

Once submitted, a ministry advisor will be assigned your proposal.

Section 1.	Contact Information
-------------------	----------------------------

- 1. What is the applicant/organization’s name that is submitting the proposal?**
- 2. Please provide the date that you submitted this form.**
- 3. What is the applicant/organization’s address?**

Street address:
Unit/Suite:
City:
Postal code:

- 4. Who is the primary contact for this proposal?**

Name:
Title:
Telephone/ext.:
Email:

- 5. If the primary contact is not available, who is the secondary contact for this proposal?**

Name:
Title:
Telephone/ext.:
Email:

Section 2.	Summary of Proposal
-------------------	----------------------------

1. This proposed scope of practice change may require (check all that apply):

- New regulation
- Amendment to O. Reg. _____ / _____
- Complementary amendments to _____ / _____
- Revocation of O. Reg. _____ / _____
- Legislative amendment

2. Please include the Act(s) that will be impacted by the proposed scope of practice change.

3. Is this scope of practice proposal endorsed by the profession's regulatory college?

- Yes
- No

4. Please provide a brief summary of the proposal.

Form 3: Regulation Submission

Following approval by the Ministry of Health to proceed with the scope of practice change proposal, regulatory colleges must complete this Form.

Please refer to “A Guide for Scope of Practice Change Proposals” when completing this Form. Contact your ministry advisor if you have questions about the ministry’s process and expectations.

Appendix 3 includes a list of additional documentation and information that regulatory colleges are required to submit with their proposal. Please review these appendices and ensure that all required documentation and information is attached to this Form.

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

Section 1.

Contact Information

ERASE any guidance (in grey text) under the questions after completing the form.

1. What regulatory health College is submitting this scope of practice proposal for regulatory amendments?

Start Typing Answer Here

2. What is the College’s address?

Street address: Start Typing Answer Here

Unit/Suite: Start Typing Answer Here

City: Start Typing Answer Here

Postal code: Start Typing Answer Here

3. Who is the primary contact for this proposal?

Name: Start Typing Answer Here

Title: Start Typing Answer Here

Telephone/ext.: Start Typing Answer Here

Email: Start Typing Answer Here

4. If the primary contact is not available, who is the secondary contact for this proposal?

721

Name: Start Typing Answer Here
 Title: Start Typing Answer Here
 Telephone/ext.: Start Typing Answer Here
 Email: Start Typing Answer Here

Section 2.	Summary of Proposal
-------------------	----------------------------

ERASE any guidance (in grey text) under the questions after completing the form.

1. Describe the scope of practice change being proposed through these regulatory and/or statutory amendments?

Start Typing Answer Here

2. This proposed scope of practice change may require (check all that apply):

- New regulation
- Amendment to O. Reg. _____ / _____
- Complementary amendments to _____ / _____
- Revocation of O. Reg. _____ / _____
- Legislative amendment

3. Describe how each regulation and/or legislation change(s) being proposed relates to the scope of practice change and the intent of each amendment.

Include:

- profession specific act(s) and associated regulations
- regulations being revoked and explain why the regulation is being revoked and include instructions to the ministry that identify what regulation(s) is being revoked.
- legislation and/or regulations outside of the authority of the College

Also, if you are amending a regulation, please include the Regulation Comparison Chart. It can be found here: [placeholder for website]

Start Typing Answer Here

4. What date did the College Council approve the proposed regulation for submission to the ministry?**722**

Please also include the "Position of Council Members on College's Proposed Regulation" template. This template can be found here: [placeholder for website]

Start Typing Answer Here

5. Please provide the date the proposed new regulation or amended regulation is to come into force.

Start Typing Answer Here

Section 3.**Consultation**

ERASE any guidance (in grey text) under the questions after completing the form.

1. Describe the regulation making authority/authorities the regulatory college is relying upon to make the new regulation or amended regulation. Identify the provisions contained in the Regulated Health Professions Act, 1991 (RHPA), Health Professions Procedural Code (HPPC), and/or profession specific Act.

Start Typing Answer Here

2. On what date did College Council approve circulation of the proposed new regulation or amended regulation?

Start Typing Answer Here

3. During what dates was the proposed new regulation or amended regulation circulated for consultation and for how many days was it circulated?

Start Typing Answer Here

4. Which stakeholders were consulted? Were any stakeholders not consulted and why?

If so, which ones and why not?

723

Start Typing Answer Here

5. How was the proposed new regulation or amended regulation circulated/communicated to College members?

Start Typing Answer Here

6. How was the proposed new regulation or amended regulation circulated/communicated to stakeholders, including other regulatory colleges and professional associations?

Start Typing Answer Here

7. Provide a summary and analysis of the consultation feedback received, including any correspondence. Include who responded and their feedback; all areas of agreement and opposition to the scope change by professions, professional associations, other regulatory colleges, and the public; and how the college responded to the feedback.

Start Typing Answer Here

8. If the proposed new regulation or amended regulation was changed because of the consultation feedback, was it re-circulated to the College members and stakeholders?

If yes, when and how did the re-circulation take place? What was the outcome of the re-circulation? Were additional comments provided? On what date did Council approve the revised proposed new regulation or amended regulation? If not, why?

Start Typing Answer Here

9. If no changes were made based on the consultation feedback, explain why. Provide details on how the College intends to manage any contentious issues.

Please also provide a copy of the consultation materials and all feedback received from stakeholders.

Start Typing Answer Here

10. Was the Office of the Fairness Commissioner consulted on the proposed new regulation or amended regulation?**724**

If yes, please include a copy of the materials and feedback received and a summary of the Commissioner's feedback including how the college intends to address the Fairness Commissioner's concerns (if applicable).

If not, why?

Start Typing Answer Here

Section 4.**Jurisdictional Comparison and Labour Mobility****1. Provide a national summary, and if applicable an international summary, of relevant practices in other regulated Canadian jurisdictions.**

Include how Ontario compares to those other jurisdictions. Consider including how the proposed scope of practice changes would help harmonize Ontario's rules with other relevant or key jurisdictions.

Start Typing Answer Here

2. Does the proposed regulatory changes impact labour mobility?

If yes, how does it impact regulated health professionals in this field from other jurisdictions who wish to register in Ontario? Would there be other effects on labour mobility? Would any exemptions need to be requested?

Explain how the proposed new regulation or amended regulation is consistent with the principles of labour mobility and the labour mobility requirements set out in the Canadian Free Trade Agreement (Chapter Seven - Labour Mobility).

Start Typing Answer Here

3. Does the College have any Mutual Recognition Agreements (MRA) or other reciprocity agreements with jurisdictions, nationally or internationally, between regulatory bodies or associations?

If yes, attach a signed copy of the MRA and other agreements. If not, describe what accommodation would be made by the college to register these applicants.

Start Typing Answer Here

1. Explain how public health and safety will be protected if the scope of practice is implemented.

Do members currently have the knowledge, skill, and competence to safely perform the proposed change in scope of practice? If yes, elaborate. If no, describe any new requirements, including educational, that will ensure members are practice ready and get the knowledge, skill, and competency to safely perform the change in scope of practice. For example:

- Type of education required, such as continuing education, professional development, or entry to practice?
- Who will be developing the education?
- How will it be delivered? For example, online or in-person?
- How much time will be required to complete it?
- Cost of the education including cost to the College, members, government, and others.

Start Typing Answer Here

2. Please describe how the College's quality assurance program will be affected if the scope of practice change is implemented.

Please also indicate any targets and milestones and indicate the mechanisms that will be in place to monitor the plan.

Start Typing Answer Here

3. Describe what mechanisms or monitoring processes need to be in place to ensure ongoing quality and safety if the scope of practice change is implemented?

Start Typing Answer Here

4. Describe the College's evaluation plan to monitor intended and unintended outcomes to ensure ongoing quality and safety. List any targets for delivery and milestones toward those targets.

Start Typing Answer Here

Section 6. Implementation**726****1. What is the college's implementation plan? Who will be responsible for implementation?**

Consider implementation activities for the College (e.g., changes to Standards, guidelines, by-laws; changes to operational processes; communication activities); other regulatory colleges; employers; academic institutions; ministry/government.

Start Typing Answer Here

2. How much implementation time will the College need to prepare prior to the proposed regulation coming into force?

Start Typing Answer Here

3. Are there any implementation risks? If so, what is the mitigation strategy?

Start Typing Answer Here

4. Describe how the college will communicate to its members, stakeholders, and the public the implementation of the proposed new regulation or amended regulations, if approved?

Start Typing Answer Here

5. How will members of the public, patients, employers be made aware of a member's change in scope of practice. For example, will there be a notation on the college's public registry?

Start Typing Answer Here

6. What date is the college seeking for the new regulation or amended regulation to come into force?

Start Typing Answer Here

- 7. If the proposed new regulation or amended regulation is urgent, explain why it is needed immediately and what the consequences will be if it does not move forward?**

727

Start Typing Answer Here

Form 2: Scope of Practice Change Proposal 728

Applicants must complete all sections in Form 2 to have it reviewed by the Ministry of Health. Following the submission and ministry analysis of this Form, your ministry advisor will communicate the ministry’s decision on whether to proceed with your scope of practice change proposal. If the decision is to proceed, then regulatory colleges must complete Form 3: Regulation Submission.

Please refer to “A Guide for Scope of Practice Change Proposals” when completing this Form. Contact your ministry advisor if you have questions about the ministry’s process and expectations.

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

Section 1.	Description
------------	-------------

ERASE any guidance (in grey text) under the questions after completing the form.

1. Please provide a plain language description of the proposal.

The description of the proposal should be clear and concise, outlining the change(s) to the profession’s practice that is being sought.

In addition, to enhance clarity, describe the current practice; and what would change for the profession. Include context details such as a discussion of the other approaches that were considered (e.g., standards, by-laws, guidelines), and a rationale for why the stated approach is preferred. Also describe how the proposed approach would improve the provision of and access to care for patients. Why is it important for the ministry to consider this issue/problem now?

Start Typing Answer Here

2. Does the profession's regulatory college support this scope of practice change proposal?

Yes

No

729

3. If applicable, please include any additional information related to this section.

Start Typing Answer Here

Section 2.

Impact on End Users and Outcomes

ERASE any guidance (in grey text) under the questions after completing the form.

1. What are the impacts that this proposed scope of practice change will have on specific populations?

For example, consider the public, rural and northern Ontarians, women, seniors, low-income individuals/families, Indigenous people and persons with disabilities, residents in long-term care homes or retirement residences.

Start Typing Answer Here

2. What is the impact on patient/client/resident experience?

For example, what would be the size and nature of the impact(s)? what are the positive and negative outcomes?

Please provide a description/depiction of patient pathway(s).

Please provide evidence/documentation on impact to patients.

Start Typing Answer Here

3. What are the impacts on the profession and activities to ensure practice readiness?

Describe how the profession and its practice would be impacted. What is the practice readiness of the profession, including what will be needed to build professional competency and practice readiness to safely perform the proposed scope of practice change.

Describe any changes that may be needed to entry-to-practice or professional development requirements including education and training. How many and what type of professionals would be impacted; what practice settings would be impacted and how; and what locations would be impacted.

If applicable, how would the remuneration model be changed and estimate the uptake of the scope change by practitioners.

Start Typing Answer Here

4. What are the impacts to the healthcare system?

For example, if the change is likely to impact the delivery of interprofessional care, discuss the potential outcomes. How else might other regulated health professions and other healthcare providers be impacted? Identify whether the proposed change might have an impact on the safety of any healthcare providers. Describe other anticipated outcomes for healthcare providers or their employers.

Start Typing Answer Here

5. If applicable, please include any additional information related to this section.

Start Typing Answer Here

Section 3.**Costs and Savings**

ERASE any guidance (in grey text) under the questions after completing the form.

1. What are the costs and/or savings to patients?

Are there any anticipated costs to patients either through private payment or third-party insurers?

Start Typing Answer Here

2. What are the costs and/or savings to healthcare providers?

Here, describe the estimated direct compliance costs, such as administrative costs (e.g., time spent on administrative activities to comply with the changes in regulation, record keeping and reporting, writing and new reporting requirements); upfront capital costs (e.g., new equipment, new education, or training requirements); and fees (e.g., membership fees). Describe how other provider compensation may be affected (e.g., if services previously provided by fee-for-service physicians are now provided by another profession) and how this could affect the health system.

Start Typing Answer Here

3. What are the costs and/or savings to the Government, ministry, and other ministries and government programs?

Please discuss whether there would also be additional, broader costs (e.g., related to healthcare delivered in alternate settings like hospitals; likelihood of additional or duplicate diagnostic testing; etc.). Consider, as well, other potential impacts on the economy and trade.

Start Typing Answer Here

4. If applicable, please include any additional information related to this section.

Start Typing Answer Here

5. Please provide any evidence documentation that is related to this section.

Start Typing Answer Here

Section 4.**Alignment with Healthcare Priorities**

ERASE any guidance (in grey text) under the questions after completing the form.

1. Please identify and explain where and how the proposal aligns with current healthcare priorities.

For example, Ministry strategies and initiatives, Government objectives and commitments, Ontario budget commitments, etc.

Start Typing Answer Here

2. Please identify and explain any possible negative impacts on current healthcare priorities.

Some potential negative impacts on these priorities could include increase costs, creating more care silos, increasing patient volumes to hospitals, increasing wait times etc.

732

Start Typing Answer Here

3. If applicable, please include any additional information related to this section.

Start Typing Answer Here

4. Please provide any evidence documentation that is related to this section.

Start Typing Answer Here

Section 5.

Jurisdictional Comparison and Analysis

ERASE any guidance (in grey text) under the questions after completing the form.

1. Please provide a detailed jurisdictional scan and analysis.

Please include in your scan if additional education/training is required in other jurisdictions related to the proposed change, provide details including time commitment, costs, and who pays for the education/training. Is it an entry-to-practice requirement in other jurisdictions?

If the scope of practice change has been implemented elsewhere, provide descriptions of and references to evaluations on any key impacts and outcomes of the scope of practice change (e.g., impacts on end users; costs/savings to taxpayers) if available.

Start Typing Answer Here

2. If applicable, please include any additional information related to this section.

Start Typing Answer Here

3. Please provide any evidence documentation that is related to this section.

Start Typing Answer Here

733

Section 6.

Risk Identification & Mitigation

ERASE any guidance (in grey text) under the questions after completing the form.

1. Are there any legal risks related to your proposal?

If yes, please describe the risks and provide the mitigation strategy.

Start Typing Answer Here

2. Are there any safety and public protection risks?

If yes, please describe the risks and provide the mitigation strategy.

Start Typing Answer Here

3. Are there any risks to other regulated health professions?

If yes, please describe the risks and provide the mitigation strategy.

Start Typing Answer Here

4. Are there any risks to integrated care?

If yes, please describe the risks and provide the mitigation strategy.

Start Typing Answer Here

5. Are there any risks to health care service delivery partners or Ontario businesses?

If yes, please describe the risks and provide the mitigation strategy.

Start Typing Answer Here

6. Is there any opposition to the scope change by other professions, professional associations, other regulatory colleges, and/or public?

If yes, please provide the mitigation strategy.

734

Start Typing Answer Here

7. Please provide any evidence documentation that is related to this section.

Start Typing Answer Here

8. If applicable, please include any additional information related to this section.

Start Typing Answer Here

Section 7.

Implementation Considerations

ERASE any guidance (in grey text) under the questions after completing the form.

1. If, following ministry analysis and support, the change in scope proceeded for government approval, what steps need to be considered as part of an implementation plan.

In your response, please provide:

- A high-level implementation plan and include who will be responsible for each implementation step and how much time might be needed for each step.
- The steps that will be needed to build professional competency, practice readiness and how long it may take (e.g., include any new requirements, including education and training that will ensure members are practice ready and able to get the knowledge, skill, and judgement to safely perform the change in scope of practice.)?
- How the scope change will be communicated to members of the profession stakeholders and the public.
- The College's overall functioning, resources, and established workplans/strategic plans.
- If standards of practice, policies, or by-laws need to be developed or amended and how long this may take.

Start Typing Answer Here

2. If applicable, please include any additional information related to this section.

Start Typing Answer Here

Section 8.**Approach for Ongoing Quality and Safety****735**

ERASE any guidance (in grey text) under the questions after completing the form.

- 1. Describe what mechanisms or monitoring processes need to be in place to ensure ongoing quality and safety if the scope of practice change is implemented?**

Start Typing Answer Here

- 2. Please provide any evidence documentation that is related to this section.**

Start Typing Answer Here

- 3. If applicable, please include any additional information related to this section.**

Start Typing Answer Here

Form 1: Notification to Ministry of Health

736

The first step of the process is to complete this Form (Ministry Notification). This completed Form will be emailed to RegulatoryProjects@ontario.ca, copying the Director of the Workforce Regulatory Oversight Branch and the Manager of the Regulatory Design and Implementation Unit. Their emails can be found [here](#).

Please refer to “A Guide for Scope of Practice Change Proposals” when completing this Form.

Once submitted, a ministry advisor will be assigned your proposal.

Section 1.	Contact Information
-------------------	----------------------------

ERASE any guidance (in grey text) under the questions after completing the form.

1. What is the applicant/organization’s name that is submitting the proposal?

Start Typing Answer Here

2. Please provide the date that you submitted this form.

Click or tap to enter a date

3. What is the applicant/organization’s address?

Street address: Start Typing Answer Here
Unit/Suite: Start Typing Answer Here
City: Start Typing Answer Here
Postal code: Start Typing Answer Here

4. Who is the primary contact for this proposal?

Name: Start Typing Answer Here
Title: Start Typing Answer Here
Telephone/ext.: Start Typing Answer Here
Email: Start Typing Answer Here

5. If the primary contact is not available, who is the secondary contact for this proposal?

737

Name: Start Typing Answer Here

Title: Start Typing Answer Here

Telephone/ext.: Start Typing Answer Here

Email: Start Typing Answer Here

Section 2.	Summary of Proposal
-------------------	----------------------------

ERASE any guidance (in grey text) under the questions after completing the form.

1. This proposed scope of practice change may require (check all that apply):

- New regulation
- Amendment to O. Reg. _____ / _____
- Complementary amendments to _____ / _____
- Revocation of O. Reg. _____ / _____
- Legislative amendment

2. Please include the Act(s) that will be impacted by the proposed scope of practice change.

Start Typing Answer Here

3. Is this scope of practice proposal endorsed by the profession's regulatory college?

- Yes
- No

4. Please provide a brief summary of the proposal.

Be brief. This section should only be 2 paragraphs long.

- The summary should include:
 - Which regulated health profession(s) will be impacted by this scope of practice change.
 - The purpose of the scope of practice change.
 - Outline the intended outcomes and benefits.
 - Include any anticipated member/stakeholder/public reactions, if known.

Start Typing Answer Here

738

Submission to the Ontario Ministry of Health and Long-Term Care

Enhancing Scope of Chiropractic Care in Ontario through Access to Laboratory and Diagnostic Imaging Tests in the Public Interest

Prepared by:



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

A handwritten signature in black ink, appearing to read "David Starmer".

Dr. David Starmer, President CCO

With support from:



A handwritten signature in green ink, appearing to read "David Wickes".

Dr. David Wickes, President CMCC



Ontario
Chiropractic
Association

A handwritten signature in black ink, appearing to read "Ken Brough".

Dr. Ken Brough, President OCA

February 25, 2019

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Schedules

- A Proposed Laboratory and Imaging Tests
- B Pricing Information re: Laboratory and Imaging Services
- C CCO Draft Standards of Practice re: Ordering Laboratory Tests and Advanced Imaging Tests
- D Proposed Legislative Amendments to Scope of Chiropractic Practice
- E CCO Mission, Vision, Values and Strategic Objectives

Note to Reader

This is an interim report. The College of Chiropractors of Ontario may file additional supporting information as required.

List of Acronyms

CCEB	Canadian Chiropractic Examining Board
CCO	College of Chiropractors of Ontario
CMCC	Canadian Memorial Chiropractic College
CT	Computed Tomography
Draft Standards	CCO Draft Standards of Practice re: Ordering and Interpreting Laboratory Tests and Advanced Imaging Tests
<i>HARP</i>	<i>Healing Arts Radiation Protection Act, 1990</i>
HST	Harmonized Sales Tax
<i>LSCCLA</i>	<i>Laboratory and Specimen Collection Centre Licensing Act, 1990</i>
MESPO	Model for the Evaluation of Scopes of Practice in Ontario
MOHLTC	Ministry of Health and Long-Term Care
MRI	Magnetic Resonance Imaging
OCA	Ontario Chiropractic Association
OHIP	Ontario Health Insurance Plan
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
UQTR	Université du Québec à Trois-Rivières
WSIB	Workplace Safety & Insurance Board

The College of Chiropractors of Ontario (CCO) has a mandate to regulate chiropractic care in the public interest. As stewards, we examine, register and regulate the chiropractic profession, often in partnership with other health professions, licensing bodies, organizations and government. Our goal is to ensure chiropractic care is delivered safely, effectively and in a manner aligned to the public interest.

Chiropractors have increasingly become integrated into the Ontario health care system, taking a prominent role in the Ministry's musculoskeletal strategy, including:

- In leadership roles in Interprofessional Spine Assessment and Education Clinics (ISAECs) where six occupy Practice Lead roles and over 30 have been hired into Advance Practice Clinician positions;
- In six of the seven Primary Care Low Back Pain programs; and
- As members of family health teams, nurse practitioner-led clinics, community health centres and aboriginal health access centres.

Through research and consultations with the Canadian Memorial Chiropractic College (CMCC) and the Ontario Chiropractic Association (OCA), CCO has determined that ordering rights for a select group of laboratory and imaging tests for chiropractors would enable them to fulfill the promise of the musculoskeletal strategy, while also enabling more efficient use of healthcare resources.

CCO has been in discussions with the Ministry of Health and Long-term Care (MOHLTC) about modernization of diagnostic testing in chiropractic since 2009, when it first proposed common-sense scope enhancements in the context of Bill 179, introduced during the 39th Legislative Assembly of Ontario.

More specifically, CCO has recommended since 2009 that the MOHLTC further safety, efficacy and the public interest in chiropractic care by enabling chiropractors to order:

- Specific laboratory tests;
- Specified x-rays; and
- Diagnostic ultrasound.

In September 2017, the MOHLTC issued a directive stating that it would move forward with CCO's recommendation.

In response to the 2017 directive, and with the support of CMCC and the OCA, CCO has prepared the following containing its recommendation with supporting rationale to the Health Workforce Planning and Regulatory Affairs Division of the MOHLTC as part of its Model for the Evaluation of Scopes of Practice in Ontario (MESPO) process.

CCO's expects that its recommendation will:

- Generate \$15.1-23.7M in annual savings as a result of eliminating avoidable visits to family physicians;
- Facilitate better integration of chiropractic care across all health care settings to improve patient care;
- Improve the safety and quality of chiropractic care by reducing unfilled test orders; and
- Reduce wait times for primary care by eliminating avoidable visits to family physicians;

These benefits could be realized quickly and with minimal changes to existing acts and regulations. More specifically, CCO's recommendation can be implemented by:

1. Adding chiropractors to the list of regulated health professionals in the *Laboratory and Specimen Collection Centre Licensing Act, 1990* that can request examinations of human specimen, for which human specimen centres are able to keep records, and for which specimen collection centres are able to process requests to examine human specimen;
2. Amending section 4 of the *Chiropractic Act, 1991* to ensure chiropractors can request advanced imaging tests;
3. Exempting chiropractors from the limitations on forms of energy available to them under the *Regulated Health Professions Act, 1991*; and
4. Including chiropractors in the list of regulated health professionals able to prescribe imaging tests in the *Healing Arts Radiation Protection Act*.

1. Provide a profile of the profession and its practice, specifically addressing the following considerations:

How many members are registered to practice with the college?

- There are 4,474 chiropractors registered in the general class of registration with CCO as of the date of this letter (1).
- An additional 220 members are registered in the inactive class of registration (1).
- An additional 136 members are registered in the retired class of registration (1).

How many registered members will be impacted by this change?

- All 4,474 chiropractors registered in the general class of registration with CCO as of the date of this submission will be impacted by scope enhancement (1).

Practice Setting (e.g., % of members practising in community or acute settings):

- As of December 31, 2017, the following characteristics apply (1):

Table 1. Distribution of chiropractors in Ontario by focus of practice

Practice Setting	% of Practices
Independent Health Facility	29.20%
Solo Practice Office	24.41%
Health-Related Business/Industry	14.29%
Other Group Practice Office	11.02%
Rehabilitation Facility	9.79%
Other	3.65%
Community Health Centre	3.27%
Association/Government/Regulatory Organization	1.26%
Family Health Teams	0.94%
Client's Environment	0.75%
Post-Secondary Education Institution	0.63%
Hospital	0.40%
Spa	0.13%
Laboratory Facility	0.11%
Mental Health and Addiction Facility	0.06%
Nurse Practitioner-Led Clinics	0.06%
Residential/Long-Term Care Facility	0.06%
Assisted Living/Supportive Housing	0.04%

Table 2. Distribution of chiropractors in Ontario by focus of practice

Focus of practice	% of Practices
Comprehensive Primary and Continuing Care/General Service Provision	63.70%
Chronic Disease Management and Prevention	17.08%
Acute/Critical/Emergency Care	14.79%
Public Health	3.12%
Consultation	0.63%
Education and Research	0.37%
Administration	0.17%
Quality Management	0.13%

Practice Characteristics (e.g., % in independent practice, % practising in interprofessional teams):

- As of December 31, 2017, the following characteristics apply (1):

Table 3. Distribution of chiropractors in Ontario by type of employment

Employment	% of Practices
Self-Employed	73.56%
Permanent	20.97%
Casual	4.68%
Temporary	0.80%

Table 4. Distribution of chiropractors in Ontario by full-time equivalent status

Full-Time/Part-Time Status	% of Practices
Full-Time	60.01%
Part-Time	34.20%
Casual	5.79%

Table 5. Distribution of chiropractors in Ontario by role in practice

Primary Role	% of Members
Owner/Operator	47.42%
Service Provider	45.98%
Consultant	2.58%
Administrator	1.31%
Manager	1.19%
Instructor/Educator	1.05%
Researcher	0.23%
Quality Management Specialist	0.19%

Geographical Distribution (e.g., % practising in rural/remote locations, % in urban locations):

- As of December 31, 2017, the following characteristics apply (1):

Table 6. Distribution of chiropractors in Ontario by CCO electoral district

Electoral Districts	% of Members
District 1	4.69%
District 2	9.67%
District 3	12.06%
District 4	35.32%
District 5	27.23%
District 6	11.02%

General Demographics of principal patient groups treated by the profession (e.g., age, morbidities, geographic distribution):

- As of December 31, 2017, the following characteristics apply (1):

Table 7. Distribution of chiropractor practices by age of patients served

Client Age Range	% of Practices
All Ages	89.78%
Adults	9.84%
Pediatrics	0.19%
Seniors	0.19%

Description of remuneration model for the profession (e.g., % Ontario Health Insurance Plan (OHIP) insured services, % privately insured services, % uninsured services):

- Chiropractic care was delisted by OHIP on December 1, 2004 (2).
- While CCO does not record data on the sources of financing of chiropractic care, a survey of its membership conducted by the OCA found that;
 - 50% of visits to chiropractors in Ontario are paid for by patients directly (out-of-pocket) (3);
 - 33% are paid for by third parties (health insurance and benefits plans) (3);
 - 10% by automotive insurance companies (3); and
 - 5% by the Workplace Safety & Insurance Board (WSIB) (3).
- It should be noted that many of the 50% of visits paid for directly by the patient will be reimbursed by private insurers.

2. Are the changes in scope of practice requested for all members of the profession, or for a specific registration class of members or for those practicing in specific settings (e.g. community practice vs. acute)?

- The scope enhancements are intended to apply to all 4,474 chiropractors registered in the general class of registration with CCO as of the date of this submission, and all future members registered in the general class (1).

III Impact Assessment

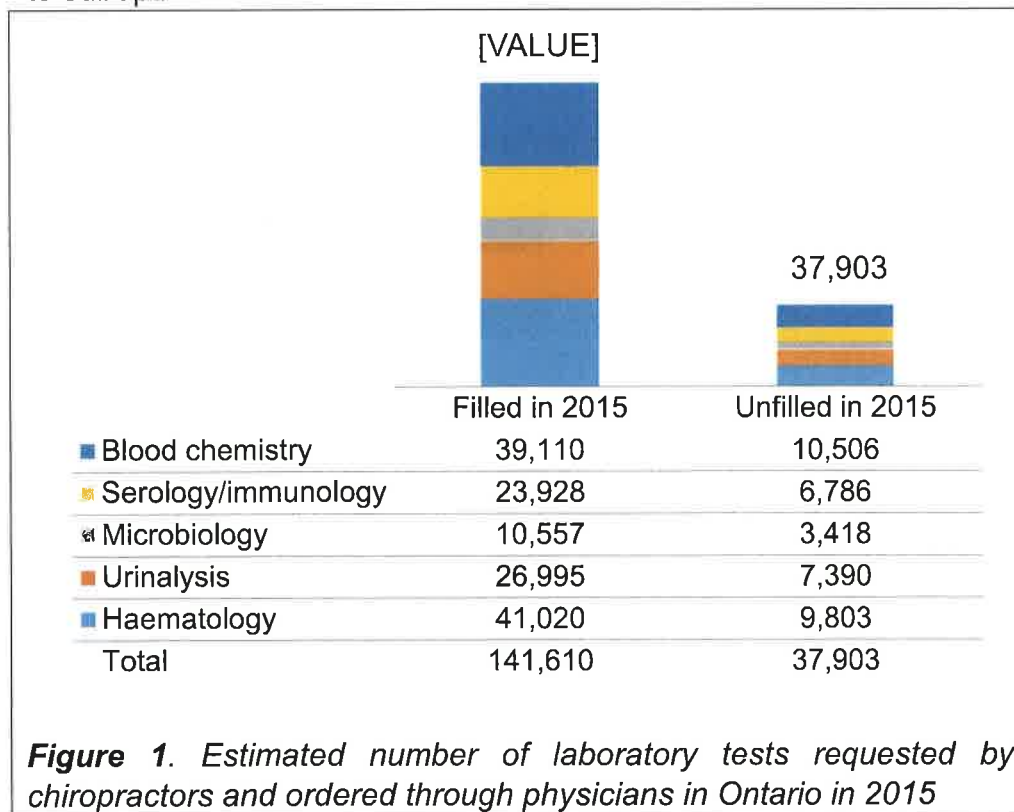
1. Provide further information as to how the proposed change(s) meet a patient and/or system need. Describe the need and how the proposed scope change(s) would meet this need, with supporting evidence.

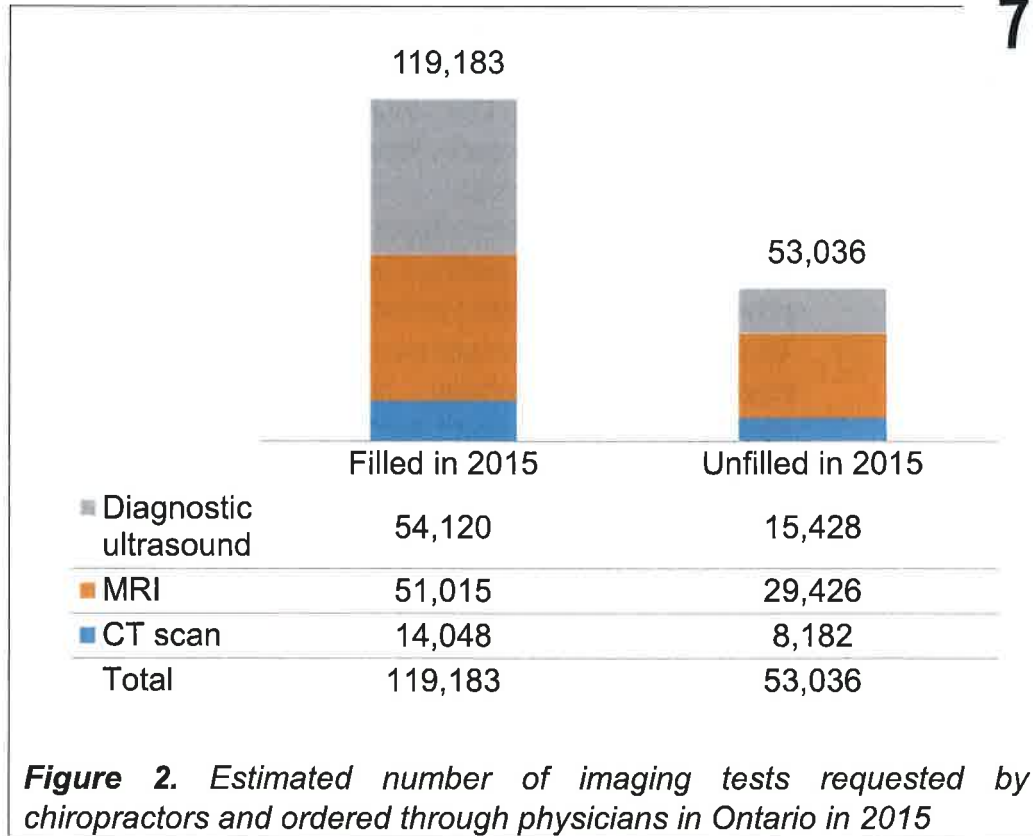
A Impact to Patients

1. Describe the impact of the proposal on patient outcomes.

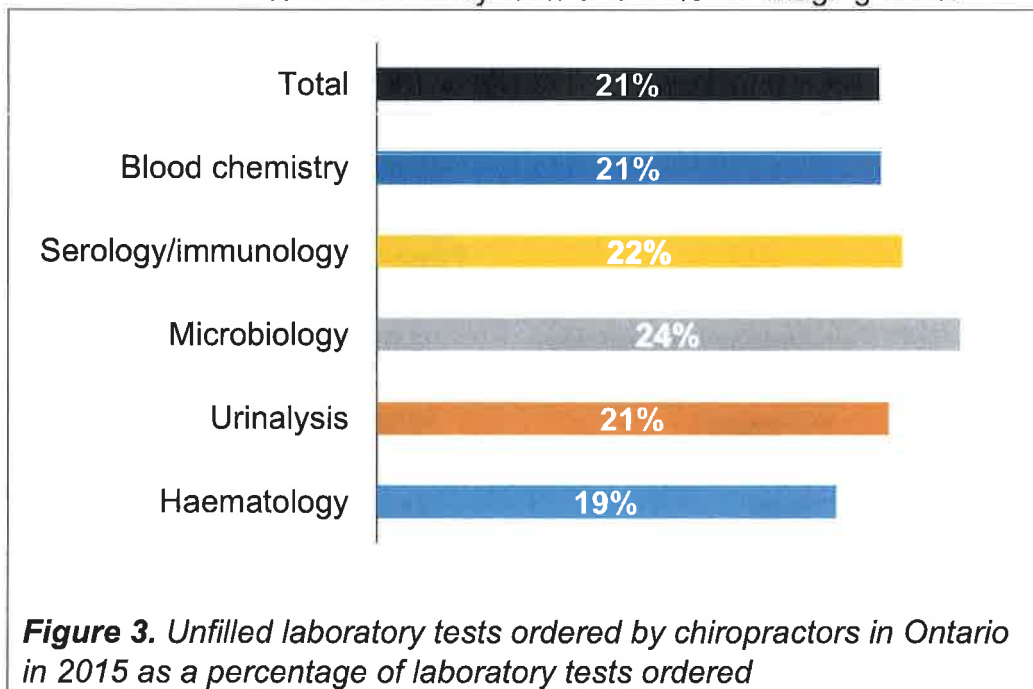
- CCO anticipates the proposed scope change will improve patient outcomes because:
 - Chiropractors in Ontario are educated extensively on when and how to order laboratory and imaging tests;
 - Patient outcomes are proven to be improved when chiropractors are able to order diagnostic tests; and
 - The regulatory hurdles to chiropractors ordering tests leads to under-testing, and consequently outcomes that can be improved upon.
- In general, chiropractors rely on diagnostic testing for two reasons:
 - To identify pathologies that are best treated by other health professionals; and
 - To provide safe and effective care in the public interest.
- The mandatory curriculum for chiropractic care delivered by CMCC includes extensive training on ordering laboratory and imaging tests:
 - Students build foundational knowledge of pathology, diagnosis and symptomatology, and diagnostic imaging in the first two years of the evidence-informed program (4);
 - Apply their knowledge through case-based clinical materials (4); and
 - Participate in capstone learning experiences through internships that include laboratory clerkships and advanced diagnostic imaging (4).
- The Canadian Chiropractic Examining Board (CCEB) in Component A, B and C of its certification examinations validates competency in ordering laboratory and imaging tests (5).
- A 2006 study at the Université du Québec à Trois-Rivières (UQTR) found that when trained and certified chiropractors are able to order diagnostic tests in Canadian healthcare systems, patient care dramatically improves:

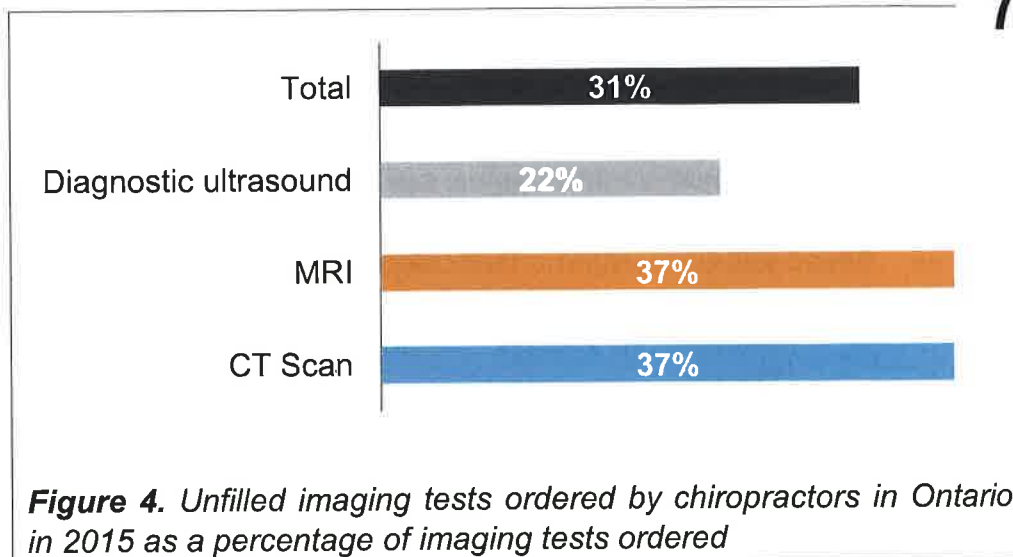
- The study investigated all laboratory tests ordered by chiropractors at a single academic centre over a 51-month period from January 1997 to April 2001 (6);
 - 18.3% of patients were found to have received laboratory testing of some kind (6);
 - 56.3% of the laboratory tests produced abnormal findings, of which 18.1% were serious enough to justify a referral to a physician for immediate follow-up (6); and
 - The cases that were serious enough to justify a referral to a physician for immediate follow-up included one bone neoplastic pathology and one case of leukemia (6).
- As illustrated in Figure 1 below, the specific laboratory and imaging tests this submission is concerned with are part of chiropractic care today, but are predominantly ordered through primary care providers since chiropractors lack the authority to order them (3).
 - Consequently, as illustrated in the chart below, 37,903 of the 179,513 routine laboratory tests and 53,036 of the 172,219 imaging tests that could aid in the provision of chiropractic care or identify pathologies requiring medical attention go unfilled each year, leading to suboptimal care.





- As illustrated in Figures 3 and 4, below, this translates to an unfilled order rate of 21% for laboratory tests and 31% for imaging tests.





- Granting diagnostic authority to chiropractors to order the tests this submission is concerned with, would, consequently, improve outcomes by ensuring chiropractors receive the right information at the right time, and ensuring pathologies requiring immediate medical attention are identified in a timely manner.

2. Describe the impact of the proposal on timely access to care.

- CCO anticipates the scope enhancement will improve access to timely care by:
 - Ensuring chiropractic patients receive essential diagnostic information aiding in their treatment sooner; and
 - Reducing the number of visits chiropractic patients make to other professionals for the purpose of fulfilling test orders.
- Currently, patients requiring laboratory tests or imaging tests in the course of chiropractic care:
 - Are referred to primary care physicians or other professionals with the authority to order those tests;
 - Return to the offices of the ordering professional to receive the results when ready; and then
 - Return to chiropractors with results in hand.
- Based on information contained in a survey of Ontario chiropractors conducted by the OCA and analyzed by a third party on behalf of CCO, CCO estimates:

- 51,526 to 179,513 patients were referred to other professionals for the purpose of ordering a laboratory test in Ontario in 2015 (3); and
- 172,219 patients were referred to other professionals for the purpose of ordering a non-X-ray imaging test in Ontario in 2015 (3).
- These tests generated an estimated:
 - 103,052 to 359,026 unnecessary visits to other healthcare professionals related to laboratory testing in Ontario in 2015 (3); and
 - 344,438 unnecessary visits to other healthcare professionals related to imaging in Ontario in 2015 (3).
- The scope enhancements could eliminate 447,490 to 703,464 avoidable visits, leading to:
 - More timely chiropractic care for chiropractic patients; and
 - Reduced wait times for other patients seeking primary care.

3. Describe the impact of the proposal on equity of health care.

- CCO does not anticipate significant impacts on health equity since access to chiropractic ordering of laboratory and imaging tests affects all Ontarians equally.
- CCO does, however, want to note that to the extent the scope enhancements will reduce the number of visits to primary care providers as described in our response to the previous question, it will likely benefit rural patients disproportionately since they have the poorest access to primary care in the province (7).

4. Describe the impact of the proposal on patient preferences.

- The scope enhancements will ensure that patient preferences and choice are respected.
- Patients who visit chiropractors in Ontario do so despite the lack of public funding.
- CCO sees this as a strong indication of preference for chiropractor-delivered musculoskeletal care.
- Ensuring chiropractors are able to practise to the extent of their training and certification is thus central to respecting the preferences of Ontarians.

5. Describe the impact of the proposal on patient experiences.

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- CCO expects the experience of patients receiving chiropractic care to improve significantly as a result of the scope enhancement this submission is concerned with since:
 - It will improve the safety and efficacy of chiropractic care;
 - It will streamline the process of laboratory testing and imaging; and
 - It will eliminate avoidable visits to primary care physicians by patients looking to process tests requested by chiropractors, helping ease some of the noted wait times issues in primary care (7).
- The impacts of the scope enhancements on safety and efficacy of chiropractic care are described on pages 11-14.
- The benefits of a streamlined process are described on pages 13-14.
- The magnitude of the impact of eliminating avoidable visits to primary care physicians is described on pages 13-14.

6. Describe the impact of the proposal on government strategic objectives.

- The scope enhancements will help the healthcare system become more efficient by treating more patients at lower cost and improve the patient experience:
 - They will improve access to primary care by eliminating 447,490 to 703,464 avoidable visits to family physicians, as described on pages 13-14 of this submission, leading to (3):
 - More timely chiropractic care for chiropractic patients, and
 - Reduced wait times for other patients seeking primary care;
 - They will save \$15.1M to \$23.7M annually in avoidable costs, most of which are billings by family physicians for ordering tests on behalf of chiropractors (described elsewhere in this document);
 - They will improve access to chiropractic care by streamlining the test ordering process and results for chiropractors and their patients (see pages 13-14).

7. Describe the impact of the proposal on ministry programs or initiatives.

- CCO is not privy to the full range of programs currently being planned or implemented by the MOHLTC, and is unable to comment on implications of the scope enhancements for specific active programs or initiatives.

8. Describe the impact of the proposal on the use of health technology and the uptake of innovative health care delivery practices.

- The scope enhancements with which this submission is concerned involve a list of specific laboratory and imaging tests, appended as Schedule A.
- These include:

- Routine blood tests;
 - Routine urine tests;
 - Routine computed tomography (CT) tests;
 - Routine magnetic resonance imaging (MRI) tests; and
 - Routine diagnostic ultrasound tests.
- The technologies required for this testing are mature and well-established in medical care.
 - The scope enhancements this submission is concerned with would not introduce innovative technologies or practices into the system, but rather make proven technologies more accessible to patients who would benefit from them, as described on pages 11-14 of this submission.

9. If applicable, describe how the proposal is linked to recent legislative or regulatory changes.

- The scope enhancements with which this submission is concerned will further improve the quality of chiropractic care, access to primary care, and efficient use of healthcare resources.

10. Describe the known, likely, and/or future economic impacts of the proposal on patients.

- The economic impacts of the scope enhancement on patients will be modest since:
 - The specific laboratory and imaging tests detailed in Schedule A are reasonably priced; and
 - Chiropractors are very aware of the financial burden on patients, and if the services are not funded publicly or by private insurers, and costs to the patient is a concern, then chiropractors may continue to refer to physicians to order funded tests.
- CCO has accumulated pricing information through consultations with laboratory and imaging service providers appended to this submission as Schedule B.
- Standard panels range in price from \$11.94 to \$130.80 before the Harmonized Sales Tax (HST) is applied.
- While CCO does not record data on the sources of financing of chiropractic care, a survey of its membership conducted by the OCA found that (9):
 - 50% of visits to chiropractors in Ontario are paid for by patients directly (out of pocket);
 - 33% are paid for by third parties (health insurance and benefits plans);
 - 10% by automotive insurance companies; and
 - 5% by WSIB.

11. Describe the known, likely, and/or future economic impacts of the proposal on the public health care system.

- CCO expects the scope enhancements to reduce spending by the MOHLTC by eliminating avoidable referrals to primary care providers for the purpose of ordering tests needed by chiropractors.
- The tests this submission is concerned with are part of chiropractic care today, but can only be ordered with avoidable referrals to primary care providers.
- These tests generated an estimated:

- 103,052 to 359,026 unnecessary visits to other healthcare professionals related to laboratory testing in Ontario in 2015 (3); and
 - 344,438 unnecessary visits to other healthcare professionals related to imaging in Ontario in 2015 (3).
- The scope enhancements would eliminate these 447,490 to 703,464 avoidable visits, leading to:
 - More timely chiropractic care for chiropractic patients; and
 - Reduced wait times for other patients seeking primary care.
- At a cost of \$33.70 billed to OHIP per visit to a primary care provider, if all of these tests were to be ordered directly by chiropractors, the province would save anywhere from \$15.1M to \$23.7M annually in physician billings (3) (10).

12. Describe the known, likely, and/or future economic impacts of the proposal on the profession.

- Chiropractors in Ontario would not see financial gains as a result of the scope enhancement.
- The scope enhancement being contemplated relates to the ordering of laboratory tests and diagnostic imaging tests, which are not services for which chiropractors currently charge patients user fees, and there are no plans to start doing so.¹

13. Describe the known, likely, and/or future economic impacts of the proposal on other health workers (both regulated and unregulated).

- As described above, if all tests currently referred out by chiropractors were to be ordered directly by them, anywhere from \$15.1M to \$23.7M annually in physician billings would be eliminated.
- The tests this submission is concerned with are part of chiropractic care today, but can only be ordered with avoidable referrals to primary care providers as described above.
- These tests generated an estimated:
 - 103,052 to 359,026 unnecessary visits to other healthcare professionals related to laboratory testing in Ontario in 2015 (3); and

¹ Consultations with OCA

- 344,438 unnecessary visits to other healthcare professionals related to imaging in Ontario in 2015 (3).
- The scope enhancements would eliminate these 447,490 to 703,464 avoidable visits, leading to:
 - More timely chiropractic care for chiropractic patients; and
 - Reduced wait times for other patients seeking primary care.
- At a cost of \$33.70 billed to OHIP per visit to a primary care provider, if all of these tests were to be ordered directly by chiropractors, the province would save anywhere from \$15.1M to \$23.7M annually in physician billings (3) (10).

14. Describe the known, likely, and/or future economic impacts of the proposal on affected businesses in Ontario.

- Diagnostic labs and imaging centres in Ontario would likely see modest increases in financial compensation as a result of the scope enhancement, but the specific amount of revenues generated is unclear at the moment, and relies on several factors including the development of standard panels specific to chiropractic care and pricing for these panels.

15. Do members of the profession currently have the competencies to perform the proposed change to the scope of practice? Describe these competencies.

- It is CCO's assessment that chiropractors in Ontario have the competencies required to order the laboratory and imaging tests with which this scope enhancement is concerned.
- Laboratory diagnosis of some neuromusculoskeletal disorders falls directly within the chiropractic scope of practice (11).
- Chiropractors are one of seven health professionals regulated under the *RHPA* with the authority and responsibility to communicate a diagnosis, and one of five permitted to use the "doctor" title in the course of delivering healthcare (12).
- Diagnosis of dysfunctions and disorders that fall within the chiropractic scope of practice using specific imaging and laboratory tests is a mandatory component of chiropractic educational programs delivered by CMCC so chiropractors are well-educated for the purposes of ordering and interpreting laboratory tests and advanced imaging tests (4).
- Each individual chiropractor's competencies concerning the ordering of laboratory and imaging tests is evaluated by CCEB, as is common practice in other jurisdictions including the United States and United Kingdom (5) (13) (14).
- Chiropractors who do not feel competent ordering laboratory or advanced imaging tests are expected to abstain from doing so.
- Lastly, CCO has drafted standards of practice for ordering and interpreting laboratory tests and advanced imaging tests that all chiropractors in the province would be expected to comply with, and these are appended as Schedule C.

16. Provide further detail on the competency of in-practice and new graduates to order, interpret, and appropriately utilize the specified laboratory tests.

- All chiropractors licensed to practice in Ontario today have demonstrated competency in ordering laboratory and advanced imaging tests as evidenced by their successful attainment of certification through CCEB (5).

- Chiropractors trained by CMCC learn how to order laboratory and advanced imaging tests in educational modules PA 3305: Clinical Laboratory Diagnosis and DI 4401: Advanced Imaging (15) (16).
- In PA 3305:
 - Students are shown how clinical laboratory findings are used in clinical decision-making in health and common disease states (15); and
 - Students engage in problem-solving exercises with data from the biochemistry, immunology, and hematology laboratories (15).
- Upon successful completion of PA 3305, students are able to:
 - Interpret routine laboratory test results in common use for the diagnosis, prognosis and monitoring of health and common disease states (15); and
 - Evaluate critically both expected and anomalous laboratory test results used in clinical decision-making from a medical record type of format (15).
- Further, a survey of Ontario chiropractors conducted by the OCA found that:
 - 98% agreed or strongly agreed that they had the necessary depth of knowledge to order X-rays (3);
 - 85% agreed or strongly agreed that they had the necessary depth of knowledge to order CT scans (3);
 - 92% agreed or strongly agreed that they had the necessary depth of knowledge to order MRIs (3);
 - 88% agreed or strongly agreed that they had the necessary depth of knowledge to order diagnostic ultrasounds (3); and
 - 65% agreed or strongly agreed that they had the necessary depth of knowledge to order laboratory tests (3).
- Professionals desiring additional training in clinical laboratory diagnosis or advanced imaging can obtain such from the continuing education division at CMCC or other accredited chiropractic educational institutions.

17. Describe the impact of the proposal on entry-to-practice (didactic and clinical) education and training requirement of the profession.

- CCO has drafted standards of practice specific to laboratory and imaging tests (Draft Standards) that all members will be required to comply with, and are appended as Schedule C.
- The Draft Standards define the following entry-to-practice education and training requirements:

- To order laboratory tests, members must achieve, maintain and be able to demonstrate clinical competency in the ordering of laboratory tests, and have completed specific relevant training on ordering and interpretation of findings; and
- To order advanced imaging tests, members must achieve, maintain and be able to demonstrate clinical competency in the ordering of advanced imaging tests, and have completed specific relevant training on ordering and interpretation of findings.
- The Draft Standards also define the following continuing education requirements:
 - Maintaining current knowledge of all applicable legislation, regulations, standards of practice, policies and guidelines; and
 - Maintaining up-to-date knowledge of new and emerging trends, practices and advances in technology.
- CCO does not anticipate these requirements will change either the educational content delivered by CMCC or certification process of the CCEB since:
 - Chiropractors are trained by CMCC on how to order laboratory and advanced imaging tests in educational modules PA 3305: Clinical Laboratory Diagnosis and DI 4401: Advanced Imaging (15); and
 - All chiropractors licensed to practise in Ontario today, and in the future, demonstrate the relevant competencies by attaining CCEB Certification (5).

18. Describe the impact of the proposal on members of the profession already in practice.

- All practising members of CCO will be required to adhere to the draft standards of practice (Draft Standards) appended as Schedule C.
- The Draft Standards require that members act in a professional and reasonable manner when ordering a laboratory or advanced imaging test, and may only order laboratory tests authorized under relevant regulations, consistent with providing care as defined by the *Chiropractic Act, 1991* when:
 - The member has the appropriate authority under the *RHPA*, and regulations specific to laboratory and imaging testing, any regulations under these acts and any other relevant legislation;
 - It is clinically indicated to do so according to the patient's circumstances;

- The member has the knowledge, skill and judgment required to order the appropriate test;
- The member assumes responsibility for the ordering of the test; and
- The member meets any other relevant statutory, regulatory and professional responsibilities that apply.
- The Draft Standards also require that members of CCO consult with another health professional if the results of a test reveal a diagnosis that falls outside the chiropractic scope of practice.
- Further, members must:
 - Achieve, maintain and be able to demonstrate clinical competency in the ordering of laboratory and imaging tests, and have completed specific relevant training on ordering and interpretation of findings;
 - Be competent;
 - Participate in ongoing continuing education relevant to laboratory and imaging tests; and
 - Maintain up-to-date knowledge of new and emerging trends, practices and advances in technology.

E Impact to Safety and Quality**19. Describe the impact of the proposed scope of practice change on the quality of care delivered and the patient experience.**

- CCO believes the scope enhancements with which this submission is concerned will improve the quality of chiropractic care and the patient experience.
- A detailed description on how the scope enhancements would impact the quality of chiropractic care is provided on pages 11-14 of this submission:
 - Chiropractors in Ontario are educated extensively on when and how to order laboratory and imaging tests;
 - Patient outcomes are proven to be improved when chiropractors are able to order diagnostic tests; and
 - The regulatory hurdles to chiropractors ordering tests leads to under-testing, and consequently outcomes that can be improved upon.
- Impacts on the patient experience are described on page 16, with reference to content on pages 11-14 of the submission:
 - It will improve the safety and efficacy of chiropractic care;
 - It will streamline the process of laboratory testing and imaging; and
 - It will eliminate avoidable visits to primary care physicians by patients looking to process tests requested by chiropractors, helping ease some of the noted wait times issues in primary care (7).

20. Describe the impact of the proposed scope of practice change on patient safety.

- CCO believes the scope enhancements with which this submission is concerned will improve the safety of chiropractic care in Ontario since as described on pages 11-14 of this submission:
 - Chiropractors in Ontario are educated extensively on when and how to order laboratory and imaging tests;
 - Patient outcomes are proven to be improved when chiropractors are able to order diagnostic tests; and

- The regulatory hurdles to chiropractors ordering tests leads to under-testing, and consequently outcomes that can be improved upon.

21. How does the proposed scope change impact risks of over-testing and over-utilization? How does the profession intend to mitigate these risks?

- CCO does not believe there is a material risk of over-testing for the following reasons:
 - Chiropractors in Ontario are:
 - Educated extensively on when and how to order laboratory and imaging tests as part of their mandatory training administered by CMCC as described on pages 22-23 of this submission; and
 - Tested on their competency in ordering by CCEB (4) (5).
 - The draft standards of practice developed by CCO add an additional safeguard against over-testing by assisting with the appropriate decision-making process by requiring that members ordering laboratory and advanced imaging tests:
 - Perform a complete history and examination of the patient, as described in Standard of Practice S-002: Record Keeping;
 - Consider whether the ordering of a laboratory or advanced imaging test is required to form an appropriate diagnosis or plan of care;
 - Make reasonable attempts to obtain results of previous laboratory and advanced imaging tests, and avoid unnecessary duplication for the patient;
 - Consider the benefits, limitations, contraindications and risks associated with the laboratory or advanced imaging test;
 - Document relevant information; and
 - Communicate effectively to the patient the rationale and process of ordering the laboratory and advanced imaging test.

22. Describe the impact of the proposal on any delegation authorities for controlled acts.

- Some changes to MOHLTC regulations would be required to implement the scope changes with which this submission is concerned.
- In the course of engaging in the practice of chiropractic, a member of CCO is authorized, subject to the terms, conditions and limitations imposed on his/her certificate of registration, to perform the following (11):
 - Communicating a diagnosis identifying, as the cause of a person's symptoms;
 - A disorder arising from the structures or functions of the spine and their effects on the nervous system;
 - A disorder arising from the structures or functions of the joints of the extremities;
 - Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust; and
 - Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.
- Certain gaps in the existing regulatory frameworks governing laboratory testing and advanced imaging would have to be addressed to support the scope change contemplated in this submission:
 - The *Chiropractic Act, 1991* excludes chiropractors from ordering advanced imaging tests (11);
 - The *Laboratory and Specimen Collection Centre Licensing Act, 1990* omits chiropractors from the list of regulated health professionals (17):
 - Able to request examination of human specimen;
 - For which specimen collection centres are able to keep records; and
 - For which specimen collection centres are able to process requests to examine human specimen;
 - The *Healing Arts Radiation Protection Act* omits chiropractors from the list of regulated health professionals able to prescribe specific imaging tests (18); and
 - The *RHPA* omits authority to prescribe forms of energy from the scope of practice of chiropractors (12).
- Certain amendments to the *Medical Laboratory Technology Act, 1991* may also be required.

- CCO has drafted proposed regulatory amendments that would address the gaps noted above, and included them as Schedule C to this submission.

23. What new or amended oversight mechanisms are necessary to ensure continued safety and quality of the care provided by the profession?

- Draft standards of practice for laboratory and advanced imaging testing appended, as Schedule C, would have to be implemented to enact the scope enhancements with which this submission is concerned.

24. Identify the current standards of practice or policy guidelines set out by the regulatory college in Ontario that are relevant to the proposed scope of practice change.

- CCO has drafted standards of practice for ordering and interpreting laboratory tests and advanced imaging tests that all chiropractors in the province would be expected to comply with, and these are appended as Schedule C.

25. Identify whether any new standards of practice or policy guidelines would need to be developed by the college relating to the change in scope of practice.

- CCO has drafted standards of practice for ordering and interpreting laboratory tests and advanced imaging tests that all chiropractors in the province would be expected to comply with, and these are appended as Schedule C.

26. Describe, without providing personal identifiers, any complaints, misconduct reports, quality assurance assessments, or inspection reports the professional college has received that may be related to the proposed of practice change.

- CCO has not implemented standards of practice governing the specific laboratory and imaging tests with which this scope change is concerned, and consequently has not received any complaints, misconduct reports, quality assurance assessments, or inspection reports of relevance.

27. Describe how the proposed scope of practice change overlaps with the practice of other health workers (both regulated and unregulated) in Ontario.

- As described previously throughout this submission, patients needing laboratory tests or imaging tests as part of their chiropractic care are:
 - First referred to primary care physicians to order those tests, after which:
 - Patients needing laboratory tests will visit specimen collection centres to have blood drawn or urine collected, and
 - Patients needing imaging tests will receive an appointment and be asked to visit an imaging centre to have the test administered;
 - Test results are then sent by the laboratory and imaging service providers to the ordering physician;
 - Patients are then asked to return to the offices of the ordering primary care physicians to receive the results; and
 - Patients then transport those results to their chiropractors, at which point they have their care plans modified by their chiropractors based on the information received (3).
- The scope enhancements this submission is concerned with would have the effect of changing the care pathway as follows:
 - Chiropractors would be able to send patients to specimen collection and imaging centres directly, forgoing the need to refer patients to a physician; and
 - Results would be sent from testing centres to chiropractors directly, eliminating the need for patients to visit primary care physicians to collect and transport results.

28. Describe the impact of the proposal on the provision of inter-professional care.

- CCO will begin more formal consultations with colleges of related regulated health professionals after the submission of this proposal to the MOHLTC.
- Informal discussions have already taken place.

29. How will these changes to scope of practice impact inter-professional care teams and care transitions in different settings (e.g., community and hospital) where access to laboratory tests is sought?

- CCO will begin consultations with colleges of related regulated health professionals after the submission of this proposal to the MOHLTC.

30. Describe the impact of the proposal on patient transitions within a typical care pathway.

- As described previously throughout this submission, patients needing laboratory tests or imaging tests as part of their chiropractic care are:
 - First referred to primary care physicians to order those tests, after which:
 - Patients needing laboratory tests will visit specimen collection centres to have blood drawn or urine collected, and
 - Patients needing imaging tests will receive an appointment and be asked to visit an imaging centre to have the test administered;
 - Test results are then sent by the laboratory and imaging service providers to the ordering physician;
 - Patients are then asked to return to the offices of the ordering primary care physicians to receive the results; and
 - Patients then transport those results to their chiropractors, at which point they have their care plans modified by their chiropractors based on the information received (3).
- The scope enhancements this submission is concerned with would have the effect of changing the care pathway as follows:
 - Chiropractors would be able to send patients to specimen collection and imaging centres directly, forgoing the need to refer patients to a physician; and
 - Results would be sent from testing centres to chiropractors directly, eliminating the need for patients to visit primary care physicians to collect and transport results.

31. Describe the impact of the proposal on any College obligations or agreements with other jurisdictions regarding labour mobility.

- Labour mobility will not be impacted by the MOHLTC granting chiropractors in Ontario diagnostic authority to request and interpret the results of the specific laboratory and imaging tests with which this scope enhancement is concerned.

32. Please describe the format, timing and outcomes of these consultations with the following stakeholders: Patients

- CCO has asked some members to gather patient feedback and can make that feedback available to the MOHLTC at a later date.

33. Please describe the format, timing and outcomes of these consultations with the following stakeholders: Members of the profession in Ontario.

- CCO has consulted extensively with both the OCA and CMCC on the topic of this scope enhancement.
- Both organizations have expressed strong support for the enhanced scope of practice this submission is concerned with, and have submitted joint requests for enhanced diagnostic authority to the Office of the Hon. Eric Hoskins, the Minister of Health and Long-Term Care.²

34. Please describe the format, timing and outcomes of these consultations with the following stakeholders: Members of other affected health professions in Ontario.

- CCO will begin consultations with colleges of related regulated health professionals after the submission of this proposal to the MOHLTC.

35. Please describe the format, timing and outcomes of these consultations with the following stakeholders: Other affected third-parties.

- CCO will begin consultations with laboratory and diagnostic imaging service providers after the submission of this proposal to the MOHLTC.

² The CMCC and OCA submitted a joint submission to the MOHLTC in 2015.

36. Should the change in scope of practice be implemented, how will you know whether the change was successful? Describe any evaluation opportunities and identify relevant measurement metrics.

- Through consultations with community-based laboratory and imaging service providers, CCO has determined that it is possible to measure the volume of tests ordered by chiropractors in the province.
- At the request of the MOHLTC, CCO can ask all laboratory and imaging service providers receiving requests from chiropractors to prepare quarterly and annual testing reports that indicate:
 - Test volumes by requesting chiropractor; and
 - Test volumes by type.

37. In the list of laboratory and diagnostic imaging tests requested, please provide the following additional information: Brief description of how the test is relevant to the provision of chiropractic care within its current scope, and how it relates to other controlled acts and authorities that chiropractors currently have.

- As a regulator, CCO has identified 29 laboratory tests and 27 indications for advanced imaging tests chiropractors should be able to order and interpret the results of (see Schedule A) that:
 - Are aligned to the training of chiropractors in Ontario, who are taught when to order them and how to interpret them as part of the mandatory curriculum administered by CMCC and validated through the certification process by CCEB (5)(4);
 - Enhance the ability of chiropractors to effectively manage patients, reducing dependency on other professionals, like primary care physicians, for simple and routine activities, as described on pages 11-14;
 - Are in the interest of the public, as they will improve quality of care, patient management and experience, as described on pages 11-16;
 - Can be regulated safely, as described on pages 22-25;
 - Can be implemented at no cost to the MOHLTC if these tests were paid for privately (as chiropractic care is funded now); and
 - Are in the public interest.
- A detailed description of the relevance of each test to chiropractic care along with its relations to other controlled acts that chiropractors currently have is appended as Schedule A.

38. In the list of laboratory and diagnostic imaging tests requested, please provide the following additional information: Cost to patients, if any, of undergoing each test.

- Chiropractic care was delisted by OHIP on December 1, 2004 (2).
- While CCO does not record data on the sources of financing of chiropractic care, a survey of its membership conducted by the OCA found that (9):
 - 50% of visits to chiropractors in Ontario are paid for by patients directly (out of pocket), although many patients have their costs reimbursed by private insurers;

- 33% are paid for by third parties (health insurance and benefits plans);
 - 10% by automotive insurance companies; and
 - 5% by WSIB.
- Through consultations with laboratory and imaging service providers, CCO has determined that the cost to patients of routine laboratory tests are modest, at best, and are summarized in the responses to the MOHLTC's questions about the economic impact of the scope enhancement (see pages 19-21).

39. In the list of laboratory and diagnostic imaging tests requested, please provide the following additional information: Impact on public resources, if any, of ordering each test

- If the services are not funded publicly, the proposed scope change would not lead to any direct costs to the public system (2).

40. In the list of laboratory and diagnostic imaging tests requested, please provide the following additional information: Within the current typical patient pathway, how do patients currently receive each test listed in the submission and who usually interprets them? How would the pathway change should chiropractors gain the authority to order the proposed laboratory and diagnostic imaging tests?

- As described previously throughout this submission, patients needing laboratory tests or imaging tests as part of their chiropractic care are:
 - First referred to primary care physicians to order those tests, after which:
 - Patients needing laboratory tests will visit specimen collection centres to have blood drawn or urine collected, and
 - Patients needing imaging tests will receive an appointment and be asked to visit an imaging centre to have the test administered;
 - Test results are then sent by the laboratory and imaging service providers to the ordering physician;
 - Patients are then asked to return to the offices of the ordering primary care physicians to receive the results; and
 - Patients then transport those results to their chiropractors, at which point they have their care plans modified by their chiropractors based on the information received (3).

- The scope enhancements this submission is concerned with would have the effect of changing the care pathway as follows:
 - Chiropractors would be able to send patients to specimen collection and imaging centres directly, forgoing the need to refer patients to a physician; and
 - Results would be sent from testing centres to chiropractors directly, with copies sent to patient's family physician, eliminating the need for patients to visit primary care physicians to collect and transport results.
- Based on information contained in a survey of Ontario chiropractors conducted by OCA and analyzed by a third-party on behalf of CCO, CCO estimates:
 - 51,526 to 179,513 patients were referred to other professionals for the purpose of ordering a laboratory test in Ontario in 2015 (3); and
 - 172,219 patients were referred to other professionals for the purpose of ordering a non-X-ray imaging test in Ontario in 2015 (3).
- The scope enhancements would consequently eliminate 447,490 to 703,464 avoidable visits, leading to:
 - More timely chiropractic care for chiropractic patients; and
 - Reduced wait times for other patients seeking primary care.

1. **College of Chiropractors of Ontario.** Chiropractic Registration Database. 2017. Toronto, Ontario, Canada: College of Chiropractors of Ontario, December 31, 2017.
2. **Ontario Ministry of Health and Long-Term Care.** Ontario Ministry of Health and Long-Term Care Public Information. [Online] May 2005. [Cited: January 22, 2018.] <http://www.health.gov.on.ca/en/public/publications/ohip/chiropractic.aspx>.
3. **Ontario Chiropractic Association.** *X-Ray, Advanced Imaging and Lab Diagnosis 2015 Member Survey Summary*. Toronto: Ontario Chiropractic Association, 2015. p. 8, Internal Report.
4. **Canadian Memorial Chiropractic College.** Evidence-Informed Curriculum. *Canadian Memorial Chiropractic College*. [Online] [Cited: January 22, 2018.] <https://www.cmcc.ca/academic-programs/evidence-informed-curriculum>.
5. **Canadian Chiropractic Examining Board.** Exam Content, Candidate Information. s.l., Canada: Canadian Chiropractic Examining Board, March 2016.
6. *Retrospective analysis of laboratory testing at the chiropractic clinic of Université du Québec à Trois-Rivières (UQTR)*. **Boisvert, Daniel**. 3, September 2006, *The Journal of the Canadian Chiropractic Association*, Vol. 50, pp. 219-226.
7. **Health Quality Ontario.** *Quality in Primary Care: Setting a foundation for monitoring and reporting in Ontario*. Toronto: Queen's Printer for Ontario, 2015.
8. **Ontario Ministry of Health and Long-Term Care.** *Patients First: Action Plan for Health Care*. Toronto: Queen's Printer for Ontario, 2015. Discussion Paper.
9. **Research Dimensions.** *Canadian Chiropractic Resources Databank 2016 Report*. Ottawa: Canadian Chiropractic Association, 2016. p. 57.
10. **Ontario Ministry of Health and Long-Term Care.** Schedule of Benefits: Physician Services Under the *Health Insurance Act*. Toronto, Ontario, Canada : Queen's Printer for Ontario, December 22, 2015.
11. **Queen's Printer for Ontario.** *Chiropractic Act, 1991, S.O. 1991, c. 21*. [Online] October 29, 2015. [Cited: January 22, 2018.] <https://www.ontario.ca/laws/statute/91c21>.

12. —. *Regulated Health Professions Act, 1991, S.O. 1991, c. 18.* [Online] January 1, 2018. [Cited: January 22, 2018.] <https://www.ontario.ca/laws/statute/91r18>.
13. **National Board of Chiropractic Examiners.** Examinations. [Online] National Board of Chiropractic Examiners. [Cited: January 22, 2018.] <http://www.nbce.org/examinations/>.
14. **General Chiropractic Council.** The Code: Standards of conduct, performance and ethics for chiropractors. [Online] June 30, 2016. [Cited: January 22, 2018.] <http://www.gcc-uk.org/UserFiles/Docs/Amended%20Code%20Final.pdf>.
15. **Canadian Memorial Chiropractic College.** Course Outline (2017-2018) PA 3305: Clinical Laboratory Diagnosis (abbreviated). Toronto, Ontario, Canada: Canadian Memorial Chiropractic College, 2017.
16. —. Course Outline (2017-2018) DI 4401: Advanced Imaging Curriculum. Toronto, Ontario, Canada: Canadian Memorial Chiropractic College, 2017.
17. **Queen's Printer for Ontario.** *Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c. L.1*. [Online] May 30, 2017. [Cited: January 22, 2018.] <https://www.ontario.ca/laws/statute/90l01>.
18. —. *Healing Arts Radiation Protection Act, R.S.O. 1990, c. H.2.* [Online] December 12, 2017. [Cited: January 22, 2018.] <https://www.ontario.ca/laws/statute/90h02>.
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20. **Ontario Ministry of Health and Long-Term Care.** OHIP Change to Coverage for Chiropractors. *Ontario Ministry of Health and Long-Term Care Room.* [Online] December 1, 2004. [Cited: January 2, 2018.] <http://www.health.gov.on.ca/en/public/publications/ohip/docs/chiropractic.pdf>.

LIST OF LABORATORY TESTS RELEVANT IN CHIROPRACTIC PRACTICE

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
Category: Haematology			
1.	Complete Blood Count (CBC and Differential)	Indicated when infection, haematological disease, malignancy or inflammatory disease is suspected. Many inflammatory disorders producing symptoms in the MSK system will be accompanied by anemia or other changes in the CBC. The CBC is also an important part of the evaluation of patients with fatigue, which is a common component of conditions seen in the chiropractic office.	<p>Normal blood indices and white cell counts will help reduce suspicion of infection, inflammatory disease and malignancies, thereby assisting with the management of mechanical MSK problems.</p> <p>Combined with history and physical examination findings, abnormal blood indices suggesting anemia may prompt immediate referral or may lead to further testing to determine the type of anemia. In some cases, nutritional counseling and follow up may be appropriate, along with co-management of the patient with a dietitian or medical practitioner if necessary.</p> <p>Abnormal white cell counts and/or differentials will lead to prompt referral for medical care.</p>

Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
2.	Erythrocyte Sedimentation Rate (ESR)	Indicated when infection, inflammation or malignancy is suspected. Usually ordered with CBC. The test is often useful in detecting an infectious diskitis in patients continuing to experience low back pain after spinal surgery, and in detecting temporal arteritis in patients with certain headache patterns.	A normal ESR finding will help rule out inflammatory and infectious processes, and facilitate chiropractic management of a MSK problem.
3.	Prothrombin time (INR)	Indicated for patients who seek chiropractic treatment, and the history reveals they are on blood thinning medication. In cases where there is suspicion of poorly controlled blood coagulation the INR would be helpful in determining clinical course of action.	A high INR would inform chiropractic management of the case and may necessitate prompt referral for medical follow up.
Category: Urine Tests			
4.	Urinalysis	Would be commonly used for patients presenting to the chiropractor on a primary contact basis, or have not recently done a urinalysis by another health care provider. May be indicated when one or more of the following is present: signs of urinary tract infection/history; signs of renal, ureteral or prostatic disease; history of proteinuria, bacteriuria, pyuria, microhematuria. It may also show evidence of diabetes mellitus.	Depending upon the nature of results, patient would be referred for medical care. Some of the results may warrant further testing, e.g. glycosuria may lead to fasting glucose determination (see below).

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Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
5.	Urine free light chains ("Bence Jones protein" urine immunoelectrophoresis)	Indicated in patients presenting with bone pain or other symptoms/signs of multiple myeloma. Is typically done in conjunction with serum protein electrophoresis.	A positive test is most often seen in multiple myeloma. A positive test result will prompt referral for medical management.
Category: Biochemistry			
6.	Serum Urea and Creatinine	Indicated in patients who present with low back pain and where the history and physical examination findings may suggest renal disease, or if poor control of diabetes or hypertension is suspected.	Elevated levels may be due to impaired glomerular filtration in renal disorders, which may present as low back/flank pain. This will prompt referral for medical management.
7.	Serum Calcium	Indicated when the history and physical examination findings suggest conditions related to the bones, muscles and nerves including malignant disease, metabolic bone disease, heart disease, paresthesias fatigue and muscle cramps. A serum calcium test is often combined with serum phosphorus and parathyroid hormone (PTH; see below).	Test results, in conjunction with results obtained for inorganic phosphorus and PTH would inform if case management is within chiropractic scope of practice. Disruption of the normal homeostatic interplay of these metabolic markers would prompt referral for medical management.
8.	Serum inorganic phosphorus	May be indicated when the history and physical examination findings suggest issues related to the bones, muscles and nerves, including the possibility of malignant disease, metabolic bone disease, heart disease,	Test results, in conjunction with results obtained for serum calcium and PTH would inform if case management is within chiropractic scope of practice. Disruption of the

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Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
		paresthesias and muscle cramps. It is typically done in conjunction with serum calcium and PTH tests.	normal homeostatic interplay of these metabolic markers would prompt referral for medical management.
9.	Parathyroid Hormone (PTH)	May be indicated when the patient's history and physical examination findings are suggestive of possible renal disease or metabolic bone disease. It is typically done in conjunction with serum calcium and phosphorus.	Test results, in conjunction with results obtained for inorganic phosphorus and serum calcium would inform if case management is within chiropractic scope of practice. Disruption of the normal homeostatic interplay of these metabolic markers would prompt referral for medical management.
10.	Vitamin D	May be indicated in patients presenting with MSK complaints and in whom the history or examination findings are indicative of bowel disease, metabolic bone disease, or kidney disease, or other persons at risk of vitamin D deficiency.	Abnormal test results should be interpreted in relation to calcium, phosphate and PTH values, and would help inform management in terms of nutritional counseling or referral for medical management or co-management.
11.	Serum Total Protein, Albumin/Globulin ratio	May be indicated in patients with MSK complaints who present with generalized fatigue and abnormal CBC findings and/or if a malignancy such as multiple myeloma is suspected. Knowledge of the serum albumin level is also required for the interpretation of the serum calcium test when the latter is indicated (see above). Total protein may also be ordered to provide general information about a patient's nutritional status, such as when someone has undergone a recent,	Test results would guide chiropractic management of the case. Abnormal total protein levels, and an abnormal A/G ratio would help in diagnosing inflammatory conditions such as autoimmune disease, chronic infection, or liver and kidney disease. Clinical judgment may lead to further testing by serum electrophoresis (see below) or may result in prompt

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Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
		unexplained weight loss.	referral for medical consultation.
12.	Serum protein electrophoresis and immunoelectrophoresis	May be indicated in patients in whom a total serum protein and/or albumin/globulin (A/G) ratio determination yielded positive results or the CBC suggests an underlying plasma cell disorder or inflammatory disorder. Protein electrophoresis is a quantitative analysis of globulins, which is useful in confirming or ruling out certain conditions including multiple myeloma, chronic infections and collagen disease.	Test results would help narrow down diagnosis and would facilitate meaningful and effective referral.
13.	Serum Lipids (cholesterol, HDL, LDL, triglycerides)	Ordered as part of a general risk factor evaluation in patients with a personal or family history of cardiovascular disease, particularly hypertensive and obese patients. It may also be indicated in patients presenting with leg pain or other possible indicators of atherosclerotic peripheral vascular disease.	Test results would inform chiropractic treatment options in terms of dietary and physical activity recommendations and would help in establishing meaningful and effective communication for medical referral and co-management of the case where appropriate.
14.	Serum Alkaline Phosphatase	Indicated in patients who present with skeletal complaints and in whom the history and physical examination findings suggest the possibility of primary or metastatic bone tumors, metabolic bone disease (including Paget's disease) or hepatobiliary disease.	Elevated levels of the enzyme would lead to referral for medical consultation and may lead to further investigation to arrive at a specific diagnosis.

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Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
15.	Serum Prostate Specific Antigen (PSA) and Free PSA	To screen high risk patients and those who present with low back or pelvic pain and in whom the history and physical examination findings are suggestive of prostate cancer or reoccurrence of a prior treated prostate cancer.	Test results would guide chiropractic management of patients with low back pain; would help educate high risk patients for cancer and facilitate referral for medical follow up and management.
16.	Serum Creatine Kinase (CK)	Indicated when a patient presents with muscle pain and the clinical work-up suggests muscle inflammation or damage, as is seen in polymyositis and dermatomyositis, or when a patient presents with a several day history of chest/upper back discomfort and the chiropractor wants to rule out a subtle presentation of myocardial infarction. Elevated CK may also occur in hypothyroidism.	Elevated CK would suggest inflammatory muscle conditions, including cardiac tissue damage. Such findings would result in prompt referral for medical follow up and management.
17.	Troponin (T or I)	Although troponin and CK are most often used in the acute chest pain setting, the chiropractor would likely order this test in a case of suspected recent “silent” myocardial infarction (i.e., an atypical heart attack with vague chest discomfort or other nonspecific symptoms in an otherwise stable patient).	Patients with elevated cardiac troponin blood levels have likely suffered heart damage. Immediate referral is necessary for further testing and continued medical management.
18.	Thyroid Stimulating Hormone	Indicated when a patient presents with musculoskeletal complaints that are vaguely defined (generalized fatigue, muscle	Abnormal TSH levels would prompt referral for medical follow up, treatment and possible co-

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Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
	(TSH)	weakness, myalgia, arthralgia) and the history and physical examination suggest that the complaints may be related to thyroid dysfunction. The TSH concentration aids in differentiating primary from secondary hypothyroidism, and helps in the diagnosis of thyroiditis and hyperthyroidism.	management with focused treatment of the musculoskeletal component, and nutritional and physical activity advice.
19.	Serum Uric Acid	Indicated in patients (usually males over the age of 30 years) who present with monoarticular arthritis, particularly involving the big toe and to a lesser frequency, the ankles, heels, knees, elbows, wrists and fingers, and in whom the history and physical examination findings are equivocal for a mechanical etiology.	Elevated serum uric acid level is indicative of gouty arthritis and would prompt referral for medical follow up.
20.	Serum B12 and RBC Folate	Indicated when the patient presents with neurologic symptoms such as numbness, burning, tingling, dizziness or confusion and the history and physical examination suggests the possibility of vitamin B12 deficiency. B12 and folate are often ordered together because of the masking of some signs of B12 deficiency by high dietary folate intake. Assessment of folate is indicated in patients presenting with fatigue and weakness. These tests are also done as part of the evaluation of some types of anemias seen on the CBC (see	Test results would guide chiropractic management in terms of nutritional supplementation and would facilitate appropriate referral if necessary.

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Schedule A: Proposed Laboratory and Imaging Tests

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Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
		above).	
21.	Homocysteine	Indicated in the context of B12 or folate deficiency and to assess for possible increased risk of stroke, heart attack or other vascular disease.	Elevated levels would inform chiropractic approach to treatment and counseling, and may prompt referral for medical intervention.
22.	Serum alanine transaminase (ALT)	Indicated in patients presenting with diffuse muscle or joint achiness and weakness, and other constitutional symptoms suggestive of possible hepatitis. The test is often done in conjunction with other liver tests (aspartate transaminase, bilirubin)).	Test results would inform chiropractic management. Elevated AST may be suggestive of myopathy as well as liver disease. Medical referral/consultation may be necessary.
23.	C-Reactive Protein (CRP)	Indicated in patients presenting with MSK pain complaints including chest pain, or diffuse pain and weakness, and whose history and physical examination suggest a possible infectious, malignant or inflammatory etiology, including connective tissue disease. CRP may be used in conjunction with, or may replace the ESR test.	Elevation of this inflammatory marker would inform clinical decision making and would lead to medical referral.
24.	Pregnancy test (HCG)	Indicated in the female patient if radiographic examination is deemed necessary and the patient has any doubts whether she is pregnant.	A positive test would mitigate against radiographic evaluation and warrant referral to an appropriate health care provider.
Category: Immunology			

Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
25.	Anti-citrullinated peptide antibody (ACPA) and Rheumatoid Factor (RF)	ACPA and RF may be indicated in patients who present with musculoskeletal complaints including spinal and peripheral joint pain and in whom the history and physical examination findings suggest the possibility of an inflammatory joint disease (rheumatoid arthritis; RA). ACPA and RF tests are often performed in conjunction with the ESR or CRP tests for inflammation.	ACPA can be present in the early presentation of rheumatoid arthritis while RF may still be negative. Thus, elevated ACPA alone would inform referral for medical consultation / management of the case.
26.	Anti-Nuclear Antibody (ANA)	Indicated in patients who present with vague or non-specific musculoskeletal complaints and in whom the history and physical examination suggest an underlying multisystem inflammatory disease such as SLE and other connective tissue disorders. The ESR and CRP tests (see above) are also helpful in detecting inflammation associated with the connective tissue disorders.	Test results would inform clinical decision making and chiropractic management. For example, a negative test would help rule out connective tissue diseases in a case where diagnosis of fibromyalgia is considered. A positive test would be indicative of an underlying inflammatory etiology prompting referral for medical opinion/management.
27.	Human Leukocyte Antigen (HLA-B27)	Indicated in patients who present with low back pain of insidious onset and in whom the radiographic findings are equivocal for ankylosing spondylitis (AS). A positive HLA-B27 test will increase the likelihood of AS and a negative test will decrease it. In addition, the test may be useful in the differential diagnosis of other seronegative	A positive test would help with the diagnosis of AS. Test results would also be helpful in the differential diagnosis of other seronegative spondyloarthropathies which present to chiropractic offices. A positive test may lead to referral to an appropriate health care provider.

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Schedule A: Proposed Laboratory and Imaging Tests

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
		spondyloarthropathies including Reiter's syndrome and psoriatic arthritis.	
28.	Fecal Occult Blood (fecal immunochemical test)	Indicated in patients over the age of 50 who present with low back pain in whom, in addition to musculoskeletal findings of mechanical origin, the history and physical examination suggest the possibility of an underlying gastrointestinal pathology. The test is commonly used to screen for colorectal cancer.	A positive test would warrant prompt referral for further medical assessment and management.
29.	Anti-Borrelia antibodies	Indicated if a patient presents in the context of primary health care with a complaint of diffuse aches/pain, and history and physical exam findings give rise to suspicion of Lyme disease.	A positive test would indicate infection with <i>Borrelia burgdorferi</i> and would necessitate immediate referral for medical management.

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CLINICAL INDICATIONS FOR ADVANCED DIAGNOSTIC IMAGING TESTS

The following table outlines some indications for ordering advanced imaging tests. Some clinical scenarios may not be included in this table, and a decision about ordering an advanced imaging test must be determined on a case-by-case basis.

Clinical or Radiographic Indication			
A. Spine	MR	CT	Scintigraphy (bone scan)
Evaluation of neoplasms detected on radiograph	++	+/- contrast	
Determining skeletal distribution of neoplasms or other multifocal skeletal diseases			++
Clinical or laboratory tests suggesting plasma cell myeloma	++		
Myelopathy	++		
Cauda equina syndrome	++	+/- contrast	
Lumbar radiculopathy with positive straight leg raise test, abnormal reflex, dermatome, or myotome not responding to 4 weeks of conservative care	++		
Myelopathy or radiculopathy (as above) when MR is contraindicated			
Infectious spondylodiscitis	++		
Neural tumours and multiple sclerosis	++		
Post-operative evaluation or arthrodesis		+	

Schedule A: Proposed Laboratory and Imaging Tests

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Clinical or Radiographic Indication			
A. Spine	MR	CT	Scintigraphy (bone scan)
Post-operative evaluation of recurrent disc herniation vs. fibrosis	++ +/- GAD		
Burst fracture or other unstable fractures	++	+	
Suspected occult fracture		+	
Complicated disease processes or findings unexplained by more conservative tests		+	

B. Extremities	MR	CT	Scintigraphy (bone scan)	MSK Ultrasonography
Evaluation of neoplasms detected on radiographs	++	+		
Determining skeletal distribution of neoplasms or other multifocal skeletal diseases			++	
Internal joint derangements	++			+
Osteomyelitis	++	+	+	
Osteonecrosis	++			
Complicated fractures		++	+	
Suspected occult fracture (stress or acute)	+	+	+	
Complicated disease processes or findings unexplained by more conservative tests	+	+		

Schedule A: Proposed Laboratory and Imaging Tests

B. Extremities	MR	CT	Scintigraphy (bone scan)	MSK Ultrasonography
Soft tissue injury: muscle, tendon, ligament	+			++
Soft tissue masses, swelling, or fluid collections	+			++
Intra-articular bodies and joint effusion	++			+
Nerve entrapment, injury, neuropathy	++			+
Foreign bodies in the superficial soft tissues				+

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++ first choice, + second choice (must be determined on a case-by-case basis)

GAD, MRI obtained with and without gadolinium injection

Schedule B: Pricing Information re: Laboratory and Imaging Services

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Standard Laboratory Tests

PANEL	Cost	Cost + HST
Cholesterol Panel (LDL, HDL, TG's, Total/HDL)	\$11.94	\$13.49
Thyroid Panel (TSH, TPO, fT3, fT4)	\$73.80	\$83.39
Panel 1: A/G ratio, albumin, alk phos, ALT, AST, bilirubin total & direct, BUN, calcium, chloride, total cholesterol, CO2, creatinine, glucose, LD, phosphorus, potassium, sodium, GGT, globulin, total protein, triglycerides, uric acid	\$47.40	\$53.56
Panel 2: Panel 1 + HDL, LDL, cholesterol, TIBC with 12 to 14 hour fast	\$62.10	\$70.17
Panel 3: Panel 1 + HDL, LDL, cholesterol, TIBC, free T4 with 12 to 14 hour fast	\$83.10	\$93.90
Panel A: A/G ratio, albumin, alk phos, ALT, AST, bilirubin total & direct, BUN, calcium, CBC, chloride, CO2, creatinine, GFR, GGT, globulin, glucose, LD, phosphorus, potassium, protein (total), sodium, uric acid	\$57.60	\$65.09
Panel B: A/G ratio, albumin, alk phos, ALT, AST, bilirubin total & direct, BUN, calcium, CBC, chloride, CO2, creatinine, ferritin, GFR, GGT, globulin, glucose, LD, phosphorus, potassium, protein (total), sodium, TIBC, TSH, T4 (free), uric acid, urinalysis (routine)	\$118.80	\$134.24
Panel C: A/G ratio, albumin, alk phos, ALT, AST, bilirubin total & direct, BUN, calcium, CBC, chloride, cholesterol, cholesterol/HDL, CO2, creatinine, CRP-hs, GFR, GGT, globulin, glucose, HDL, LD, LDL, phosphorus, potassium, protein (total), sodium, triglycerides, uric acid	\$70.80	\$80.00
Panel D: A/G ratio, albumin, alk phos, ALT, AST, bilirubin total & direct, BUN, calcium, CBC, cholesterol, cholesterol/HDL, chloride, CO2, creatinine, CRP-hs, ferritin, GFR, GGT, globulin, glucose, HDL, LD, LDL, phosphorus, potassium, protein (total), sodium, TIBC, triglycerides, TSH, T4 (free), uric acid, urinalysis	\$130.80	\$147.80
Healthy & Active Panel: Available to trained providers only.	\$144.00	\$162.72
ABO-Rh	\$16.50	\$18.65
ACTH	\$118.80	\$134.24
Albumin	\$3.48	\$3.93
Aldosterone	\$95.70	\$108.14
ALP	\$3.48	\$3.93
Alpha Feto Protein	\$44.16	\$49.90
ALT	\$3.48	\$3.93

Schedule B: Pricing Information re: Laboratory and Imaging Services

Aluminum	\$70.62	\$79.80
Amylase	\$3.48	\$3.93
ANA	\$20.22	\$22.85
Anti – Insulin Antibody	\$71.10	\$80.34
Anti DS DNA	\$57.60	\$65.09
Anti- ENA	\$23.82	\$26.92
Anti –Phospholipid (cardiolipin) antibody	\$100.02	\$113.02
Antibody Screen	\$24.00	\$27.12
Anti-Pancreatic ICA	\$64.20	\$72.55
Antithyroglobulin	\$29.58	\$33.43
Antithyroperoxidase	\$20.70	\$23.39
Apo – Lipoprotein a	\$35.34	\$39.93
Apo – Lipoprotein b	\$59.82	\$67.60
Arsenic	\$118.80	\$134.24
AST	\$3.48	\$3.93
Beta 2 Microglobulin – serum	\$88.62	\$100.14
Beta Carotene	\$18.00	\$20.34
Bilibrubin, direct	\$3.48	\$3.93
Bilirubin, total	\$3.48	\$3.93
Blood Draw for non-LifeLab tests (e.g. allergy serum)	\$54.00	\$61.02
BUN	\$3.48	\$3.93
C – Peptide	\$66.00	\$74.58
CA 125	\$59.82	\$67.60
CA 15-3	\$45.00	\$50.85
CA 19-9	\$82.50	\$93.23
Calcium	\$3.48	\$3.93
Calcium Ionized	\$21.60	\$24.41
Carbamezepine	\$35.94	\$40.61
Cardiac Enzymes (CK-MB)	\$38.94	\$44.00
CBC + Differential	\$14.22	\$16.07

Schedule B: Pricing Information re: Laboratory and Imaging Services

CEA	\$54.42	\$61.49
Celiac Profile (tissue transglutaminase, gliadin antibodies)	\$202.80	\$229.16
Ceruloplasmin	\$11.94	\$13.49
Chain of Custody Drug Collection – 5 Panel	\$118.80	\$134.24
Chloride	\$3.48	\$3.93
Cholesterol, Total	\$3.48	\$3.93
CK Isoenzymes	\$38.94	\$44.00
CK Total/Creatine kinase	\$23.82	\$26.92
CO2	\$3.48	\$3.93
Complement III	\$23.58	\$26.65
Complement IV	\$23.58	\$26.65
Copper	\$34.02	\$38.44
Cortisol	\$40.80	\$46.10
Creatinine	\$3.48	\$3.93
CRP	\$5.94	\$6.71
CRP-hs	\$5.94	\$6.71
Culture - Swab	\$46.20	\$52.21
Dermatophyte (fungal scraping)	\$38.40	\$43.39
DHEA	\$54.00	\$61.02
DHT	\$108.00	\$122.04
DPD Deoxypyridinoline	\$107.94	\$121.97
Endomysial Ab	\$96.00	\$108.48
Estradiol – Serum	\$62.40	\$70.51
Estrone – Serum	\$58.80	\$66.44
Ferritin	\$17.94	\$20.27
Fibrinogen	\$29.10	\$32.88
Folate	\$37.50	\$42.38
Folate – RBC	\$46.62	\$52.68
Free T3	\$20.70	\$23.39
Free T4	\$20.70	\$23.39

Schedule B: Pricing Information re: Laboratory and Imaging Services

Fructosamine	\$54.60	\$61.70
FSH	\$42.90	\$48.48
G6PD	\$65.70	\$74.24
GFR & Creatinine	\$5.94	\$6.71
GGT	\$3.48	\$3.93
Gliadin Antibodies	\$162.00	\$183.06
Glucose	\$3.48	\$3.93
Gram Stain	\$10.50	\$11.87
GTT – 2 hour	\$11.82	\$13.36
H. Pylori Breath Test (appt required for collection)	\$118.80	\$134.24
HbA1c	\$19.02	\$21.49
Hemoglobin Electrophoresis	\$22.80	\$25.76
Hepatitis A Screen	\$35.82	\$40.48
Hepatitis B Screen	\$35.82	\$40.48
Hepatitis C Screen	\$35.82	\$40.48
HLA B27	\$66.72	\$75.39
Homocysteine	\$66.00	\$74.58
Immunocyte NMP-22	\$238.80	\$269.84
INR	\$11.94	\$13.49
Insulin	\$32.82	\$37.09
Insulin Glucose Challenge	\$43.50	\$49.16
Iodine	\$91.20	\$103.06
Iron/TIBC	\$17.94	\$20.27
LD Isoenzymes	\$29.34	\$33.15
LDH	\$3.48	\$3.93
Lead	\$30.96	\$34.98
Leukocyte Phenotyping	\$150.00	\$169.50
LH	\$43.74	\$49.43
Lipase	\$21.42	\$24.20
Lithium	\$9.60	\$10.85

Schedule B: Pricing Information re: Laboratory and Imaging Services

Magnesium	\$3.48	\$3.93
Magnesium – RBC	\$46.80	\$52.88
Manganese	\$116.22	\$131.33
Mercury	\$28.20	\$31.87
MMA	\$180.00	\$203.40
Monospot	\$5.40	\$6.10
Nickel	\$81.60	\$92.21
N-telopeptide	\$107.52	\$121.50
Omega 3	\$234.00	\$264.42
PAP Smear	\$32.70	\$36.95
Parietal Cell Antibody	\$51.60	\$58.31
Phosphorous	\$3.48	\$3.93
Pinworm	\$7.80	\$8.81
Potassium	\$3.48	\$3.93
Pregnancy test – Serum (HCG)	\$38.40	\$43.39
Pregnancy test – Urine	\$7.02	\$7.93
Progesterone	\$45.42	\$51.32
Prolactin	\$41.82	\$47.26
Protein	\$3.48	\$3.93
Protein Electrophoresis (includes total protein)	\$34.62	\$39.12
PSA	\$35.82	\$40.48
PSA RATIO	\$59.94	\$67.73
PTH	\$119.40	\$134.92
PTT	\$14.22	\$16.07
RA Factor	\$11.70	\$13.22
Renin	\$70.20	\$79.33
Reticulin antibody	\$54.00	\$61.02
Reticulocyte Count	\$13.02	\$14.71
Routine urinalysis	\$5.94	\$6.71
Sedimentation Rate	\$5.94	\$6.71

Schedule B: Pricing Information re: Laboratory and Imaging Services

Semen Analysis	\$50.70	\$57.29
Semen Post Vasectomy	\$11.40	\$12.88
SHBG	\$72.00	\$81.36
Sodium	\$3.48	\$3.93
Stool Culture	\$36.00	\$40.68
Stool Occult Blood	\$3.48	\$3.93
Stool Ova & Parasites	\$46.20	\$52.21
Testosterone, bioavailable	\$89.40	\$101.02
Testosterone, total	\$41.10	\$46.44
Tissue Transglutaminase	\$108.00	\$122.04
Total IGF-1	\$122.40	\$138.31
Total T3	\$41.40	\$46.78
TPO (anti-thyroid antibody)	\$20.70	\$23.39
Transferrin	\$15.42	\$17.42
Transglutaminase IgA Antibody	\$108.00	\$122.04
Triglycerides	\$3.48	\$3.93
TSH	\$20.70	\$23.39
Urate	\$3.48	\$3.93
Urine – 24 hour Albumin/Creatinine Ratio	\$11.34	\$12.81
Urine – 24 hour Calcium	\$9.30	\$10.51
Urine – 24 hour Cortisol	\$32.40	\$36.61
Urine – 24 hour Creatinine	\$6.42	\$7.25
Urine – 24 hour Glucose	\$11.34	\$12.81
Urine – 24 hour Magnesium	\$10.20	\$11.53
Urine – 24 hour Oxalate	\$40.20	\$45.43
Urine – 24 hour Phosphate	\$10.20	\$11.53
Urine – 24 hour Potassium	\$6.72	\$7.59
Urine – 24 hour Protein	\$11.34	\$12.81
Urine – 24 hour Sodium	\$10.20	\$11.53
Urine – 24 hour Uric Acid	\$10.20	\$11.53

Schedule B: Pricing Information re: Laboratory and Imaging Services

Urine – Citrate	\$39.60	\$44.75
Urine – random cocaine screen	\$27.00	\$30.51
Urine Aldosterone	\$95.10	\$107.46
Urine Catecholamines	\$76.56	\$86.51
Urine Culture	\$29.58	\$33.43
Urine Fluoride	\$67.20	\$75.94
Urine Microalbumin	\$10.20	\$11.53
Vanillylmandelic Acid	\$54.78	\$61.90
Vitamin A	\$29.82	\$33.70
Vitamin B1	\$99.00	\$111.87
Vitamin B12	\$29.22	\$33.02
Vitamin B6	\$103.62	\$117.09
Vitamin C	\$22.26	\$25.15
Vitamin D 1,25 hydroxy	\$81.42	\$92.00
Vitamin D 25 hydroxy	\$46.62	\$52.68
Vitamin E	\$72.60	\$82.04

**Schedule C: CCO Draft Standards of Practice re: Ordering Laboratory Tests and
Advanced Imaging Tests**

ORDERING OF LABORATORY TESTS



Standard of Practice S-???

Quality Assurance Committee

Version Date: February 7, 2018

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

Members of the College of Chiropractors of Ontario (CCO) are authorized to order x-rays and operate an x-ray machine for the irradiation of a human being under the Healing Arts Radiation Protection Act, 1990 (HARP). Currently, members are not authorized to order laboratory tests in accordance with the Laboratory and Specimen Collection Centre Licensing Act, 1990 (LSCCLA), the Regulated Health Professions Act, 1991 (RHPA), and their regulations. This standard of practice will come into effect on the date that members of the College of Chiropractors of Ontario receive the legislative and regulatory authority to order laboratory tests under the LSCCLA, RHPA and their regulations.

INTENT

Chiropractors are primary health care practitioners, are authorized to use the “doctor” title, and have been granted the legislative authority to:

Communicate a diagnosis identifying, as the case 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.

This standard of practice outlines the practices, procedures, education and competencies expected of a member of CCO when ordering a laboratory test in the context of providing care as defined by the *Chiropractic Act, 1991*.

OBJECTIVES

- (a) To enhance the quality and effectiveness of chiropractic care provided to the public by a member;
- (b) To facilitate patient-centered care by a member;
- (c) To identify which laboratory tests a member is authorized to order under the regulations of the (*LSCCLA*);
- (d) To identify when it is appropriate for a member to order a laboratory test for a patient;
- (e) To describe the practices and procedures required of a member in ordering laboratory tests;
- (f) To emphasize the importance of public safety in ordering a laboratory test;
- (g) To describe the educational requirement and competencies that will enhance clinical decision-making of a member in the context of ordering and interpreting a laboratory test;
- (h) To enhance the communication of a diagnosis or clinical impression and provide guidance to a member when it is appropriate to advise a patient to consult with another health care professional; and
- (i) To encourage a member to engage in effective inter-professional collaboration as it relates to the ordering and analysis of a laboratory test.

DESCRIPTION OF STANDARD

Scope of Practice

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.

It is expected that a member acts in a professional and reasonable manner when ordering a laboratory test. A member may order laboratory tests authorized under the regulations of the *LSCCLA*, consistent with providing care as defined by the *Chiropractic Act, 1991* when:

- the member has the appropriate authority under the *RHPA*, the *LSCCLA*, any regulations under these acts and any other relevant legislation;
- it is clinically indicated to do so according to the patient's circumstances;
- the member has the knowledge, skill and judgment required to order the appropriate laboratory test;
- the member assumes responsibility for the ordering of the laboratory test; and
- the member meets any other relevant statutory, regulatory and professional responsibilities that apply.

If the results of a laboratory test reveal a diagnosis that falls outside the chiropractic scope of practice, a member is required to advise the patient to consult with another health professional.

Procedures

A member shall order a laboratory test for patients only when the history, examination or prior diagnostic tests clinically indicate a condition that would be better identified, confirmed or ruled out by the ordering of the laboratory test.

In ordering a laboratory test, a member shall:

- perform a complete history and examination of the patient, as described in Standard of Practice S-002: Record Keeping;
- consider whether the ordering of a laboratory test is required to form an appropriate diagnosis or plan of care;
- make reasonable attempts to obtain previous laboratory results and avoid unnecessary duplication of the laboratory test for the patient;
- communicate with any other health professions providing care to the patient, as necessary and relevant to the ordering of the advanced imaging test;
- consider the benefits, limitations, contraindications and risks associated with the laboratory test;
- document relevant information; and
- communicate effectively to the patient the rationale and process of ordering the laboratory test.

Following the ordering of a laboratory test, a member shall:

- review and/or analyze the results of the laboratory test based on the test results and/or interpretive reports;

- integrate the results of the laboratory test with other test results and clinical findings;
- review the results of the laboratory test with the patient;
- ensure that appropriate and timely follow-up occurs based on the results of the laboratory test;
- select care options based on the results of the laboratory test within the chiropractic scope of practice, or when appropriate, advise a patient to consult with another health professional; and
- document relevant information.

Education

To order laboratory tests in the context of their chiropractic practice, a member must achieve, maintain and be able to demonstrate clinical competency (e.g., examination, certification or proof of training) in the ordering of laboratory tests. A member must have completed specific education and training in the ordering of laboratory tests and interpretation of findings, as taught in the core curriculum, post-graduate curriculum or continuing education division of an accredited educational institution.

Competency

A member who orders a laboratory test shall achieve, maintain and be able to demonstrate clinical competency in the following areas:

- the science, principles, and objectives of the laboratory test;
- the indications, limitations, contraindications and risks of the laboratory test;
- interpretation of the laboratory test or reports; and
- the application of the test results and appropriate care in the best interests of the patient.

Continuing Education

A member who orders laboratory tests as part of their practice shall:

- participate in, demonstrate and record ongoing continuing education relevant to laboratory tests;
- 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, analyzing and communicating results of an advanced imaging test; and
- maintain up-to-date knowledge of new and emerging trends, practices and advances in technology.

Legislative Context

[THE LEGISLATIVE CONTEXT SECTION WILL INCLUDE THE AMENDED
CHIROPRACTIC ACT AND CONTROLLED ACTS REGULATION AUTHORIZING
CHIROPRACTORS TO ORDER THESE TESTS]

Appendix A

LIST OF LABORATORY TESTS RELEVANT IN CHIROPRACTIC PRACTICE

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
Category: Haematology			
1.	Complete Blood Count (CBC and Differential)	Indicated when infection, haematological disease, malignancy or inflammatory disease is suspected. Many inflammatory disorders producing symptoms in the MSK system will be accompanied by anemia or other changes in the CBC. The CBC is also an important part of the evaluation of patients with fatigue, which is a common component of conditions seen in the chiropractic office.	<p>Normal blood indices and white cell counts will help reduce suspicion of infection, inflammatory disease and malignancies, thereby assisting with the management of mechanical MSK problems.</p> <p>Combined with history and physical examination findings, abnormal blood indices suggesting anemia may prompt immediate referral or may lead to further testing to determine the type of anemia. In some cases, nutritional counseling and follow up may be appropriate, along with co-management of the patient with a dietitian or medical practitioner if necessary.</p> <p>Abnormal white cell counts and/or differentials will lead to prompt referral for medical care.</p>
2.	Erythrocyte Sedimentation Rate (ESR)	Indicated when infection, inflammation or malignancy is suspected. Usually ordered with CBC. The test is often useful in detecting an infectious diskitis in patients continuing to experience low back pain after spinal surgery, and in detecting temporal arteritis in patients with certain headache patterns.	A normal ESR finding will help rule out inflammatory and infectious processes, and facilitate chiropractic management of a MSK problem.

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
3.	Prothrombin time (INR)	Indicated for patients who seek chiropractic treatment, and the history reveals they are on blood thinning medication. In cases where there is suspicion of poorly controlled blood coagulation the INR would be helpful in determining clinical course of action.	A high INR would inform chiropractic management of the case and may necessitate prompt referral for medical follow up.
Category: Urine Tests			
4.	Urinalysis	Would be commonly used for patients presenting to the chiropractor on a primary contact basis, or have not recently done a urinalysis by another health care provider. May be indicated when one or more of the following is present: signs of urinary tract infection/history; signs of renal, ureteral or prostatic disease; history of proteinuria, bacteriuria, pyuria, microhematuria. It may also show evidence of diabetes mellitus.	Depending upon the nature of results, patient would be referred for medical care. Some of the results may warrant further testing, e.g. glycosuria may lead to fasting glucose determination (see below).
5.	Urine free light chains ("Bence Jones protein" urine immunoelectrophoresis)	Indicated in patients presenting with bone pain or other symptoms/signs of multiple myeloma. Is typically done in conjunction with serum protein electrophoresis.	A positive test is most often seen in multiple myeloma. A positive test result will prompt referral for medical management.
Category: Biochemistry			
6.	Serum Urea and Creatinine	Indicated in patients who present with low back pain and where the history and physical examination findings may suggest renal disease, or if poor control of diabetes or hypertension is suspected.	Elevated levels may be due to impaired glomerular filtration in renal disorders, which may present as low back/flank pain. This will prompt referral for medical management.
7.	Serum Calcium	Indicated when the history and physical examination findings suggest conditions related to the bones, muscles and nerves including malignant disease, metabolic bone disease, heart disease, paresthesias fatigue and muscle	Test results, in conjunction with results obtained for inorganic phosphorus and PTH would inform if case management is within chiropractic scope of practice. Disruption of the normal

Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
		cramps. A serum calcium test is often combined with serum phosphorus and parathyroid hormone (PTH; see below).	homeostatic interplay of these metabolic markers would prompt referral for medical management.
8.	Serum inorganic phosphorus	May be indicated when the history and physical examination findings suggest issues related to the bones, muscles and nerves, including the possibility of malignant disease, metabolic bone disease, heart disease, paresthesias and muscle cramps. It is typically done in conjunction with serum calcium and PTH tests.	Test results, in conjunction with results obtained for serum calcium and PTH would inform if case management is within chiropractic scope of practice. Disruption of the normal homeostatic interplay of these metabolic markers would prompt referral for medical management.
9.	Parathyroid Hormone (PTH)	May be indicated when the patient's history and physical examination findings are suggestive of possible renal disease or metabolic bone disease. It is typically done in conjunction with serum calcium and phosphorus.	Test results, in conjunction with results obtained for inorganic phosphorus and serum calcium would inform if case management is within chiropractic scope of practice. Disruption of the normal homeostatic interplay of these metabolic markers would prompt referral for medical management.
10.	Vitamin D	May be indicated in patients presenting with MSK complaints and in whom the history or examination findings are indicative of bowel disease, metabolic bone disease, or kidney disease, or other persons at risk of vitamin D deficiency.	Abnormal test results should be interpreted in relation to calcium, phosphate and PTH values, and would help inform management in terms of nutritional counseling or referral for medical management or co-management.
11.	Serum Total Protein, Albumin/Globulin ratio	May be indicated in patients with MSK complaints who present with generalized fatigue and abnormal CBC findings and/or if a malignancy such as multiple myeloma is suspected. Knowledge of the serum albumin level is also required for the interpretation of the serum calcium test when the latter is indicated (see above). Total protein may also be ordered to provide general information about a patient's nutritional status, such as when someone has undergone a recent, unexplained weight loss.	Test results would guide chiropractic management of the case. Abnormal total protein levels, and an abnormal A/G ratio would help in diagnosing inflammatory conditions such as autoimmune disease, chronic infection, or liver and kidney disease. Clinical judgment may lead to further testing by serum electrophoresis (see below) or may result in prompt referral for medical consultation.

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Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
12.	Serum protein electrophoresis and immunoelectrophoresis	May be indicated in patients in whom a total serum protein and/or albumin/globulin (A/G) ratio determination yielded positive results or the CBC suggests an underlying plasma cell disorder or inflammatory disorder. Protein electrophoresis is a quantitative analysis of globulins, which is useful in confirming or ruling out certain conditions including multiple myeloma, chronic infections and collagen disease.	Test results would help narrow down diagnosis and would facilitate meaningful and effective referral.
13.	Serum Lipids (cholesterol, HDL, LDL, triglycerides)	Ordered as part of a general risk factor evaluation in patients with a personal or family history of cardiovascular disease, particularly hypertensive and obese patients. It may also be indicated in patients presenting with leg pain or other possible indicators of atherosclerotic peripheral vascular disease.	Test results would inform chiropractic treatment options in terms of dietary and physical activity recommendations and would help in establishing meaningful and effective communication for medical referral and co-management of the case where appropriate.
14.	Serum Alkaline Phosphatase	Indicated in patients who present with skeletal complaints and in whom the history and physical examination findings suggest the possibility of primary or metastatic bone tumors, metabolic bone disease (including Paget's disease) or hepatobiliary disease.	Elevated levels of the enzyme would lead to referral for medical consultation and may lead to further investigation to arrive at a specific diagnosis.
15.	Serum Prostate Specific Antigen (PSA) and Free PSA	To screen high risk patients and those who present with low back or pelvic pain and in whom the history and physical examination findings are suggestive of prostate cancer or reoccurrence of a prior treated prostate cancer.	Test results would guide chiropractic management of patients with low back pain; would help educate high risk patients for cancer and facilitate referral for medical follow up and management.

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Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
16.	Serum Creatine Kinase (CK)	Indicated when a patient presents with muscle pain and the clinical work-up suggests muscle inflammation or damage, as is seen in polymyositis and dermatomyositis, or when a patient presents with a several day history of chest/upper back discomfort and the chiropractor wants to rule out a subtle presentation of myocardial infarction. Elevated CK may also occur in hypothyroidism.	Elevated CK would suggest inflammatory muscle conditions, including cardiac tissue damage. Such findings would result in prompt referral for medical follow up and management.
17.	Troponin (T or I)	Although troponin and CK are most often used in the acute chest pain setting, the chiropractor would likely order this test in a case of suspected recent "silent" myocardial infarction (i.e., an atypical heart attack with vague chest discomfort or other nonspecific symptoms in an otherwise stable patient).	Patients with elevated cardiac troponin blood levels have likely suffered heart damage. Immediate referral is necessary for further testing and continued medical management.
18.	Thyroid Stimulating Hormone (TSH)	Indicated when a patient presents with musculoskeletal complaints that are vaguely defined (generalized fatigue, muscle weakness, myalgia, arthralgia) and the history and physical examination suggest that the complaints may be related to thyroid dysfunction. The TSH concentration aids in differentiating primary from secondary hypothyroidism, and helps in the diagnosis of thyroiditis and hyperthyroidism.	Abnormal TSH levels would prompt referral for medical follow up, treatment and possible co-management with focused treatment of the musculoskeletal component, and nutritional and physical activity advice.
19.	Serum Uric Acid	Indicated in patients (usually males over the age of 30 years) who present with monoarticular arthritis, particularly involving the big toe and to a lesser frequency, the ankles, heels, knees, elbows, wrists and fingers, and in whom the history and physical examination findings are equivocal for a mechanical etiology.	Elevated serum uric acid level is indicative of gouty arthritis and would prompt referral for medical follow up.

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Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
20.	Serum B12 and RBC Folate	Indicated when the patient presents with neurologic symptoms such as numbness, burning, tingling, dizziness or confusion and the history and physical examination suggests the possibility of vitamin B12 deficiency. B12 and folate are often ordered together because of the masking of some signs of B12 deficiency by high dietary folate intake. Assessment of folate is indicated in patients presenting with fatigue and weakness. These tests are also done as part of the evaluation of some types of anemias seen on the CBC (see above).	Test results would guide chiropractic management in terms of nutritional supplementation and would facilitate appropriate referral if necessary.
21.	Homocysteine	Indicated in the context of B12 or folate deficiency and to assess for possible increased risk of stroke, heart attack or other vascular disease.	Elevated levels would inform chiropractic approach to treatment and counseling, and may prompt referral for medical intervention.
22.	Serum alanine transaminase (ALT)	Indicated in patients presenting with diffuse muscle or joint aches and weakness, and other constitutional symptoms suggestive of possible hepatitis. The test is often done in conjunction with other liver tests (aspartate transaminase, bilirubin)).	Test results would inform chiropractic management. Elevated AST may be suggestive of myopathy as well as liver disease. Medical referral/consultation may be necessary.
23.	C-Reactive Protein (CRP)	Indicated in patients presenting with MSK pain complaints including chest pain, or diffuse pain and weakness, and whose history and physical examination suggest a possible infectious, malignant or inflammatory etiology, including connective tissue disease. CRP may be used in conjunction with, or may replace the ESR test.	Elevation of this inflammatory marker would inform clinical decision making and would lead to medical referral.
24.	Pregnancy test (HCG)	Indicated in the female patient if radiographic examination is deemed necessary and the patient has any doubts whether she is pregnant.	A positive test would mitigate against radiographic evaluation and warrant referral to an appropriate health care provider.
Category: Immunology			
25.	Anti-citrullinated peptide antibody	ACPA and RF may be indicated in patients who present with musculoskeletal complaints including spinal and	ACPA can be present in the early presentation of rheumatoid arthritis while RF may still be

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Item	Test Name	Reason for Ordering the Test	Potential Actions Taken Pending Test Results
	(ACPA) and Rheumatoid Factor (RF)	peripheral joint pain and in whom the history and physical examination findings suggest the possibility of an inflammatory joint disease (rheumatoid arthritis; RA). ACPA and RF tests are often performed in conjunction with the ESR or CRP tests for inflammation.	negative. Thus, elevated ACPA alone would inform referral for medical consultation / management of the case.
26.	Anti-Nuclear Antibody (ANA)	Indicated in patients who present with vague or non-specific musculoskeletal complaints and in whom the history and physical examination suggest an underlying multisystem inflammatory disease such as SLE and other connective tissue disorders. The ESR and CRP tests (see above) are also helpful in detecting inflammation associated with the connective tissue disorders.	Test results would inform clinical decision making and chiropractic management. For example, a negative test would help rule out connective tissue diseases in a case where diagnosis of fibromyalgia is considered. A positive test would be indicative of an underlying inflammatory etiology prompting referral for medical opinion/management.
27.	Human Leukocyte Antigen (HLA-B27)	Indicated in patients who present with low back pain of insidious onset and in whom the radiographic findings are equivocal for ankylosing spondylitis (AS). A positive HLA-B27 test will increase the likelihood of AS and a negative test will decrease it. In addition, the test may be useful in the differential diagnosis of other seronegative spondyloarthropathies including Reiter's syndrome and psoriatic arthritis.	A positive test would help with the diagnosis of AS. Test results would also be helpful in the differential diagnosis of other seronegative spondyloarthropathies which present to chiropractic offices. A positive test may lead to referral to an appropriate health care provider.
28.	Fecal Occult Blood (fecal immunochemical test)	Indicated in patients over the age of 50 who present with low back pain in whom, in addition to musculoskeletal findings of mechanical origin, the history and physical examination suggest the possibility of an underlying gastrointestinal pathology. The test is commonly used to screen for colorectal cancer.	A positive test would warrant prompt referral for further medical assessment and management.
29.	Anti-Borrelia antibodies	Indicated if a patient presents in the context of primary health care with a complaint of diffuse aches/pain, and history and physical exam findings give rise to suspicion of Lyme disease.	A positive test would indicate infection with <i>Borrelia burgdorferi</i> and would necessitate immediate referral for medical management.

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ORDERING ADVANCED IMAGING TESTS



Standard of Practice S-???

Quality Assurance Committee

Version Date: February 7, 2018

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

Members of the College of Chiropractors of Ontario (CCO) are authorized to order x-rays and operate an x-ray machine for the irradiation of a human being under the Healing Arts Radiation Protection Act, 1990 (HARP). However, members are not currently authorized to order advanced imaging tests in accordance with the Regulated Health Professions Act, 1991 (RHPA), HARP, and their regulations. This standard of practice will come into effect on the date that members of the College of Chiropractors of Ontario receive the legislative and regulatory authority to order the identified advanced imaging tests under the RHPA, HARP, and their regulations.

INTENT

Chiropractors are primary health care practitioners, are authorized to use the “doctor” title, and have been granted the legislative authority to:

Communicate a diagnosis identifying, as the case 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.

This standard of practice outlines the practices, procedures, education and competencies expected of a member of the College of Chiropractors of Ontario (CCO) when ordering an advanced imaging test in the context of providing care as defined by the *Chiropractic Act, 1991*. These tests include, but are not limited to the ordering of soundwaves for diagnostic ultrasound.

OBJECTIVES

- To enhance the effectiveness and quality of chiropractic care provided to a patient by a member;
- To facilitate patient-centred care by a member;
- To identify when it is appropriate for a member to order an advanced imaging test for a patient;
- To describe the practices and procedures required of a member when ordering an advanced imaging test;
- To emphasize the importance of public safety in ordering an advanced imaging test;
- To describe the educational requirements and competencies required of a member to order an advanced imaging test;
- To enhance the communication of a diagnosis or clinical impression and provide guidance to a member when it is appropriate to advise a patient to consult with another health care professional; and
- To encourage a member to engage in effective inter-professional collaboration as it relates to the ordering and analysis of advanced imaging tests.

DESCRIPTION OF STANDARD

Scope of Practice

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.

Procedures

It is expected that a member acts in a professional and reasonable manner when ordering an advanced imaging test. A member shall order an advanced imaging test for a patient only when the history, examination or prior diagnostic tests clinically indicates a condition that would be better identified, confirmed or ruled out by the ordering of the advanced imaging test.

If the results of an advanced imaging test reveal a diagnosis or findings that may fall outside the chiropractic scope of practice, a member shall advise the patient to consult with another health care professional.

In ordering an advanced imaging test for a patient, a member shall:

- perform a complete history and examination of the patient, as described in Standard of Practice S-002: Record Keeping;
- consider whether the advanced imaging test is required to reach an appropriate diagnosis, clinical impression and/or plan of care;

- make reasonable attempts to obtain previous diagnostic test results and avoid unnecessary duplication of the advanced imaging test;
- communicate with any other health professions providing care to the patient, as necessary and relevant to the ordering of the advanced imaging test;
- consider the benefits, limitations, contraindications and risks to the patient associated with the advanced imaging test;
- document relevant information; and
- communicate effectively to the patient the rationale and process for ordering the advanced imaging test.

Following the ordering of an advanced imaging test, a member shall:

- review and/or analyze the results of the advanced imaging test based on the interpretation of the test results and/or interpretive reports;
- integrate the results of the advanced imaging test with other test results and clinical findings;
- review the analysis and the image with the patient in the report of findings;
- ensure that an appropriate and timely follow-up occurs based on the results of the advanced imaging test;
- select care options within the chiropractic scope of practice, based on the results of the advanced imaging test, or when appropriate, advise a patient to consult with another health care professional; and

- document relevant information.

Education

To order an advanced imaging test in the context of his/her chiropractic practice, a member must achieve, maintain and be able to demonstrate clinical competency (e.g., examination, certification or proof of training) in the ordering of advanced imaging tests. A member must have completed specific education and training in the ordering of advanced imaging tests and interpretation of findings, as taught in the core curriculum, post-graduate curriculum or continuing education division of an accredited educational institution.

Competency

A member who orders an advanced imaging test shall achieve, maintain and be able to demonstrate clinical competency in the following:

- the science, principles, and objectives of the advanced imaging test;
- the indications, limitations, contraindications and risks of the advanced imaging test;
- interpretation of the advanced imaging test; and
- the application of the test results and appropriate care in the best interests of the patient.

Continuing Education

A member who orders advanced imaging tests as part of his/her practice shall:

- participate in, demonstrate and record ongoing continuing education relevant to advanced imaging tests;

- 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, analyzing and communicating results of an advanced imaging test; and
- maintain up-to-date knowledge of new and emerging trends, practices and advances in technology.

Legislative Context

[THE LEGISLATIVE CONTEXT SECTION WILL INCLUDE THE AMENDED
CHIROPRACTIC ACT AND CONTROLLED ACTS REGULATION AUTHORIZING
CHIROPRACTORS TO ORDER THESE TESTS]

Schedule D: Proposed Legislative Amendments to Scope of Chiropractic Practice

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Ordering Advanced Imaging Tests under the <i>Chiropractic Act, 1991</i>		
Current Legislative Provision	Proposed Legislative Provision	Public Interest Rationale
<p>4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:</p> <p>1. Communicating a diagnosis identifying, as the cause of a person's symptoms,</p> <p>i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or</p> <p>ii. a disorder arising from the structures or functions of the joints of the extremities.</p> <p>2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.</p> <p>3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone. 1991, c. 21, s. 4.</p>	<p>4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:</p> <p>...</p> <p>4. Ordering the application of a prescribed form of energy</p>	<p>Chiropractors have the legislated authority to diagnose within their scope of practice, but not the ability to order many diagnostic tests needed to effectively do so.</p> <p>Consequently, chiropractors refer patients to other health care providers to access common and related diagnostic modalities, otherwise consistent with current best practice, resulting in increased health care costs, system inefficiencies and more importantly, unnecessary intrusions and inconvenience to patients.</p> <p>Such impact on patients ultimately impacts their satisfaction and quality of care.</p> <p>Allowing chiropractors to order the specific tests needed for effective diagnosis and treatment within their scope of practice would thus make the system more efficient, financially sustainable, and more patient-centred.</p>

Forms of Energy Regulation under the <i>RHPA</i> (Ontario Regulation 107/96)		
Current Regulatory Provision	Proposed Regulatory Provision	Public Interest Rationale
<p>In this Regulation, "diagnostic ultrasound" means ultrasound that produces an image or other data</p> <p>1. The following forms of energy are prescribed for the purpose of paragraph 7 of subsection 27 (2) of the Act:</p> <p>1. Electricity for,</p> <p>... vii. Electromyography</p> <p>... ix. Nerve conduction studies...</p> <p>2. Electromagnetism for magnetic resonance imaging.</p> <p>3. Soundwaves for,</p> <p>i. Diagnostic ultrasound.</p>	<p>A member of the College of Chiropractors of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, (a) electromyography for ...</p> <p>(a) nerve conduction studies for ...</p> <p>(b) electromagnetism for magnetic resonance imaging for ...</p> <p>(c) soundwaves for noninvasive diagnostic imaging.</p> <p>3 .1 A member of the College of Medical Radiation Technologists is exempt from subsection 27 (1) of the Act for the purpose of applying electromagnetism if the application is ordered by a member of the College of Chiropractors of Ontario and ...</p> <p>7 .1 (2) In this section, "member with ordering authority" means</p> <p>(d) a member of the College of Chiropractors of Ontario, with respect to ordering the application of soundwaves for diagnostic ultrasound ...</p>	<p>Diagnostic imaging involving the application of specific forms of energy is critical to diagnosing some neuromusculoskeletal disorders that are within the chiropractic scope of practice.</p> <p>Chiropractors are currently educated to identify, order and interpret the results of specific imaging tests for specific indications to optimize treatment or refer to and/or concomitantly manage a patient's care with another health care practitioner.</p> <p>In the current system, requiring chiropractors to refer patients to other health care providers to requisition diagnostic imaging tests results in increased health care costs, duplicated efforts, unnecessary intrusions, and delays in the provision of appropriate health care to patients.</p> <p>CCO would develop such a list of tests and indications for their use, as well as related policies, including supporting rationale.</p>

Schedule D: Proposed Legislative Amendments to Scope of Chiropractic Practice

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Laboratories Regulations under the <i>Laboratories and Specimen Collection Centre Licensing Act, 1990 as amended (LSCCLA)</i> (Ontario Regulation 682: Laboratories)		
Current Regulatory Provision	Proposed Regulatory Provision	Public Interest Rationale
<p>9. (1) The owner and the operator of a laboratory shall ensure that the staff of the laboratory,</p> <p>(a) examine specimens from humans only,</p> <p>(i) at the request of a legally qualified medical practitioner or a dentist,</p> <p>(ii) at the request of a midwife, in respect of a test specified in Appendix B,</p> <p>(ii.1) at the request of a person who lawfully practises a health profession in a jurisdiction outside Ontario, if in that jurisdiction a laboratory may lawfully examine specimens at the request of that person,</p> <p>(iii) at the request of an insurer or an agent within the meaning of the <i>Insurance Act</i>, in respect of HIV Antibody testing,</p> <p>(iv) at the request of a registered nurse who holds an extended certificate of registration under the <i>Nursing Act, 1991</i>,</p> <p>(v) at the request of a person who is a participant in the provincial colorectal cancer screening program, in respect of a test or</p>	<p>9. (1) The owner and the operator of a laboratory shall ensure that the staff of the laboratory,</p> <p>(a) examine specimens from humans only,</p> <p>(i) at the request of a legally qualified medical practitioner or a dentist,</p> <p>(ii) at the request of a midwife, in respect of a test specified in Appendix B,</p> <p>(ii.1) at the request of a person who lawfully practises a health profession in a jurisdiction outside Ontario, if in that jurisdiction a laboratory may lawfully examine specimens at the request of that person,</p> <p>(iii) at the request of an insurer or an agent within the meaning of the <i>Insurance Act</i>, in respect of HIV Antibody testing,</p> <p>(iv) at the request of a registered nurse who holds an extended certificate of registration under the <i>Nursing Act, 1991</i>,</p> <p>(v) at the request of a person who is a</p>	<p>Laboratory diagnosis is an essential requirement for a correct and timely diagnosis of some neuromusculoskeletal disorders, which fall directly within the chiropractic scope of practice.</p> <p>Chiropractors should therefore have access to diagnostic testing facilities and the information emanating from such tests in order to comprehensively diagnose such dysfunctions or disorders.</p> <p>Chiropractors could then exercise their clinical judgment to continue treatment, refer to another health care practitioner, or refer and treat concomitantly depending on the outcome of such tests.</p> <p>Laboratory diagnosis is a mandatory component of chiropractic educational programs, so chiropractors are well-educated for the purposes of ordering and interpreting laboratory tests and advanced imaging tests.</p> <p>The current system requiring chiropractors to refer patients to medical doctors to have appropriate laboratory tests ordered results in increased health care costs, duplicated efforts, unnecessary intrusions, and delays in the provision of appropriate health care to patients.</p>

<p>tests for the purposes of the program, or</p> <p>(vi) at the request of a member of the College of Naturopaths of Ontario, in respect of a test specified in Appendix C;</p>	<p>participant in the provincial colorectal cancer screening program, in respect of a test or tests for the purposes of the program, or</p> <p>(vi) at the request of a member of the College of Naturopaths of Ontario, in respect of a test specified in Appendix C;</p> <p>(vii) a chiropractor</p>	<p>The Ministry of Health and Long-Term Care completed a comprehensive review of chiropractors' access to laboratory tests by representatives of the chiropractic profession in 1994, resulting in the recommendation that chiropractors be authorized to order "a limited range of laboratory tests as specified by CCO."</p> <p>CCO would develop such a list of tests and indications for their use, as well as related policies, including supporting rationale.</p>
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Specimen Collection Centres Regulations under the <i>Laboratories and Specimen Collection Centre Licensing Act, 1990 as amended (LSCCLA)</i> (Ontario Regulation 683: Specimen Collection Centres)		
Current Regulatory Provision	Proposed Regulatory Provision	Public Interest Rationale
<p>4. (2) Every owner and operator of a specimen collection centre shall ensure that a record is kept indicating,</p> <p>(a) the names of the patients attending the centre;</p> <p>(b) the names of any of the following persons who requested the taking and collecting of specimens:</p> <p>(i) a legally qualified medical practitioner,</p> <p>(ii) a dentist,</p> <p>(iii) a midwife,</p> <p>(iv) a registered nurse who holds an extended certificate of registration under the <i>Nursing Act, 1991</i>,</p> <p>(v) a member of the College of Naturopaths of Ontario;</p>	<p>4. (2) Every owner and operator of a specimen collection centre shall ensure that a record is kept indicating,</p> <p>(a) the names of the patients attending the centre;</p> <p>(b) the names of any of the following persons who requested the taking and collecting of specimens:</p> <p>(i) a legally qualified medical practitioner,</p> <p>(ii) a dentist,</p> <p>(iii) a midwife,</p> <p>(iv) a registered nurse who holds an extended certificate of registration under the <i>Nursing Act, 1991</i>,</p> <p>(v) a member of the College of Naturopaths of Ontario;</p> <p>(vi) a chiropractor;</p>	<ul style="list-style-type: none"> • See above

Schedule D: Proposed Legislative Amendments to Scope of Chiropractic Practice

Specimen Collection Centres Regulations under the <i>Laboratories and Specimen Collection Centre Licensing Act, 1990 as amended (LSCCLA)</i> (Ontario Regulation 683: Specimen Collection Centres)		
Current Regulatory Provision	Proposed Regulatory Provision	Public Interest Rationale
<p>5. Every licence that is issued to establish and operate or maintain a specimen collection centre is subject to the conditions that,</p> <p>(a) the person or persons named in the licence as owner or owners of the centre are in fact the owner or owners of the centre and are also the owner or owners of a laboratory licensed under the Act;</p> <p>(b) the centre maintains staff certified under section 3 to take and collect specimens from patients;</p> <p>(c) the centre remains at the address shown on its licence;</p> <p>(d) specimens are taken or collected from a patient only at the request of,</p> <p>(i) a legally qualified medical practitioner,</p> <p>(ii) a dentist,</p> <p>(iii) a midwife,</p> <p>(iv) a registered nurse who holds an extended certificate of registration under the <i>Nursing Act, 1991</i>, or</p> <p>(v) a member of the College of Naturopaths of Ontario, for the purposes of performing a test set out in Appendix A;</p>	<p>5. Every licence that is issued to establish and operate or maintain a specimen collection centre is subject to the conditions that,</p> <p>(a) the person or persons named in the licence as owner or owners of the centre are in fact the owner or owners of the centre and are also the owner or owners of a laboratory licensed under the Act;</p> <p>(b) the centre maintains staff certified under section 3 to take and collect specimens from patients;</p> <p>(c) the centre remains at the address shown on its licence;</p> <p>(d) specimens are taken or collected from a patient only at the request of,</p> <p>(i) a legally qualified medical practitioner,</p> <p>(ii) a dentist,</p> <p>(iii) a midwife,</p> <p>(iv) a registered nurse who holds an extended certificate of registration under the <i>Nursing Act, 1991</i>, or</p> <p>(v) a member of the College of Naturopaths of Ontario, for the purposes of performing a test set out in Appendix A;</p> <p>(vi) a chiropractor;</p>	<ul style="list-style-type: none"> See above

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Schedule E: CCO Mission, Vision, Values and Strategic Objectives

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

MISSION

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

VISION

Committed to regulatory excellence in the public interest in a diverse environment.

VALUES

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

STRATEGIC OBJECTIVES

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.

3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017

From: Jo-Ann Willson
Sent: December 18, 2023 5:38 PM
To: Rose Bustria
Subject: FW: Launch of the 2023 College Performance Measurement Framework 2023
Attachments: ADM Memo Formal CPMF 2023_Dec 14_23_signed.pdf; ADM CPMF Note 2023_December 14_24..pdf; CPMF_2023 Technical Specifications Document_Final.pdf; 2023 CPMF Reporting Tool_Final.docx

Exec and Council.

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

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

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Office of the Chief of Nursing and Professional Practice (MOH) <chiefofnursing@ontario.ca>
Sent: December 18, 2023 4:43 PM
To: Nicole Zwiers <registrar@cocoo.on.ca>; Brian O'Riordan <boriordan@caslpo.com>; Jo-Ann Willson <jwillson@cco.on.ca>; Glenn Pettifer <gpettifer@cdho.org>; Roderick Tom-Ying <RTom-Ying@denturists-cdo.com>; Judy Rigby <jrigby@cdto.ca>; Basil Ziv <basil.ziv@collegeofhomeopaths.com>; John Tzountzouris <john.tzountzouris@cmlto.com>; Pree Tyagi <pree.tyagi@cmrito.org>; Maureen Boon <maureen.boon@cmto.com>; Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>; Elinor Larney <elarney@coto.org>; registrar@collegeofdietitians.org; nwhitmore@cpso.on.ca; Carole Hamp <hamp@crto.on.ca>; Kelly Dobbin <k.dobbin@cmo.on.ca>; Crawford, Silvie <scrawford@cnomail.org>; Fazal Khan <fkhan@collegeofopticians.ca>; JJamieson@collegeoptom.on.ca; Shenda Tanchak, OCP (she/her <stanchak@ocpinfo.com>; Craig Roxborough <croxborough@collegept.org>; Tony DeBono <tdebono@cpo.on.ca>; Deborah Adams <d.adams@crpo.ca>; Faulkner, Daniel <DFaulkner@rcdso.org>; Ann Zeng <Ann.Zeng@ctcmpao.on.ca>; nancy.leris@coko.ca; Nancy.Leris@coko.ca
Cc: Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>
Subject: Launch of the 2023 College Performance Measurement Framework 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 Registrars and CEOs:

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Please find attached a Memorandum from Dr. Karima Velji, Chief of Nursing and Professional Practice

Assistant Deputy Minister of Health, regarding the formal launch of the 2023 College Performance Measurement Framework (CPMF) reporting cycle. Also attached are the 2023 CPMF Reporting Tool and the 2023 Technical Specifications Document. There were no changes arising from the soft launch.

Please note that the Reporting Tool is a public document and can be shared with your Council and the Technical Specification Document is intended for internal use to aid you in preparing your submission. Please post your CPMF submission on your website by March 31, 2024, and submit an electronic copy to regulatoryprojects@ontario.ca.

If you have any questions about the reporting expectations outlined in the Reporting Tool or any of the suggested approaches in the Technical Specifications document, please contact Jason Maurier at Jason.Maurier@ontario.ca. Please continue to direct any questions related to the CPMF from external stakeholders to the ministry.

Thank you very much for your collaboration on this initiative and we look forward to receiving your reports.

Dr. Karima Velji, RN, PHD, CHE, FCAN
Pronouns (She/Her)
Chief of Nursing and Professional Practice
Assistant Deputy Minister of Health
Ministry of Health
777 Bay Street, 19th Floor, Toronto, M7A 2J3
Email: Karima.Velji@ontario.ca
Phone: 416-212-5494
Cell: 647-534-4874

Ministry of Health

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

Telephone: 416 212-5494

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
777, rue Bay, 19^e étage
Toronto ON M7A 2J3

Téléphone : 416 212-5494



MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

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

DATE: December 18, 2023

RE: **Formal launch of the 4th iteration of the College Performance Measurement Framework (CPMF)**

I am pleased to inform you that the ministry is formally launching the 2023 CPMF reporting cycle.

As you know, the CPMF has been designed to strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent, and aligned across all Colleges. The fourth iteration of the CPMF continues to be informed by feedback from Colleges and experts.

As was the case last year, Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF Standards and/or how well they are performing in adhering to their mandate. Rather, the tool will continue to focus on areas of improvement in the health regulatory system and identifying commendable practices to improve consistency across Colleges.

As in previous years, we request that you post your 2023 Reporting Tool on your website by March 31st, 2024, and share a copy of the report with the ministry once this is done.

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

Sincerely,

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

Dr. Karima Velji

Chief of Nursing & Professional Practice; Assistant Deputy Minister

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

Technical Specifications for Quantitative College Performance Measurement Framework Measures

December 2023

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Introduction

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

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

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

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

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

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

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

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
Description	Indicates whether the College provides an individualized response to 90% of inquiries from the public within 5 business days and provides timelines for follow up where necessary.
Calculation Method	Numerator/Denominator
Numerator	Number of responses provided to the initial public inquiry (including expected timeline for follow-up) within 5 business days.
Denominator	All inquiries from the public related to the College's complaints process received within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Inquiries from anyone other than the "public" as defined below. • Inquires not related to the complaints process. • Calls to file a complaint or Inquiries about a complaint that has been filed with the College.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Public Inquiry Response Method of Receipt

Table 2: Context Measure – the type and distribution of QA/QI activities or assessments used in CY 2023¹ **909**

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

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2023
Description	The type of QA and QI activities and assessments that the College uses to assess a registrant’s ongoing competence and support registrants in maintaining competence, and the distribution of the activities and assessments used (e.g., CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).
Calculation Method	<p>This Measure captures two separate calculations:</p> <ol style="list-style-type: none"> 1. Distribution of QA/QI activities or assessments <ol style="list-style-type: none"> i. Report the distinct types of activities or assessments used by the College. ii. Calculate the number activities or assessments undertaken across each type of activity or assessment. <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given type of QA/QI activity or assessment is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no registrant underwent a particular type of QA/QI activity or assessment, report in CPMF Reporting Tool as “0”.

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

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2023
Exclusions	<ul style="list-style-type: none"> • Remedial activities required of registrants outside of the College's QA program (e.g., remediation ordered by a Panel of the ICRC). • QA and QI activities undertaken by inactive or non-practising registrants. • All QA activities or assessments undertaken by active registrants of a College outside of the QA Program.
Inclusion	<ul style="list-style-type: none"> • All QA activities or assessments undertaken by active registrants of a College as part of the QA Program. • All QI activities or assessment undertaken by active registrants of a College.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	QA activity and assessment QI activity and assessment Inactive or non-practicing registrants

Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2023 **911**

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

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2023
Description	The total number of registrants that participated in an activity or assessment as part of the Quality Assurance Program.
Calculation Method	The total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period.
Exclusions	<ul style="list-style-type: none"> All inactive or non-practicing registrants who underwent QA activities or assessment. All QI activities or assessment undertaken by active registrants of a College. All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> Registrants who initiated a QA activity or assessment within the reporting period.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	QA activity and assessment QI activity and assessment Inactive or non-practicing registrants

Table 4: Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2023 where the QA Committee directed the registrant to undertake remediation

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

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2023 where the QA Committee directed the registrant to undertake remediation.
Description	The proportion of registrants that undertook a QA activity or assessment as part of the QA Program and were directed by the QA Committee to undertake remediation.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> – Where the number of registrants referred to the QA Committee is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no referrals have been made to the QA Committee as part of the QA Program, report in CPMF Reporting Tool as “0”.
Numerator	Number of registrants who undertook an activity or assessment as part of the QA Program and were required to undertake remediation at the direction of the QA Committee in CY2023 (including number carried over from previous year).
Denominator	Total number of registrants who undertook an activity or assessment as part of the QA Program in CY2023 (including number carried over from previous year).
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who undertook QA activities or assessment. • Remediation ordered by any other Committee of the College.

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2023 where the QA Committee directed the registrant to undertake remediation.
Inclusion	<ul style="list-style-type: none"> All active registrants who undertook a QA activity or assessment as part of the QA Program (Note: may include registrants who are were directed to undertake remediation in the previous year).
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Inactive or non-practicing registrants Remediation activity or assessment

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

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

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Description	The proportion of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation was intended to address.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants demonstrated the required knowledge, skill and judgment following remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2023 (including number carried over from previous year), where the QA Committee directed the registrant to undergo a remediation activity and who subsequently demonstrated the required knowledge, skills and judgment following the remediation activity.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2023 (including number carried over from previous year) where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Exclusions	<ul style="list-style-type: none"> All inactive or non-practicing registrants who underwent QA activities or assessment. Any remediation activity that the College cannot verify whether upon completion the registrant demonstrated the required knowledge, skills or judgment or where the College cannot/does not have an auditing process. Any registrant who has not completed remediation or has not been reassessed by the College within the reporting period (remediation is ongoing, registrant refusal to undertake).
Inclusion	<ul style="list-style-type: none"> All registrants who completed required remediation activity within the reporting period (Note: may include registrants who were directed to undertake remediation in the previous year).
Reporting period ²	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Remediation activity or assessment Inactive or non-practicing registrants

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

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

916

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

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Description	The proportion of registrants that were required by the QA Committee to undergo remediation as part of the QA Program that have not yet completed the remediation during the reporting period.
Calculation Method	<p>Numerator/Denominator:</p> <ul style="list-style-type: none"> – Where the number of registrants still undertaking remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants are still undertaking remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2023 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants required to undertake remediation. • Registrants required to undertake remediation who cease being a registrant for any reason or those that move to the inactive class.
Inclusion	<ul style="list-style-type: none"> • Registrants who initiated, but have not completed, remediation within the reporting period.

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Remediation activity or assessment Inactive or non-practicing registrants

Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2023

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

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023
Description	The distribution of complaints by theme as determined by the College, and the distribution of Registrar’s reports by theme as determined by the College.
Calculation Method	<ol style="list-style-type: none"> 1. Report the total number of formal complaints filed about registrants, and the number of complaints received across each of the following themes. 2. Report the total number of Registrar initiated investigations against registrants, and the number of complaints received across each of the following themes. 3. Report the percentage of the total formal complaints and Registrar initiated investigations represented for each theme [e.g., if there are 200 formal complaints and 20 with advertising as a theme then you would report $(20/200) \times 100 = 10\%$]. <p>Note:</p> <ul style="list-style-type: none"> – Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – When reporting % in the CPMF Reporting Tool use the reported numbers as the total when calculating the % (i.e. exclude the values where the College reports NR). Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. – Where there are multiple themes for a single complaint or Registrar’s Investigation, each theme related to the complaint or Registrar’s Investigation should be included in the count.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2023
	<ul style="list-style-type: none"> - Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.
<p>Theme:³</p> <p>Advertising:</p> <p>Billing and Fees:</p> <p>Communication:</p> <p>Competence / Patient Care:</p>	<p>Examples:</p> <p>Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession, could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, or is discriminatory among other allegations.</p> <p>Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, reasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where charges do not align with the regulator's guidance on billing arrangements, block fees, and/or payment plans.</p> <p>Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision-makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.</p> <p>Complaints that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent as directed under the necessary privacy legislation.</p>

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

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2023
Intent to Mislead including Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns that a registrant has demonstrated conduct that is unbecoming, disgraceful, dishonorable or unprofessional, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or breach of confidentiality.
Record Keeping:	Concerns regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation to address the collection, access and sharing of personal health information, as appropriate. Allegations could include that the registrant failed to maintain records, include insufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).
Sexual Abuse:	Allegations that a registrant may have committed an act of sexual abuse by means of sexual intercourse or other forms of physical sexual relations between the registrant and the patient e.g. entering into a relationship with a patient), touching, of a sexual nature, of the patient by the member/registrant, or behaviour or remarks of a sexual nature by the member/registrant towards the patient.
Harassment / Boundary Violations:	Sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
Unauthorized Practice:	Concerns that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.
Other:	Concerns that do not fall into any of the above themes above.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2023
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.
Inclusions	<ul style="list-style-type: none"> Complaints that are formally submitted to the College. Matters where the ICRC approved the appointment of an investigator after reviewing a report. Complaints resolved through Alternative Dispute Resolution. Complaints that are withdrawn by the Registrar at the request of a complainant.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Formal Complaint Registrar's investigation Formal Complaints withdrawn by Registrar at the request of a complainant

Table 8: Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2023

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

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2023
Description	The total number of formal complaints the College receives that were brought forward to a Panel of the ICRC during the reporting period.
Calculation Method	The total number of formal complaints that were brought forward for review by a Panel of the ICRC within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. All health-related inquiries. Matters where the ICRC or Registrar approves the appointment of an investigator after reviewing a report. Formal complaints that are withdrawn by the Registrar at the request of a complainant. Formal complaints which meet the eligibility criteria for use of the ADR process and where the Registrar adopts the proposed resolution to withdraw the complaint the request of the complainant.
Inclusions	<ul style="list-style-type: none"> All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Formal Complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2023
	<ul style="list-style-type: none"> Formal complaints that meet the eligibility criteria for use of the ADR process⁴.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Alternative Dispute Resolution (ADR) Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant

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

Table 9: Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023

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

Context Measure #7	Total number of ICRC matters brought forward to the ICRC as a result of a Registrar’s Investigation in CY 2023
Description	The total number of ICRC matters that are referred to a Panel of the ICRC for review as a result of a Registrar’s investigation during the reporting period.
Calculation Method	All Registrars Investigations that are brought to a Panel of the ICRC for review.
Exclusions	<ul style="list-style-type: none"> • Formal complaints to the College. • Reports or concerns that the Registrar does not bring to the ICRC for review.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Formal Complaint Registrar’s Investigation

Table 10: Context Measure – the total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in reporting period in CY 2023

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

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023
Description	The total number of ICRC matters where the Registrar appointed an investigator approved by a Panel of the ICRC during the reporting period.
Calculation Method	All requests or notifications for appointment of an investigator brought forward to a Panel of the ICRC that were approved within the calendar year.
Exclusions	<ul style="list-style-type: none"> • All formal complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Formal complaints withdrawn by the Registrar at the request of a complainant. • All requests for appointment under s.75(1)(c) under the RHPA.
Inclusions	<ul style="list-style-type: none"> • All requests for appointment under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA. • Registrar-appointed investigator approved by the ICRC based on Registrar’s belief that a registrant has committed an act of professional misconduct or is incompetent. • Registrar appointment of an investigator upon request by a Panel of the ICRC after receiving information about a registrant from the Quality Assurance Committee.

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2023
	<ul style="list-style-type: none"> Registrar appointment of an investigator based on Registrar's belief that the conduct of the registrant would expose or would likely expose their patients to harm or injury.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<u>Registrar's Investigation</u> <u>Formal Complaints withdrawn by Registrar at the request of a complainant</u> <u>Frivolous and vexatious</u>

Table 11: Context Measure – of the formal complaints that were disposed of in CY 2023, the rate that proceeded to Alternative Dispute Resolution (ADR)

927

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

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2023
Description	The proportion of all formal complaints filed with the College that are eligible and are referred by the Registrar to the ADR process with the consent of the complainant to try and resolve the complaint.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of formal complaints that proceeded to ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints proceeded to ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period with agreement from both parties, and upon the Registrar’s approval, that proceeded to ADR.
Denominator	The total number of formal complaints filed against registrants within the reporting period including total number of formal complaints filed against registrants in previous reporting periods but were referred to the ADR process by the Registrar in the current reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2023
	<ul style="list-style-type: none"> • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report under s. s. 75(1)(a) or (1)(b). • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints that meet eligibility criteria for use of the ADR process as outlined by the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA as appropriate.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p><u>Alternative Dispute Resolution (ADR)</u></p> <p><u>Formal Complaint</u></p> <p><u>Formal Complaints withdrawn by Registrar at the request of a complainant</u></p>

928

Table 12: Context Measure – of the formal complaints that were disposed of in CY 2023, the rate that were resolved through Alternative Dispute Resolution (ADR)

929

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

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2023
Description	The proportion of all formal complaints filed with the College that are resolved through the ADR process.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of formal complaints that were resolved through ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were resolved through ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period which were resolved through the ADR process with agreement from both parties with the resolution adopted by the Registrar or ICRC as per s. 25.1(4) of Code.
Denominator	Total number of formal complaints filed against registrants within the reporting period including formal complaints filed against registrants in previous reporting periods which were resolved through the ADR process within the current reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal Complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2023
	<ul style="list-style-type: none"> • Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation under s. s. 75(1)(a) or (1)(b). • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR)</p> <p>Formal Complaint</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p>

Table 13: Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2023

931

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

Context Measure # 9(iii)	Total number of formal complaints that were disposed of by the ICRC in CY 2023
Description	The total number of formal complaints a Panel of the ICRC disposed of through a decision by the ICRC Panel.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation under s. s. 75(1)(a) or (1)(b). All health related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Formal complaints resolved through Alternative Dispute Resolution and adopted by ICRC. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2023	932
Definitions	Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant Disposal Alternative Dispute Resolution (ADR)	

Table 14: Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2023

933

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

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2023
Description	The proportion of formal complaints that have been referred to a Panel of the ICRC where the complaint has not yet been disposed of through a decision by an ICRC Panel.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints referred to a Panel of the ICRC for disposition within the reporting period where an ICRC Panel has not provided a decision to the registrant and complainant within the reporting period.
Denominator	Total number of formal complaints that were brought forward to a Panel of the ICRC in CY 2023. (This should align with the number from CM 6.)
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. All formal complaints referred to a Panel of the ICRC for reasons other than a disposition (e.g. undertaking, investigation advice, request to summons a witness). Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation.

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2023
	<ul style="list-style-type: none"> All health-related inquiries. Formal complaints resolved through Alternative Dispute Resolution (ADR).
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c).
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant Disposal Alternative Dispute Resolution (ADR)

Table 15: Context Measure – of the formal complaints that were withdrawn of in CY 2023, the rate that were withdrawn by the Registrar at the request of a complainant

935

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

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2023
Description	The proportion of formal complaints received that are withdrawn by the Registrar at the request of a complainant.
Calculation Method	<p>Numerator/Denominator:</p> <ul style="list-style-type: none"> – Where the number of formal complaints withdrawn by the Registrar at the request of a complainant is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were withdrawn by the Registrar at the request of a complainant, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints within the reporting period in which the Registrar approves the request of a complainant to withdraw the complaint.
Denominator	Total number of formal complaints filed against registrants within the reporting period including total number of formal complaints filed against registrants in previous reporting periods where the Registrar approved the request of the complainant to withdraw the complaint in the current reporting period.

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2023
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation. • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p>

936

Table 16: Context Measure – of the formal complaints that were disposed of in CY 2023, the rate that are disposed of by the ICRC as frivolous and vexatious

937

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

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2023
Description	The proportion of formal complaints received that a Panel of the ICRC determines are frivolous or vexatious, and where a Panel of the ICRC takes no action with respect to the complaint.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC takes no action on the that the complaint is frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.
Denominator	Total number of formal complaints disposed of by a panel against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation under s. 75(1)(a) and (1)(b). All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) under the RHPA.
Reporting period	January 1, 2023 to December 31, 2023

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2023
Data source	Local data collection by the College
Definitions	Formal Complaint Frivolous and vexatious

938

Table 17: Context Measure – Rate of formal complaints and Registrar’s Investigations that were disposed of in CY 2023 that are disposed of by the ICRC as a referral to the Discipline Committee

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

Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2023
Description	The proportion of formal complaints and Registrar’s investigations received that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Denominator	Total number of formal complaints and number of Registrar’s investigations filed against registrants within the reporting period. These may include ADR complaints.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • All health-related inquiries. • Formal complaints resolved through Alternative Dispute Resolution.

Context Measure #9(vii)	Rate of formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2023
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA. • Investigations where an appointment of an investigator has been made under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p> <p>Disposal</p> <p>Frivolous and vexatious</p> <p>Reports</p>

940

Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2023

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

Context Measure #10	Distribution of ICRC decisions by theme in CY 2023
Description	The total number of each type of ICRC decision issued for each of the 10 high-level themes.
Calculation Method	<p>1. Report the total number of ICRC decisions, and the number of ICRC decisions across each of the following themes.</p> <p>Note:</p> <ul style="list-style-type: none"> – Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR”. – Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. – In reporting on the number of each type of ICRC decision (as defined below in definitions section) across all themes, the College will already have identified the main themes applicable to the complaint or Registrar’s Investigation at the intake stage of the incoming matter. As such, when a decision is made by a Panel of the ICRC about a formal complaint or report those themes identified at intake would continue to be attributed to the matter at the decision stage. – Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. – Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

Context Measure
#10

Distribution of ICRC decisions by theme in CY 2023

942

<u>Theme:</u>	<u>Examples:</u>
Advertising:	Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory.
Billing and Fees:	Concerns regarding a fee, billing or account submitted by, or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, unreasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where a charge does not align with regulator's guidance on billing arrangements, block fees, payment plans.
Communication:	Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.
Competence / Patient Care:	Concerns that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Intent to mislead including Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns against a registrant related to conduct that is unbecoming, disgraceful, dishonorable or unprofessional, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or a breach of confidentiality.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2023
Record Keeping:	Complaints regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation to address the collection, access and sharing of personal health information, as appropriate. Allegations could include that the registrant failed to maintain records, include sufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).
Sexual Abuse	Allegations that a registrant may have committed an act of sexual abuse by means of sexual intercourse or other forms of physical sexual relations between the registrant and the patient e.g. entering into a relationship with a patient), touching, of a sexual nature, of the patient by the member/registrant, or behaviour or remarks of a sexual nature by the member/registrant towards the patient.
Harassment / Boundary Violations:	Sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
Unauthorized Practice:	Complaints that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.
Other:	Complaints that do not fall into any of the above themes above.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2023	944
Exclusions	<ul style="list-style-type: none"> All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Complaints in which the Registrar approves the complainant's request to withdraw the complaint. Complaints that are still under review at end of reporting period. 	
Inclusion	<ul style="list-style-type: none"> All complaints where a decision was provided to the registrant and complainant by the College within the reporting period. Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation. 	
Reporting period	January 1, 2023 to December 31, 2023	
Data source	Local data collection by the College	
Definitions	Formal Complaint Registrar's investigation Formal Complaints withdrawn by Registrar at the request of a complainant ICRC Decision Frivolous and vexatious	

Table 19: Context Measure – the 90th percentile disposal of a formal complaint in working days in CY 2023

945

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

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2023
Description	The time that a College requires to dispose of 9 out of 10 complaints.
Calculation Method	<p>Disposal of complaints:</p> <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each complaint within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 complaints have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All matters brought to a Panel of the ICRC as a result of a Registrar's Investigation as per s. 75(1)(a) or (b) of the Code.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period. • All decisions that result from a Registrar's investigation. • All complaints which were resolved as a result of the ADR process where applicable.

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2023
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Registrar’s investigation</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • Complaint <p>Disposal:</p> <ul style="list-style-type: none"> • Complaint <p>ICRC Decision</p> <p>Frivolous and vexatious</p>

946

Table 20: Context Measure – the 90th percentile disposal of a Registrar’s Investigation in working days in CY 2023

947

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

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2023
Description	The time that a College requires to dispose of 9 out of 10 Registrar’s investigations.
Calculation Method	<p>Disposal of Registrar’s investigations:</p> <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each Registrar’s investigation within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 Registrar’s investigations have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All formal complaints.
Inclusion	<ul style="list-style-type: none"> • All Registrar’s investigations where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2023
Definitions	<div style="text-align: right; font-size: 2em; font-weight: bold; margin-bottom: 10px;">948</div> <p>Formal Complaint</p> <p>Registrar’s investigation</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • Registrar’s investigation <p>Disposal:</p> <ul style="list-style-type: none"> • Registrar’s investigation <p>ICRC Decision</p> <p>Frivolous and vexatious</p>

Table 21: Context Measure – the 90th percentile disposal of an **949** uncontested discipline hearing in working days in CY 2023

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

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2023
Description	The time that a College requires to dispose of 9 out of 10 uncontested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each uncontested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of uncontested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 uncontested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Divisional Court. • All active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons.
Inclusion	<ul style="list-style-type: none"> • All uncontested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • All uncontested disposal for matters that are active at the contested hearing that suddenly settle and become uncontested.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	Time of Receipt Disposal Uncontested Discipline Hearing Contested Discipline Hearing

Table 22: Context Measure – the 90th percentile disposal of a **950** contested discipline hearing in working days in CY 2023

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

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2023
Description	The time that a College requires to dispose of 9 out of 10 contested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each contested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of contested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 contested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court. • All active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons.
Inclusion	<ul style="list-style-type: none"> • All contested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p>Time of Receipt</p> <p>Disposal</p> <p>Uncontested Discipline Hearing</p> <p>Contested Discipline Hearing</p>

Table 23: Context Measure – the distribution of discipline findings by theme in CY 2023 951

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

Context Measure #13	Distribution of discipline finding by type in CY 2023
Description	The total number of each type of finding made by a Panel of the Discipline Committee for each of the 13 high level findings for both formal complaints and Registrar’s Investigation (as identified under Findings section).
Calculation Method	<p>1. Report the total number of findings made by a Panel of the Discipline Committee across each of the following findings for all formal complaints and Registrar’s investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given finding is between 1 and 5, report in CPMF Reporting Tool as “NR”. - Where no findings have been received for a theme, report in CPMF Reporting Tool as “0”. - Where there are multiple findings for a discipline decision, each finding related to the discipline decision should be included in the count. - Where one of the findings within a decision could be categorized under multiple categories, Colleges are asked to report the finding they deem most appropriate.

Context
Measure #13

Distribution of discipline finding by type in CY 2023

952

<u>Findings:</u>	<u>Description of Findings⁵</u>
Sexual abuse:	Matters that deal with a registrant engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
Incompetence:	Matters where a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fail to maintain standard:	Matters where a registrant's practice did not meet reasonable expectations placed on the registrant by their College and by the profession to ensure that care is provided in a responsible, safe and ethical manner.
Improper use of a controlled act:	Matters that deal with circumstances where a registrant engaged in a controlled act for purposes other than its intended purpose. This can include for example, prescribing, dispensing or selling a drug for an improper purpose.
Conduct unbecoming:	Matters that deal with the conduct on the part of a registrant that occur outside of the practice of the profession that is contrary to the public interest, or which harms their standing of the profession in the eyes of the public.

⁵ Colleges should apply the distribution of findings as listed here. However, Colleges may also add additional categories not listed here and make a note of it.

Context Measure #13	Distribution of discipline finding by type in CY 2023
Dishonorable, disgraceful, unprofessional:	Matters that deal with conduct by a registrant in the course of practising the profession that has not been foreseen by specific definitions of professional misconduct articulated by the College but would be considered by the majority of registrants to be disgraceful, dishonourable or unprofessional conduct. Such behaviour goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession – as opposed to the public.
Offence conviction:	Matters where the registrant has been found guilty of an offence that is relevant to the registrant’s suitability to practise.
Contravene certificate restrictions:	Matters where a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, or practised the profession while under suspension.
Finding in another jurisdiction:	Matters where the governing body of another health profession in Ontario, or the governing body of a health profession in a jurisdiction other than Ontario, has found that the registrant committed an act of professional misconduct that would, in the opinion of a discipline panel, be an act of professional misconduct as defined in the RHPA or an act of professional misconduct as defined in the profession specific regulation.
Breach of orders and undertakings:	Matters where a registrant has contravened, by act or omission, a restriction placed on their practice through an order by a Panel of a committee of the College or undertaking that the registrant entered into with the College.
Falsifying records:	Matters regarding a registrant’s financial and patient records, where the registrant was found to have intentionally falsified a record.

Context Measure #13	Distribution of discipline finding by type in CY 2023		954
False or misleading document:	Matters where a registrant signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.		
Contravene relevant Acts:	Matters where a registrant contravenes any provision of relevant Canadian legislation if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant's suitability to practise.		
Exclusions	<ul style="list-style-type: none"> All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period. 		
Inclusion	<ul style="list-style-type: none"> All decisions issued by a Panel of the Discipline Committee communicated to the registrant and complainant (if any) within the reporting period. 		
Reporting period	January 1, 2023 to December 31, 2023		
Data source	Local data collection by the College		
Definitions	Formal Complaint Registrar's Investigation		

Table 24: Context Measure – the distribution of discipline orders by type in CY 2023

955

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

Context Measure #14	Distribution of discipline orders by type in CY 2023
Description	The total number of each type of order made by a Panel of the Discipline Committee for each of type of order (as identified below under Orders section).
Calculation Method	<p>1. Report the total number of orders made by a Panel of the Discipline Committee for each type of order for all disciplinary matters relating to formal complaints and Registrar’s investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given order is between 1 and 5, report in CPMF Reporting Tool as “NR”. - Where no orders have been received for a theme, report in CPMF Reporting Tool as “0”.
<u>Orders:</u>	<u>Description of Orders</u>
Revocation	Occurs where a Panel of the discipline or fitness to practice committee makes an order to “revoke” a certificate of registration which terminates the registrant’s registration with the College and therefore their ability to practice the profession.
Suspension	<p>A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> • 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

Context Measure #14	Distribution of discipline orders by type in CY 2023
<p>Terms, Conditions and Limitations on a Certificate of Registration</p> <p>Reprimand</p> <p>Undertaking</p>	<ul style="list-style-type: none"> Perform controlled acts restricted to the profession under the <i>Regulated Health Professions Act, 1991</i>. <p>Terms, Conditions and Limitations on a certificate of registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a College's website.</p> <p>A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the Panel has with their practice.</p> <p>An undertaking is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.</p>
Exclusions	<ul style="list-style-type: none"> All active formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee which have not yet resulted in a decision or order from the Discipline Committee within the reporting period. Allegations referred to discipline that were withdrawn before a hearing is complete.
Inclusion	<ul style="list-style-type: none"> All decisions and orders issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2023 to December 31, 2023
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Registrar's Investigation</p>

Glossary

957

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

Return to: [Table 8](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#)

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

Return to: [Table 21](#), [Table 22](#)

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

Return to: [Table 13](#), [Table 14](#), [Table 17](#), [Table 19](#), [Table 20](#), [Table 21](#), [Table 22](#)

Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.

Return to: [Table 10](#), [Table 16](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#)

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

Return to: [Table 7](#), [Table 8](#), [Table 9](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#), [Table 15](#), [Table 16](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#), [Table 23](#), [Table 24](#)

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

Return to: [Table 7](#), [Table 8](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#), [Table 15](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#)

ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant following a complaint or Registrar's investigation:

1. Takes no action,
2. Proves advice or recommendations,
3. Issues a caution, including oral and written cautions

4. Orders a specified continuing education or remediation program,
5. Agrees to an undertaking,
6. Refers specified allegations to the Discipline Committee,
7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.

Return to: [Table 18](#), [Table 19](#), [Table 20](#)

Inactive or non-practicing registrants: Includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.

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

Inquiry: Within the context of this Evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College.

Return to: [Table 1](#)

Public: Any individual, including media and researchers, who contacts the College.

Return to: [Table 1](#)

Registrar’s investigation:

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

Return to: [Table 7](#), [Table 9](#), [Table 10](#), [Table 18](#), [Table 19](#), [Table 20](#), [Table 23](#), [Table 24](#)

Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).

Return to: [Table 4](#), [Table 5](#), [Table 6](#)

Reports: All mandatory reports received under s. 85.1 – 85.6.4 of the Code, and other reports which are not mandatory, but are filed by persons such as police and colleagues.

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Return to: [Table 17](#)

Response: The College sends an individualized response to the inquiry and provides either a resolution or timelines for follow up where necessary.

Return to: [Table 1](#)

Method of Receipt: This refers to the form and manner in which the inquiry is received by the College. It may take the form of a phone call, email, social media or physical correspondence (e.g., letter).

Return to: [Table 1](#)

QA activity and assessment: The different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).

Return to: [Table 2](#), [Table 3](#)

QI activity and assessment: The different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual's practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.

Return to: [Table 2](#), [Table 3](#)

Time of Receipt: The day a Panel of the ICRC refers a matter to Discipline Committee.

Return to: [Table 21](#), [Table 22](#)

Time of Receipt:

- **Complaint:** The day the College receives a formal complaint regarding a registrant that contains the information required by the College to initiate an investigation (e.g., in writing or in another acceptable form, etc.).

Return to: [Table 19](#)

- **Registrar's investigation:** The day the Registrar determines that information received about a registrant will result in a referral to a panel of the ICRC for approval of the Registrar's appointment of an investigator.

Return to: [Table 20](#)

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

Return to: [Table 21](#), [Table 22](#)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

College Performance Measurement Framework (CPMF) Reporting Tool **962**

Reporting Year: January 2023 – December 2023

December – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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.

Completing the CPMF Reporting Tool

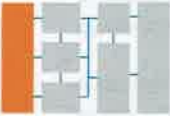
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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.

There are eight pieces of Evidence 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. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

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

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

	<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="298 576 1696 625"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="1696 576 2016 625"> <p>Choose an item</p> </td> </tr> <tr> <td colspan="2" data-bbox="298 625 2016 1015"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. </td> </tr> <tr> <td data-bbox="298 1015 1696 1055"> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="1696 1015 2016 1055"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="298 1055 2016 1252"> <p><i>Additional comments for clarification (optional)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Choose an item</p>	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. 		<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>The College fulfills this requirement:</p>	<p>Choose an item</p>								
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. 									
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>								
<p><i>Additional comments for clarification (optional)</i></p>									

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

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence	College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Choose an item.</td> </tr> </table> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> 		Choose an item.
		Choose an item.	
		<table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"><i>If the response is "partial," or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td style="width: 20%; text-align: right;">Choose an item.</td> </tr> </table>	<i>If the response is "partial," or "no", is the College planning to improve its performance over the next reporting period?</i>
<i>If the response is "partial," 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 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"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. 	<p>Choose an item.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

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

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

Measure:	
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
Required Evidence	College Response
<p>a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Choose an item.</p> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review.
	<p><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>

	ii. accessible to the public.	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. 	
		<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 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). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> Cooling off period is enforced through: Choose an item . Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR - Where not publicly available, please briefly describe the cooling off policy. 	

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

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:

- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.
- Please insert a link to Council meeting materials that include an example of how the College references a public interest

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

Additional comments for clarification (if needed)

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item</p>
			<ul style="list-style-type: none"> ▪ Please provide the year that the formal approach was last reviewed. ▪ Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. 	
			<p><i>If the response is "partial" 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>		


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

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Choose an item.
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 	
	<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:	Choose an item.
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 	

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

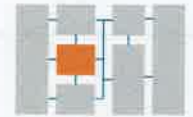
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact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

		<p>Measure:</p> <p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>	
<p>DOMAIN 2: RESOURCES</p> <p>STANDARD 4</p>	Required Evidence	College Response	
	<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p>	
		<p>Choose an item.</p> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. 	
		<p><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:	Choose an item.
		<p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Choose an item. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>			Choose an item.

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

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

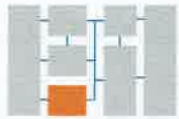


DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
Measure / Required evidence: N/A	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner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


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

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

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

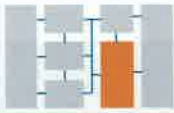
		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.		
DOMAIN 4: INFORMATION MANAGEMENT STANDARD 7	Required Evidence	College Response		
	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:		Choose an item.
		<ul style="list-style-type: none"> ▪ Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. 		
		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"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Choose an item.</p>
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	<p>Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p>Required Evidence</p>	College Response
<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>		<p>The College fulfills this requirement:</p> <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

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

	<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>			
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 9</p>	<p>Required Evidence</p> <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>College Response</p> <p>The College fulfills this requirement:</p> <table border="1" data-bbox="1627 527 1974 560"> <tr> <td data-bbox="1627 527 1627 560"></td> <td data-bbox="1627 527 1974 560">Choose an item</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). 	
		Choose an item		

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

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

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p>	Choose an item.
	<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. 	
	<p><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>		

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

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
<p>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).</p>	<p>The College fulfills this requirement:</p>	Choose an item.	
	<ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item. 		
	<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 (if needed)</i></p>		

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

Measure:	
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .	
<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> <p>Choose an item.</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • <i>If yes, please insert link to the policy.</i>
	<p><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>

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

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Choose an item. - <i>other stakeholders</i> Choose an item. 	Choose an item.
	<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>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. 	Choose an item.
	<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>		

		<i>Additional comments for clarification (optional)</i>	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	The College fulfills this requirement:	Choose an item.	
	<ul style="list-style-type: none"> ▪ Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. ▪ Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. 		
	<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"> i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and; 	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: right;">Choose an item.</td> </tr> <tr> <td> <ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. </td> <td></td> </tr> </table>		Choose an item.	<ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. 	
			Choose an item.			
<ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. 						
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Choose an item.</td> </tr> </table>		Choose an item.				
	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>	<p>Choose an item.</p>
	<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 	
	<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
	<p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
	<p><i>Additional comments for clarification (optional)</i></p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.	Additional comments for clarification (optional)	
	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:	Choose an item.
		<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 	
		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:		
13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Choose an item.
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). 	
	<i>if the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
	<i>Additional comments for clarification (if needed)</i>	
		Choose an item.

	<p>Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p>	<p>Required Evidence</p> <p>a. Outline the College's KPIs, including a clear rationale for why each is important.</p>

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

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.
	<p><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>
Measure: 14.3 The College regularly reports publicly on its performance.	
<p>a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.</p>	<p>The College fulfills this requirement:</p> <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div> <ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website.
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div>
	<p><i>Additional comments for clarification, (if needed)</i></p>

Part 2: Context Measures

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

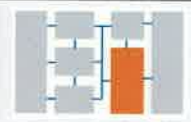
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

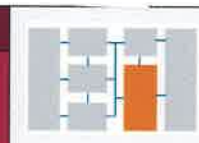
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

NR

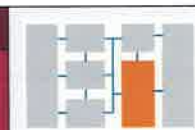
Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3



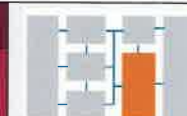
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>				
Context Measure (CM)		#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023				<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>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.				<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 2023, understanding that some cases may carry over.</i>
<u>NR</u>				
Additional comments for clarification (if needed)				

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: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)		#	%
CM 4. Outcome of remedial activities as at the end of CY 2023:**			
I.	Registrants who demonstrated required knowledge, skills, and judgement following remediation*		
II.	Registrants still undertaking remediation (i.e., remediation in progress)		
<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>			
<u>NR</u> * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

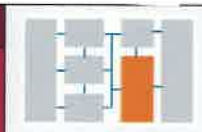


DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising				
II.	Billing and Fees				
III.	Communication				
IV.	Competence / Patient Care				
V.	Intent to Mislead including Fraud				
VI.	Professional Conduct & Behaviour				
VII.	Record keeping				
VIII.	Sexual Abuse				
IX.	Harassment / Boundary Violations				
X.	Unauthorized Practice				
XI.	Qther <please specify>				
Total number of formal complaints and Registrar’s Investigations**			100%		100%

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

<p><u>Formal Complaints</u> <u>NR</u> <u>Registrar's Investigation</u></p> <p><i>**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.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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



DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2023		
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2023		
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 2023		
CM 9.	Of the formal complaints and Registrar's Investigations received in CY 2023**:	#	%
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)		
II.	Formal complaints that were resolved through ADR		
III.	Formal complaints that were disposed of by ICRC		
IV.	Formal complaints that proceeded to ICRC and are still pending		
V.	Formal complaints withdrawn by Registrar at the request of a complainant		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious		
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.			

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

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions ³⁺⁺					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X. Unauthorized Practice						
XI. Other <please specify>						
<p>• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2023. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions. <u>NR</u></p>						
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>						
<p>Additional comments for clarification (if needed)</p>						

Table 7 – Context Measure 11

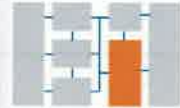
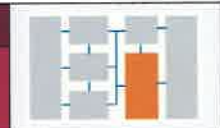
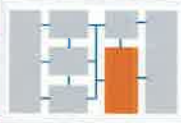
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2023		<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 2023		
Disposal		
<i>Additional comments for clarification (if needed)</i>		

Table 8 – Context Measure 12



DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:	
Context Measure (CM)	
CM 12. 90th Percentile disposal of:	Days
I. An uncontested discipline hearing in working days in CY 2023	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. 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.
II. A contested discipline hearing in working days in CY 2023	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing	
Additional comments for clarification (if needed)	

Table 9 – Context Measure 13

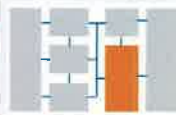
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by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

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

NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

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

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

Joel Friedman

Subject: FW: [Registrars] FW: Regulatory Registry Posting for the Health and Supportive Care Providers Oversight Authority

From: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>

Sent: December 1, 2023 11:30 AM

To: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>

Subject: Regulatory Registry Posting for the Health and Supportive Care Providers Oversight Authority

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.

The *Health and Supportive Care Providers Oversight Authority Act, 2021* (the Act) was passed by the Legislature to support public protection and confidence that registered personal support workers (PSWs) will deliver safe, competent, ethical, high-quality care to patients, clients and residents in their homes, hospitals, long-term care facilities, or other health care environments. The Act allows for the establishment of the Health and Supportive Care Providers Oversight Authority (the Authority).

The Authority is a regulatory body independent from government that will support administration of the Act, including registration and oversight that begins with PSWs. Currently, only certain general provisions in the Act are proclaimed. To proclaim into force the remaining provisions of the Act supporting regulations are needed so that the Authority can administer and carry out its legislated mandate.

This email is to inform you that the Ministry of Health has posted an overview of the proposed regulatory framework summarizing the proposed regulations to be made under the Act on the Regulatory Registry. This posting will be available for a 45-day comment period.

The Regulatory Registry proposal posting can be accessed [here](#). As a key partner identified by the Ministry, we value your feedback on this proposal. Please submit any comments via the Regulatory Registry before the end of the comment period on January 15, 2024.

We are also inviting you to attend any one of three webinars to provide further insight into the Regulatory Registry posting and proposed regulatory framework on the following days:

- Thursday, December 7, 2023, 11:00am – 12:00pm ET
- Friday, December 8, 2023, 11:00am – 12:00pm ET
- Monday, January 8, 2023, 2:00pm – 3:00pm ET

To register for a webinar, please click this [link](#). After registering, you will receive the webinar link by email the day of the event.

Thank you,

Allison Henry,
Director, Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division

Regulations Pertaining to the Health and Supportive Care Providers Oversight Authority (the Authority)

1033

Regulation Number(s): Proposal to inform regulations

Instrument Type: Proposal

Bill or Act: Health and Supportive Care Providers Oversight Authority Act, 2021

Summary of Proposal: The government recognizes that high-quality care is the cornerstone of our healthcare system and personal support workers (PSWs) play an important role. There are over 100,000 PSWs in Ontario that provide a variety of services to Ontario's most vulnerable populations, including children, older adults, seniors, and people with physical and/or cognitive disabilities. PSW services are delivered in a variety of health care settings, including long-term care homes, hospitals, retirement homes and home and community care organizations. PSW services may be privately or publicly funded directly or indirectly within some of these healthcare settings.

PSWs are currently unregulated in Ontario. While there are some sectors with minimum education qualifications identified in regulation (i.e., long-term care), employers are responsible for validating credentials, education, training, employment history, and criminal background checks. This creates inconsistency in competencies within the PSW workforce and uncertainty for the public on the expected quality and safety of care to be received from a PSW. Public recourse and complaints related to a PSW's competencies or behaviour are typically directed to the employer for resolution.

Ontario is addressing these challenges by establishing an Authority to strengthen PSW oversight. This oversight balances the need to have safe, competent, and ethical care while retaining the PSW workforce to deliver services. Regulation supports public protection and assurances that

recipients receive high quality care. Regulatory oversight builds a framework to hold registered PSWs accountable for the services they provide.

The HSCPOA Act allows for the establishment of the Authority. The Authority is a regulatory body independent from government that will provide oversight to PSWs. The new proposed regulatory framework is grounded on the idea that regulatory interventions should be proportionate to the potential risk of harm as well as being targeted, transparent, accountable, consistent, and nimble.

The statutory and proposed regulatory framework under the HSCPOA Act is different from the framework established under the Regulated Health Professions Act, 1991 (RHPA) and companion Acts specific to each regulated health profession (e.g., Medicine Act 1991, Nursing Act 1991, Psychotherapy Act, 2007, etc.). Unlike the RHPA and companion Acts, the HSCPOA Act does not provide title protection or a defined scope of practice. As an alternative to title protection, a visual mark will assure the public that the registrant is registered and subject to oversight by the Authority.

This approach recognizes that there are several titles, tasks, job descriptions, and roles that describe what PSWs do and what they call themselves and that the RHPA is not fit for purpose to govern a diverse group of providers with a broad range of services.

Registration with the Authority is not proposed to be mandatory to provide personal support services in any health care setting. However, the Ministry of Health and the Ministry of Long-Term Care would be able to require PSW services be provided by registered PSWs depending on the circumstances. For example, where a specific vulnerable population is receiving services, or a health care environment needs enhanced consistency in PSW competencies. Also, employers may adopt policies that existing and/or new PSW hires be registered with the Authority. This will ensure that implementation of registration does not unduly disrupt the PSW workforce.

The Authority will be governed by a Board whose members are appointed based on competencies rather than professional affiliation which enhances decision-making that is in the public interest.

The HSCPOA Act provides a mandate for the Authority through prescribed objects and an overarching structure for organizational governance and accountability, committees, registration, the public register, complaint resolution, and discipline and appeals. This proposal provides details of the regulatory framework that will apply to all classes of registrants with elements specific to the varied health care settings and environments for which PSWs work.

Any Class of Registrant - Application Processes

The Authority will provide an application form that is appropriate for each class of registrant. Each class of registrant will provide their application electronically through the Authority's website. Any supporting forms, such as those related to education and/or experience assessments (e.g., a competency assessment) or for applicants registering under a transitional pathway (i.e., legacy pathway) will also be provided on the Authority's website.

Applications received by the Authority will receive an acknowledgement within 15 days that the application is complete or requires other information or supporting documents. The Authority will make a decision on registration within 30 days of receiving a complete application; however, the assessment of an applicant's documentation or competencies, where applicable for equivalency, may surpass the 30-day timeline.

Payment of Applicable Fees

The Authority is expected to eventually self-fund its operations. The ministry will provide funding to the Authority to support administration of legislative and regulatory functions in the short term. The Authority will develop a funding strategy, including a Minister of Health approved process and criteria to set a fee, and then implement a fee schedule. The oversight framework of the HSCPOA Act is

expected to lower cost to administer, resulting in lower registrant fees than what is typically charged by a health regulatory college.

Any Class of Registrant - Registration Requirements

Each class of registrant will be required to provide evidence to the Authority of good character. The Authority will determine the manner deemed appropriate to determine good character based on the settings for which the registrant typically works and the vulnerability of recipients that receives their services.

Each class of registrant will provide with their application any supporting diploma, certificate, or other proof of successful completion of a health-related program for the class for which they are applying unless using an alternative pathway that does not have an education component. Applicants would also be required to provide an assessment to determine equivalent competencies expected of the related class of registrant and any applicable forms, if required.

The applicant must have reasonable fluency in either English or French. Applicants can demonstrate this language proficiency through completion of a health-related program taught in English or French, experience in a health care-related setting where English or French is the primary language or through formal testing.

Any applicant that is a member of a professional health-related oversight body or an organization with an agreement with a government to maintain a registry or directory are required to support their application with a letter of good standing.

The healthcare system relies on a number of health professionals with unique expertise to provide services that meet the health needs of Ontarians. Ontario's health regulatory Colleges are required under the RHPA to collect standard, consistent and comparable demographic, registration, geographic, educational and employment information on all health professionals.

Similarly, the Authority, on behalf of the Ministry,

will also be collecting comparable information from registrants for the purpose of health-related human resources planning and research. A unique identifier for each registrant will be connected to the health information to ensure data is anonymous. This provides a representative snapshot of Ontario's regulated healthcare workforce.

Personal Support Workers - Registration Requirements

1. Primary Registration Pathway

The primary pathway for PSW registration will be successful completion of a PSW program that meets the program requirements set by the Ministry of Colleges and Universities (MCU) from an Ontario postsecondary institution, district school board or Indigenous institution and received a PSW certificate. The program must be a minimum of 600 hours in duration, including both class and practical experience time.

2. Pan-Canadian Registration Pathway

Applicants with health-related education from outside Ontario but within Canada that are not on a provincial registry or directory noted in the Labour Mobility Registration Pathway would follow a proposed alternative pathway to register for the class of PSW. This includes an assessment to determine if the applicant meets the competencies expected of an Ontario PSW. This program must be a minimum of 600 hours in duration, including both class and practical experience time.

3. Labour Mobility Registration Pathway

Applicants from outside Ontario but within Canada that are on a provincial health-related registry or directory are proposed to be able to register for the class of PSW without an assessment. Currently, this includes health workers on the British Columbia Care Aide & Community Health Worker Registry, Alberta Health Care Aide Directory and Nova Scotia's Continuing Care Assistant Registry.

4. Internationally Educated Registration Pathway

Applicants that have health-related education from outside Canada are proposed to have similar requirements to the Pan-Canadian Registration

Pathway. This includes an assessment to determine if the applicant meets the competencies expected of an Ontario PSW. This program must be a minimum of 600 hours in duration, including both class and practical experience time.

5. Legacy Registration Pathways

Persons hired and employed as PSWs, or providing personal support services, that do not meet the Ontario educational requirements in the primary pathway may apply for registration through transitional legacy provisions. This includes:

a) PSWs employed based on a health-related education received outside of Ontario that results in a certificate, diploma, or other proof of program completion. This program must be a minimum of 600 hours in duration, including both class and practical experience time.

b) PSWs employed based on successful completion of a PSW program that meets the requirements set out in the vocational standards established by the Ministry of Colleges and Universities, the standards established by the National Association of Career Colleges, or the standards established by the Ontario Community Support Association. This program must be a minimum of 600 hours in duration, counting both class and practical experience time, and completed by July 1, 2018.

c) A person employed as a PSW that does not meet the above criteria can undergo an assessment. The applicant would need to accumulate a minimum number of hours of PSW work experience to be set out in regulation prior to undergoing an assessment to be eligible to register.

The employer(s) would be expected to verify the employment history and the circumstance for which the applicant was hired under these legacy pathways to support their application. The applicant would need to provide their post-secondary diploma, certificate, or other proof of program completion under pathways 5 a) and b). The Authority will provide guidance and a legacy form to be signed by the applicant and the employer on its website.

The proposed regulation will provide a three-year transitional period for PSWs or persons providing personal support services to register under registration legacy pathways. This transitional period is proposed to start on the day the provisions under the regulation come into force.

Applicants employed as PSWs after the three-year transitional period ends that have not already registered under a legacy pathway may be subject to a new assessment framework developed by the Authority.

Health workforce disruption should be minimal as registration with the Authority is not required to provide personal support services. Decisions on a requirement for a PSW to be registered with the Authority will be left to employer retention and hiring policies.

No pathway for Regulated Health Professionals or for Student Registration

The proposed regulations will not provide prescribed pathways for regulated health professionals registered with an Ontario health regulatory College (e.g., a nurse registered with the College of Nurses of Ontario) to register with the Authority as a PSW.

Regulated health professionals are expected to work within the scope of practice and practice standards of their respective professions when providing personal support services.

There is no student registration as registration is limited to individuals who have completed the necessary education or assessment to be a registrant.

Employers that require registration with the Authority as a condition of employment may make the necessary adjustments to hiring policies to allow exceptions for regulated health professionals and students according to operational needs or arrangements with educators.

Please see the "Registration Pathways" in the

supporting documents section for more information.

Any Class of Registrant - Codes of Ethics

The proposed regulatory framework includes a prescribed Code of Ethics that would apply to all classes of registrants. The Code of Ethics was created with consideration to the health environments associated with PSWs and related ethical implications (e.g., working with vulnerable populations in home and institutional settings). The proposed Code of Ethics would be used by the Authority to assess complaints for potential contraventions by a registrant and determine if further actions need to be taken. It is meant to guide the work of registrants within an ethical framework and serves to protect the public as the foundation for the Authority's complaints and discipline process.

Please see "Code of Ethics" in the supporting documents section for the complete proposed Code of Ethics.

Any Class of Registrant - Complaints, Discipline & Appeals Process

The proposed regulatory framework includes a complaints resolution process. This process supports the legislative powers of the CEO, Discipline Committee and Appeals Committee in determining actions to resolve complaints.

When a complaint is filed against a registrant, the HSCPOA Act provides that the CEO can investigate the complaint, appoint an investigator, and request further information from anyone, including the registrant who is the subject of the complaint. A complaint must be in writing or recorded electronically by the Authority if received orally. The CEO must inform the complainant about the Authority's processes, the role of the Discipline and Appeals Committees, and provide relevant sections of the Act.

The CEO must provide the registrant within 14 days of receiving the complaint, information about the complaint, relevant sections of the Act, and previous decisions involving the registrant. The CEO is not required to provide the same notice to

registrants if the CEO imposes conditions on a registrant's registration through an interim urgent action following the receipt of a complaint or following the appointment of an investigator.

A registrant who is the subject of a complaint can submit written responses within 30 days of receiving notice. The CEO may specify a shorter time frame for submissions if there are reasonable grounds to believe that the registrant's conduct may pose a risk of harm to the public.

The CEO may withdraw a complaint at the request of the complainant if it is in the public interest. The CEO must notify the complainant and the member if a complaint is withdrawn. The CEO can take urgent interim action to suspend or impose conditions on a registrant's registration at any time following the receipt of a complaint if the member's conduct poses a public risk. The urgent interim action remains in force until it is changed by the CEO, Discipline or Appeals Committee or until the matter is resolved.

If the CEO or Discipline Committee orders revocation, suspension, or conditions, it takes effect immediately, regardless of any appeal. An order cannot be made without notice to the registrant except in the case of urgent interim action. After investigation, or at any time, the CEO can attempt to mediate or resolve the complaint, impose conditions on the registration, refer allegations of misconduct to the Discipline Committee, refer the member for further educational courses or training, caution the member through a written warning, or take any other appropriate action the CEO considers appropriate consistent with the Act, Code of Ethics, regulations, or by-laws.

At the point a matter is referred to the Discipline Committee, a panel of between 3 to 5 members of the Discipline Committee will be established. The panel will hold a hearing to establish if the registrant violated their Code of Ethics. The panel will have the same jurisdiction as the Discipline Committee while conducting a hearing. The Discipline Committee can make an order requiring the CEO to revoke, suspend or impose conditions if

there is a determination that the registrant has breached the Code of Ethics. The Discipline Committee can also take other action as prescribed. If there has been no established violation of the Code of Ethics, the Discipline Committee can determine that no disciplinary action is needed. Only orders of the Discipline Committee can be brought to the Appeals Committee.

A registrant has the ability to appeal the decision of the Discipline Committee to the Authority's Appeals Committee. When an appeal is initiated, the Appeals Committee will convene a panel of 3 to 5 members of the Appeals Committee to hold a hearing to adjudicate the appeal. Following the hearing, the Appeals Committee has the power to overturn, affirm, or modify the Discipline Committee's decision and/or make an order for the CEO to revoke, suspend or impose conditions on a registrant's registration with the same powers as the Discipline Committee.

Any Class of Registrant - Discipline & Appeals Committees

The Discipline Committee is composed of at least 7 members appointed by the Board of Directors. Similarly, the Board will also appoint 7 different individuals to the Appeals Committee. Individuals are eligible to be appointed to the Discipline Committee or the Appeals Committee if they meet the following criteria:

- Are not a current or former registrant;
- Have not previously applied for registration but had their application refused by the CEO;
- Reside in Ontario;
- Are not a member of the Authority's Board of Directors; and,
- Are not currently employed by the Authority and have not been employed by the Authority within the previous 12 months.
- Are not currently, and have not been within the preceding 5 years, a director, owner, board member, officer or employee of a professional association or a director, board member, officer or employee of a trade union representing any class of registrants;
- Are not currently, and have not been within the preceding 5 years, a member of the council or board of a health regulatory college;

- Are not the subject of any professional disciplinary, incompetency or incapacity proceeding in any jurisdiction;
- Have not been the subject of any professional misconduct, incompetence or incapacity finding in any jurisdiction in the preceding six years;
- Are not currently nor previously been a plaintiff in a lawsuit or an applicant in an application against the Authority; and
- Have not have been removed from a board or a committee of the Authority within the preceding three years.

The Discipline Committee and Appeals Committee will both operate based on some of the administrative and procedural rules for proceedings outlined in the Statutory Powers Procedure Act.

Personal Support Workers - Public Register

The proposed Public Register regulation models after Ontario's health regulatory College public register framework as set out in Section 23(2) of Schedule 2 under the RHPA. Registrants of the Authority will be on a public registry like other regulated health professionals (e.g., registered nurses, physicians, massage therapists, etc.).

The registry would enhance trust by allowing the public to easily distinguish between PSWs that meet a minimum level of education from unregistered professionals where there is uncertainty of education and/or credentials. Additionally, PSW employers (e.g., hospitals, long-term care facilities, retirement homes and home and community care agencies) can reference the public register and be assured that PSWs registered with the Authority will deliver safe, competent, ethical, high-quality care to patients, clients and residents.

The Public Register regulation would also outline provisions related to the retention of registrant personal information by the Authority. This would allow the Authority to retain information as deemed necessary to support with future applications or in cases of discipline.

Please see "Public Register - Proposed Fields" in the supporting documents section for the complete list of the information that will appear on the Public

Register.

Personal Support Worker - Advisory Committee
The HSCPOA Act requires an Advisory Committees for each class of registrant (e.g., PSWs). Advisory Committee members will advise and make recommendations to the Board and the CEO about issues pertaining to registrants in that class of registration.

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The Act requires that the Advisory Committee include registrants, individuals who represent the interests of persons who receive services from registrants or caregivers of such individuals, and educators of registrants. Advisory Committee members will advise and make recommendations to the Board and the CEO about issues pertaining to registrants in that class of registration. The HSCPOA Act also provides for inclusion of other representatives in Advisory Committees. The proposed regulatory framework includes additional membership for the PSW class of registrants. The PSW Advisory Committee is proposed to be composed 14 to 19 members:

- 4 to 6 registered personal support workers, including at least 1 PSW who provides care each of the following settings: public hospitals, long-term care, a retirement homes, and home/community care;
- 1 to 4 individuals who represent the interests of patients and their caregivers;
- 2 to 3 representatives of educational institutions that provide PSW education including public colleges, private career colleges, district school boards and Indigenous institutions;
- 1 to 2 individuals who represent organizations that advocate for organizations that employ PSWs;
- 4 individuals who represent organizations that employ PSWs, including at least 1 individual who represents each of the following care settings: public hospitals, long-term care, retirement homes, and home/community care; and,
- 2 to 4 representatives from trade unions and professional associations.

Individuals are eligible to be appointed to the Advisory Committee if they meet the following criteria:

- Reside in Ontario;
- Are not a member of the Authority's Board of Directors; and,
- Are not currently employed by the Authority and have not been employed by the Authority within the previous 12 months.

Personal Support Worker - Visual Mark

A visual mark will be designated to all registrants who are registered with the Authority. Each professional class of registrant will have their own visual mark. The visual mark for PSWs will be provided on the Authority's website and appear on registration documents. The visual mark issued to registrants by the Authority is a distinctive symbol or image established and maintained by the Authority. It serves as an official identification for registrants under the Authority's oversight. Registrants authorized to use the visual mark must provide valid proof of registration and eligibility upon request.

The official visual mark will be legally protected under the federal Trademarks Act and will be accessible for reference on the Authority's official website and the regulations. The dates on which the visual mark is officially registered with the Authority will be reflected in the proposed regulation, specifying when it comes into effect. The visual mark is a symbol denoting trust and quality, exclusively available for use by registrants who have achieved full compliance with the Authority's registration requirements.

Registrants are granted the privilege to use this mark in professional contexts and in documentation directly associated with their services, ensuring it represents the high standards established for health and supportive care services they are authorized to provide. The visual mark is restricted to usage exclusively to the registrants' authorized practice; any unauthorized use is strictly prohibited.

The visual mark provides registrants with a recognizable symbol of their commitment to excellence and adherence to the Authority's standards. Registrants have a responsibility to use the visual mark judiciously and without misuse.

Inappropriately leveraging this privilege may result in penalties such as the revocation of registration. Registrants are strongly encouraged to use the visual mark to elevate their professional reputation, inspire confidence in their care recipients, and uphold the rigorous standards set by the Authority. This not only serves to bolster the registrants' professional standing but also fosters overall trust and advances the broader interests of the public.

Any Class of Registrant - Funding for Therapy and Counselling

The HSCPOA Act requires the Authority to establish a fund for the purposes of providing therapy and counselling for persons who allege that sexual abuse has been committed by registrants and provide other types of supports in relation to allegations of sexual abuse by registrants.

The proposed regulation establishes this program, covering therapy costs equivalent to 200 half-hour sessions with a psychiatrist under OHIP. Eligible individuals can receive funding for up to five years from the start of therapy or eligibility. The Chief Executive Officer oversees program administration.

Funding applies to individuals alleging sexual abuse during care services, and eligibility is determined promptly, regardless of registrant outcomes. No psychological assessments are needed, and recipients choose their therapist with some restrictions. Payments go directly to the therapist for therapy purposes only. It can cover therapy at any time post-abuse. If other insurance is in place, funding is reduced, and the Authority can recover funds in legal cases. Claimants aren't required to participate in legal proceedings, ensuring their well-being and privacy.





The proposed Funding for Therapy and Counselling regulation provides a structured and supportive framework for individuals who have experienced sexual abuse, while also ensuring a fair and respectful process for registrants, promoting transparency and accountability.

Continuous Quality Improvement Activities Program
The Authority will implement a continuous quality

improvement activities program for each class of registrant after the related Advisory Committee has been established and an appropriate amount of time has passed for the Authority to collect data on registrants and recipients of their services, including complaints, emerging issues and trends.

Analysis of Regulatory Impact: There is no anticipated regulatory cost impact associated with the proposed regulations. The Ministry of Health is proposing a new, voluntary approach for the oversight of PSWs that is separate and distinct from the traditional self-regulatory model under the Regulated Health Professions Act, 1991 and where the regulatory impacts are commensurate with the anticipated benefits of public protection. The proposed approach of establishing a new Authority is anticipated to cost less than establishing health regulatory colleges under the RHPA for new health professions.

Further Information:

-  [Proposed Code of Ethics Accessible Version](#)
(Download Adobe Reader)
-  [Proposed Public Register Accessible Version](#)
(Download Adobe Reader)
-  [Proposed Registration Eligibility Process Maps Accessible Version](#) (Download Adobe Reader)
-  [Regulatory Registry Posting Accessible Version](#)
(Download Adobe Reader)

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Posting Date: December 1, 2023

Comments Due Date: January 15, 2024

Contact Address: 438 University Ave, 10th Floor, Toronto, Ontario

Document of the Government of Ontario

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**PROPOSED CODE OF ETHICS FOR ANY CLASS OF REGISTRANT TO RECEIVE
OVERSIGHT BY THE HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT
AUTHORITY**

The proposed Code of Ethics will apply to all future classes of registrants starting with provisions specific to classes such as personal support workers that work with vulnerable people. It will be used as a framework by the Authority to assess complaints for potential contraventions by a registrant and in determining possible disciplinary actions measured against the level of public risk. The proposed Code of Ethics is summarized below:

1. The registrant shall communicate in a manner that is transparent and honest.
2. The registrant shall clearly communicate in advance the details of the service the registrant intends to provide.
3. The registrant shall be courteous and compassionate.
4. The registrant shall act in good faith and with integrity and not commit acts of forgery or fraud.
5. The registrant shall not use either their professional position of authority or information obtained during a professional relationship with a recipient to coerce, improperly influence, harass or exploit a recipient or former recipient.
6. The registrant shall make best efforts to ensure that any representations on the services to be provided are accurate and are not misleading.
7. The registrant shall not engage in, or be a party to, misrepresentation or any unethical practice.
8. The registrant shall respect the property of recipients and of the registrant's employer, if any.
9. If a potential or actual conflict of interest has arisen, or has the potential to arise, during the course of delivering a service, the registrant shall provide disclosure immediately to their employer, where applicable, and to the recipient and shall connect the recipient to another registrant or health professional that does not have a conflict of interest.
10. The registrant shall provide services safely and ethically and only attempt or complete tasks that they are competent to provide.
11. The registrant shall identify when a recipient's therapeutic needs are outside of the registrant's competence and provide support that leads to the recipient obtaining services from appropriate health care professionals.

12. The registrant shall maintain a recipient's privacy and dignity in the physical space where they are receiving care.
13. The registrant shall adequately supervise a person who is under the professional responsibility of the registrant and who is providing health services or supportive care services.
14. The registrant shall seek advice from and collaborate with the recipient's health care team to uphold safe care.
15. The registrant shall only accept the delegation of a controlled act from a health professional under section 27 of the *Regulated Health Professions Act, 1991* where the registrant has the necessary knowledge, skill and judgment to carry out the act safely and effectively.
16. The registrant shall clearly and accurately communicate qualifications, competencies, and registration status to recipients and employers and to any other people in a recipient's circle of care.
17. The registrant shall maintain complete, accurate and timely documentation related to services provided, including documentation of interactions that provide perspective on mental or physical health of recipients that may benefit a course of treatment or plan of treatment.
18. The registrant shall take reasonable action to mitigate or prevent potential or actual harm, neglect or abuse of recipients, including physical, verbal, emotional, financial, or sexual abuse, resulting from care or services provided by caregivers, health professionals or other persons.
19. The registrant shall take reasonable action to stop unsafe, incompetent, unethical or unlawful practice, including any type of abuse.
20. The registrant shall report any error, inappropriate behaviour, misconduct or system issue that affects recipient safety to employers, the Authority, and the applicable regulatory college, whether or not harm has occurred.
21. The registrant shall be physically and mentally capable of providing high quality services at a level of competence expected by the Authority.
22. The registrant shall be respectful with other members of a recipient's interprofessional health team, including by:
 - collaborating and communicating clearly, effectively, professional and in a timely way; and
 - working together with other health care experts to improve the recipient's care.
23. The registrant shall maintain and continually improve their competence in accordance with a prescribed continuous quality improvement activities program set in regulations under the Act, where such a regulation is in place for the class of registrant.

24. The registrant shall not provide services while under the influence of any substance that the registrant knows or ought reasonably to know may interfere with or impair the registrant's ability to provide the expected quality of service.
25. The registrant shall not discontinue services that are needed unless,
- the recipient requests the discontinuation and alternative services are arranged or the recipient is given a reasonable opportunity to arrange alternative services; or,
 - the registrant has a reasonable belief that the registrant may be harmed by the recipient or be unsafe in the environment in which the services will be performed.
26. The registrant shall be diligent and timely in recording services they provide.
27. The registrant shall refrain from acting on a recipient's request where acting on the request, is illegal, or would be harmful to or jeopardize the safety of the recipient or others.
28. The registrant shall work with health care teams to address deficiencies in a recipient's care and achieve improved health results when the registrant recognizes that there are health care gaps in the recipient's community.
29. The registrant shall not engage in any act or omission that, having regard to all of the circumstances, would reasonably be regarded as,
- being disgraceful, dishonourable, unprofessional or unbecoming a registrant; or
 - likely to bring the sector into disrepute or to undermine public confidence in the regulation of registrants under the Act.
30. The registrant shall maintain professional boundaries and refrain from engaging in interactions or any personal, financial or commercial situations that could give rise to an actual or perceived conflict of interest, including,
- acting under a power of attorney or as a substitute decision-maker for a recipient;
 - accepting gifts from recipients, unless declining the gift harms the professional relationship with a recipient;
 - selling products to a recipient for personal gain; and
 - engaging in a personal or sexual relationship with a recipient unless at least one year has passed after the registrant has ceased providing services.
31. The registrant shall be respectful on social media to recipients, other registrants, members of recipients' interprofessional health teams and any others in recipients' circles of care.
32. The registrant shall immediately make the report required under section 125 of the *Child, Youth and Family Services Act, 2017* where that section applies with respect to the registrant.
33. The registrant shall provide the necessary information to a recipient to make an informed choice to consent to or refuse a service from a registrant unless there is a substitute decision-maker authorized to make decisions on behalf of the recipient under the *Health Care Consent Act, 1996*.

34. The registrant shall respect and recognize a recipient's autonomy to make decisions and choices related to the services provided by the registrant, or if there is a substitute decision-maker authorized to make decisions on behalf of the recipient under the *Health Care Consent Act, 1996*, respect and recognize the substitute decision-maker's decisions and choices.
35. The registrant shall give timely care, or when timely care is not possible, explain the reasons for the delay and take steps to avoid or limit harm to a recipient.
36. The registrant shall,
- not impose personal beliefs and biases on recipients, including political, religious and cultural beliefs;
 - report to the Authority instances where other health care team members are imposing personal beliefs and biases on a recipient, including political, religious and cultural beliefs; and
 - provide safe, compassionate and timely care despite conflicts in a personal beliefs between the registrant and a recipient.
37. The registrant shall make best efforts to meet recipients' language and communication needs.
38. The registrant shall,
- appropriately use the visual mark or any other identifier established by the Authority for a class of registrants in the delivery of recipient services;
 - identify themselves including first name and last name, their title, and their role and, if requested, the registrant's visual mark or identifier;
 - not use a name, other than the registrant's name as set out in the register, in the course of their professional duties; and
 - advise the Authority promptly of a change in the name used by the registrant in providing or offering to provide services.
39. The registrant shall,
- where they work in an institution, comply with the institution's policies on records retention and privacy policies; and
 - where they work outside of an institution, comply with applicable privacy legislation, including their responsibilities under section 49 of the *Personal Health Information Protection Act, 2004*.
40. The registrant shall not sign or issue a record, report or other document that the registrant knows or ought to know contains a false or misleading statement in the course of meeting any documentation requirements applicable to the provision of services.
41. The registrant shall make arrangements with a recipient or the recipient's authorized representative for access to or for transfer of the records of the recipient in the possession of the registrant to another registrant when requested to do so by the client or authorized representative.

42. The registrant shall not perform a service without consent where consent is required by law.
43. The registrant shall perform a necessary service for the recipient regardless of whether all or part of the fee is paid before the service is performed.
44. The registrant shall provide a truthful and appropriate explanation of the nature of a service following a recipient's request for an explanation.
45. The registrant shall not charge a fee for services not performed, except that a registrant may charge for the cancellation of an appointment less than 24 hours before the appointment time or in accordance with any reasonable written agreement with the recipient.
46. The registrant shall not charge a fee that is excessive in relation to the services performed.
47. The registrant shall not charge a fee or accept payment from a recipient respecting services which have been, or will be, paid for directly or indirectly by any level of government or a third party.
48. The registrant shall not receive or confer a rebate, fee or other benefit by reason of the referral of a recipient to or from another person.
49. The registrant shall issue a statement or receipt when requested by a recipient, their authorized representative or the entity who is to pay, in whole or in part, for the services.
50. The registrant shall comply with the *Human Rights Code*, including providing equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, gender, sexual orientation, age, marital status, family status or disability.
51. The registrant shall respect the cultural, religious, and other beliefs of the recipient.
52. The registrant shall not physically, verbally, emotionally, financially or sexually abuse a recipient or their substitute decision maker.
53. The registrant shall not influence a recipient to make or change a will or other testamentary instrument in favour of the registrant.
54. The registrant shall comply with the Act, regulations under the Act, and bylaws approved by the Authority's board of directors that are applicable to all classes of registrants and that are specific to the registrant's class of registration.
55. The registrant not contravene a federal, provincial or territorial law, a municipal by-law if the contravention is relevant to the registrant's provision of services.
56. The registrant shall comply with an order of a panel of the Authority's discipline committee.

57. The registrant shall comply with an order of a panel of the Authority's appeals committee.
58. The registrant shall comply with a written undertaking given to the Authority.
59. The registrant shall carry out an agreement entered into with the Authority.
60. The registrant shall reply appropriately in writing within 30 days to any written communication from the Authority where the Authority requests a response.

**PROPOSED FIELDS ON THE PUBLIC REGISTER FOR ANY CLASS OF REGISTRANT TO
BE MADE PUBLICLY AVAILABLE BY THE HEALTH AND SUPPORTIVE CARE
PROVIDERS OVERSIGHT AUTHORITY**

The following information, if known to the Authority, is prescribed information to be contained in the register of registrants to be made available to the public.

1. Each registrant's legal name.
2. Each registrant's name as indicated on the document used to support the registrant's initial registration with the Authority.
3. Nicknames or abbreviations that a registrant uses in any place of practice.
4. Any changes to the registrant's name since the date of the registrant's initial application for registration.
5. Each registrant's gender.
6. Each registrant's current business information for every location in Ontario where the registrant provides health services or supportive services to the public, including,
 - i. the facility name,
 - ii. the employer's name if it is different from the facility name,
 - iii. the business address, including street address,
 - iv. the telephone number,
 - v. the e-mail address,
 - vi. an indication of whether the address is the primary business location of the registrant, and
 - vii. the date the registrant began offering health or supportive services at that location.
7. Where a registrant is deceased, the name of the deceased registrant and the date upon which the registrant died.
8. Whether the registrant's registration status is active or inactive.
9. Where the registrant's registration status is inactive, the reason for the status, which may be one of the following:

- i. Cancellation, where the Chief Executive Officer has been notified and confirmed that the registrant is deceased and confirmed that fact or the registrant has notified the Chief Executive Officer that they are leaving Ontario, leaving the profession, changing professions, retiring or provided another rationale not linked to compliance concerns and are voluntarily resigning as a registrant and will no longer be providing services.
 - ii. Interim suspension, where the Chief Executive Officer has imposed an interim suspension following the receipt of a complaint or following the appointment of an investigator.
 - iii. Suspension, where the registrant is the subject of discipline that has resulted in the temporary suspension of their registration.
 - iv. Revocation, where the registrant is the subject of discipline that has resulted in a permanent suspension of their registration.
 - v. Expiration, where the renewal date has passed, and the registrant has not renewed their registration, including not paying any applicable fees.
10. The languages in which a registrant provides health services or support services.
 11. Each registrant's class of registration.
 12. The date of each registrant's initial registration with the Authority.
 13. Each registrant's registration number.
 14. The conditions, if any, imposed on a registrant's registration.
 15. Where, for a pending complaint or other type of investigation, the Chief Executive Officer confirms that the Authority is investigating a registrant because there is a compelling public interest in disclosing this information, the fact that the registrant is under investigation.
 16. A notation of every written warning that a registrant has received from the Chief Executive Officer under paragraph 2 of section 44 of the Act.
 17. A notation of any further educational courses or training that the Chief Executive Officer has required a registrant to complete pursuant to paragraph 3 of section 44 of the Act.
 18. A notation of every matter that has been referred by the Chief Executive Officer to the Discipline Committee under paragraph 5 of section 44 of the Act that has not been finally resolved, including the date of the referral and the status of the hearing before the Discipline Committee.
 19. A copy of the specified allegations against a registrant for every matter that has been referred by the Chief Executive Officer to the Discipline Committee under paragraph 5 of section 44 of the Act and that has not been finally resolved.

20. Every result of a disciplinary proceeding concerning a registrant.
21. A notation and synopsis of any acknowledgements and undertakings that a registrant has entered into with the Authority in relation to matters involving allegations of a failure to comply with the code of ethics that applies to the registrant and that are in effect.
22. Where conditions imposed on a registrant's certificate of registration have been varied or removed, the effective date of the variance or removal of those conditions.
23. Where a registrant's certificate of registration is subject to an interim order,
 - i. a notation of that fact,
 - ii. the nature of the order, and
 - iii. the date that the order took effect and, if applicable, when it ceased to be in effect.
24. A notation of every revocation, expiration, cancellation or suspension of a registration.
25. Where a registrant's certificate of registration is subject to a suspension, the reason for the suspension and the date of the suspension in addition to the notation of that suspension.
26. Information that the discipline committee or appeals committee specifies shall be included.
27. Where findings of the discipline committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
28. Each decision of the appeals committee for all matters appealed from a decision of the discipline committee.
29. Where, during or as a result of a disciplinary proceeding under section 46 of the Act, a registrant has resigned or voluntarily cancelled their registration and agreed to never reapply for registration in Ontario, a notation of the resignation and agreement.
30. If a registrant currently holds or has previously held registration or is licensed or was licensed by any regulatory authority in any jurisdiction,
 - i. the status of the registrant's registration or licence,
 - ii. the name of the regulatory authority,
 - iii. the jurisdiction, and
 - iv. any designation available to the registrant by virtue of that registration or licence.
31. Where a registrant has been required to appear before a panel of a College's Inquiries, Complaints and Reports committee or of a similar committee of a body that governs a profession inside or outside of Ontario to be cautioned,

- i. a notation of the fact, including a summary of the caution,
 - ii. the date of the panel's decision, and
 - iii. where the decision is appealed, a notation of that fact, until the appeal is finally disposed of.
32. Where a finding of professional misconduct or incompetence or similar finding has been made against a Registrant by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal,
 - i. a notation of the finding,
 - ii. the name and jurisdiction 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.
33. A summary of any current charges against a registrant, in respect of in respect of an offence against the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), the *Cannabis Act* (Canada) or any other law of Canada, that the Chief Executive Officer believes is relevant to the registrant's suitability to provide health or supportive services, and the charges are outstanding, including,
 - i. the fact and content, and
 - ii. the date and place of the charge.
34. A summary of any findings of guilt against a registrant and the sentence in respect of an offence against the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), the *Cannabis Act* (Canada) or any other law of Canada that the Chief Executive Officer believes is relevant to the registrant's suitability to provide health or supportive services until such time as any of the following occur:
 - i. The Parole Board of Canada orders a record suspension in respect of a finding of guilt that resulted in a conviction.
 - ii. A pardon in respect of the finding of guilt is obtained.
 - iii. The finding of guilt is overturned on appeal.
35. A summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of a registrant in offence processes under the laws of

Canada or of a province or territory or another jurisdiction that the Chief Executive Officer believes is relevant to the registrant's suitability to provide health or supportive services.

36. If a registrant is re-instated as a registrant, the fact of that re-instatement and the date on which the registrant's registration was re-instated.
37. If the registrant provides health or supportive services in more than one location, the location where the registrant generally works, or anticipates to work, the most hours is their primary business location.
38. If the registrant provides health or supportive services in private residences, the address to be kept in the register is the business address of the agency through which the registrant provides health or supportive services or another address designated by the registrant and approved by the Chief Executive Officer.
39. No action shall be taken under this section which violates a publication ban, and nothing in this section requires or authorizes the violation of a publication ban.
40. All of the information required by section 2 and all information required by the by-laws of the Authority to be included in the register shall be made available to an individual during normal business hours, and shall be posted on the Authority's website within a reasonable amount of time of the Chief Executive Officer having received the information and in a manner that is accessible to the public or in any other manner and form specified by the Minister.
41. Personal information shall be retained by the Authority only as long as is necessary to fulfil the identified purposes for which the information was collected, or longer if required due to an on-going investigation or legal proceeding.
42. Personal information that is no longer necessary or relevant for the identified purposes, or no longer required to be retained by law, must be securely destroyed, erased or made anonymous.
43. Where a Registrant has resigned, retired, is deceased or has had their registration revoked, cancelled or otherwise terminated, their information in the register shall be maintained for a period of 10 years, except for any information related to discipline proceedings in Ontario, which shall be maintained for a period of fifty years after the termination of registration.
44. The Chief Executive Officer shall correct any information contained in the register where a registrant demonstrates, to the satisfaction of the Chief Executive Officer, that the information contained in the register is incomplete or inaccurate and where the registrant provides the Chief Executive Officer with the information that is necessary to enable the Chief Executive Officer to correct the incomplete or inaccurate information.
45. The Chief Executive Officer may enter a name other than the name referred to in paragraphs 1 to 4 of section 2 in the register if the Chief Executive Officer,

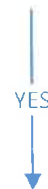
- i. has received a written request from the registrant;
 - ii. is satisfied that the registrant has legally changed their name; and
 - iii. is satisfied that the name change is not for any improper purpose.
46. Every registrant shall notify the Authority, in writing, within 30 days of the effective date of any change to the information included in the register.

General Registration Requirements for Any Class of Registrant

1060

Does the applicant meet all of the following requirements?

- Language Proficiency in English or French, demonstrated through education, formal testing, or experience in a healthcare-related setting in Canada
- Provide evidence to the Authority of good character deemed appropriate to the settings for which the registrant typically works and the vulnerability of recipients that receives their services



Preparation Prior to Application Process:

- The applicant understands the eligibility requirements for the class of registrant for which they are applying;
- The applicant has reviewed and chosen an eligibility pathway to registration that is applicable to their professional and/or educational circumstance and is able to provide:
 - Supporting diploma, certificate, or other proof of successful completion of a health-related program related to the class for which they are applying
 - If applicable, a supporting assessment to determine competencies expected of an Ontario PSW
- The applicant has identified any applicable application/supporting forms available on the Authority's website
- Applicant is aware of any applicable fees (e.g., applicant, registration, competency assessment (if applicable))



Ready to Begin Application Process

[1] Primary Pathway

Completed a program that meets the Ontario Ministry of Colleges and Universities' Personal Support Worker Standard

1061

Applicant has successfully graduated from an Ontario PSW program aligned with the Ministry of Colleges and Universities (MCU) PSW Standard.

YES

Does the applicant's Ontario education meet all of the following requirements?

- Meets the program requirements set by the Ministry of Colleges and Universities for an Ontario post-secondary institution or district school board to issue a personal support worker certificate
- A minimum of 600 hours in duration, counting both class time and practical experience time

YES

Does the applicant have the following supporting documents?

- Certificate of completion of Ontario Personal Support Worker educational program from a District School Board or a Public/Private College

YES

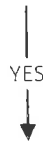
Application Submitted for Registration Decision with Health and Supportive Care Providers Oversight Authority

[2] Pan-Canadian Pathway

Completed health-related education in other Canadian jurisdictions outside of Ontario and is *not* a member of another provincial/territorial Registry or Directory

1062

Applicant has health-related education from a Canadian province/territory outside of Ontario



Does the applicant meet all of the following requirements?

- Completion of a health-related educational program from a Canadian province/territory outside of Ontario that was a minimum of 600 hours in duration, counting both class time and practical experience time
- A supporting assessment to determine if the applicant meets the competencies expected of an Ontario PSW
- Not a member of a provincial/territorial Registry or Directory outside of Ontario (see Pathway 3)



Does the applicant have the following supporting documents?

- Supporting diploma, certificate, or other proof of successful completion of the health-related program
- Competency assessment



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[3] Labour Mobility Pathway

Current member of a Registry or Directory established by a Canadian province/territory outside of Ontario

1063

Applicant is a member of a PSW or equivalent Registry/Directory from outside Ontario but within Canada.

↓
YES
↓

Does the applicant meet the following requirement?

- Registered member of a PSW or equivalent Registry/Directory from a Canadian province/territory outside of Ontario
 - Currently, this includes health workers on the *British Columbia Care Aide & Community Health Worker Registry*, *Alberta Health Care Aide Directory* and *Nova Scotia's Continuing Care Assistant Registry*
 - The Authority may recognize another provincial/territorial Registry or Directory in the future

↓
YES
↓

Does the applicant have the following supporting documents?

- Proof of registration on the interprovincial PSW or equivalent Registry/Directory
- Letter of good standing from the affiliated Registry/Directory

↓
YES
↓

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[4] Internationally Educated Pathway

Completed health-related education from outside of Canada

1064

Applicant has health-related education from outside of Canada.



- Does the applicant meet all of the following requirements?
- Completion of a health-related educational program from outside of Canada that was a minimum of 600 hours in duration, counting both class time and practical experience time
- A supporting assessment to determine if applicant meets the competencies expected of an Ontario PSW

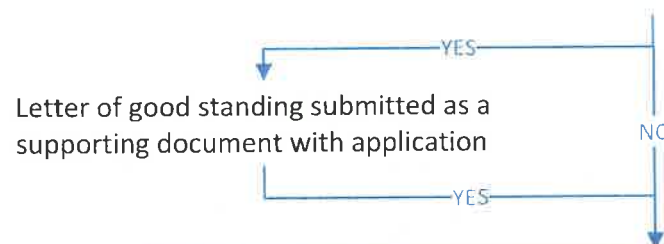


Does the applicant have the following supporting documents?

- Supporting diploma, certificate, or other proof of successful completion of the health-related program
- Competency assessment



Is the applicant a member of a health regulatory body, or on a government-related health registry/directory?



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[5a] Legacy Pathway

Currently providing or recently provided personal support services in Ontario, and hired as a PSW based on health-related education from outside of Ontario

The proposed regulation will provide a three-year transitional period for existing PSWs to register under registration legacy pathways. This transitional period will start on the day the regulations come into force.

1065

Applicant was previously hired as a PSW based on health-related education received outside of Ontario.



Does the applicant meet the following criteria?

- The applicant was hired based on the employer's assessment that the person's health-related education and prior work experience met the requirements expected of an Ontario PSW
- The PSW is employed in an Ontario healthcare setting prior to the end of the three year legacy transitional period
- The applicant has completed a health-related program that was a minimum of 600 hours in duration, counting both class time and practical experience time



Does the applicant have the following supporting documents?

- Completion of a Legacy Pathway Form indicating this legacy pathway
- Verification from the current employer(s) on date of hire
- Supporting diploma, certificate, or other proof of successful completion of the health-related program that the employer used to evaluate the person's education



Application Submitted for Registration Decision with Health and Supportive Care Providers Oversight Authority

[5b] Legacy Pathway

Currently providing or recently provided personal support services in Ontario, and hired as a PSW based on a program aligned with outdated PSW standards

The proposed regulation will provide a three-year transitional period for existing PSWs to register under registration legacy pathways. This transitional period will start on the day the regulations come into force.

1066

Applicant was previously hired as a PSWs based on successful completion of a program that no longer meets the PSW Standard established by the Ministry of Colleges and Universities.

↓
YES
↓

Does the applicant meet the following criteria?

- The applicant has completed an educational program that meets the requirements set out in the following:
 - Vocational standards established by the Ministry of Colleges and Universities (MCU); or
 - Standards established by the National Association of Career Colleges (NACC); or
 - Standards established by the Ontario Community Support Association (OCSA)
- The program was a minimum of 600 hours in duration, counting both class time and practical experience time
- The applicant had successfully completed the program by July 1, 2018
- The PSW is employed in an Ontario healthcare setting prior to the end of the three year legacy transitional period

↓
YES
↓

Does the applicant have the following supporting documents?

- Completion of a Legacy Pathway Form indicating this legacy pathway
- Verification from the current employer(s) on date of hire
- Supporting diploma, certificate, or other proof of successful completion of the health-related program by July 1, 2018 related to the vocational standards of MCU, or standards established by the NACC or OCSA, that the employer used to evaluate the person's education

↓
YES
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**Application Submitted for Registration Decision with
Health and Supportive Care Providers Oversight Authority**

[5c] Legacy Pathway

Currently providing or recently provided personal support services in Ontario, without health-related education

The proposed regulation will provide a three-year transitional period for existing PSWs to register under registration legacy pathways. This transitional period will start on the day the regulations come into force. Existing PSWs can continue to accrue time with their employers during the legacy transitional period.

1067

Applicant is employed as a PSW, or provides personal support services prior to the end of the three year legacy transitional period, without health-related education.



Does the applicant meet all of the following criteria?

- The applicant is employed in any Ontario healthcare setting as a PSW prior to the end of the three year legacy transitional period
- The applicant has accumulated a minimum number of hours of PSW work experience to be set out in regulation
- A supporting assessment to determine if the applicant meets the competencies expected of an Ontario PSW



Does the applicant have the following supporting documents?

- Completion of a Legacy Pathway form indicating this legacy pathway
- Verification from the current employer(s) on date of hire and hours of PSW work experience
- Competency assessment



**Application Submitted for Registration Decision with
Health and Supportive Care Providers Oversight Authority**

Posting Template with the Regulatory Registry as the Source

ENGLISH SECTION:

English Posting tab

Posting Source: Regulatory Registry Environmental Registry

Posting Stage: For Consultation As an Approved Provincial Policy Instrument

Exemption Obtained: Yes No & select option from drop down list

Title: Regulations Pertaining to the Health and Supportive Care Providers Oversight Authority (the Authority) (*maximum of 600 characters*)

Description: Regulations are needed by the Authority to carry its legislated objects under the *Health and Supportive Care Providers Oversight Authority Act, 2021* (HSCPOA Act). These objects include (but not limited) to:

1. administer the *HSCPOA Act* and the regulations, including overseeing their enforcement;
2. establish educational and skills-based qualifications for each class of registrants;
3. establish one or more visual marks or identifiers for use by registrants that can identify registrants to members of the public;
4. promote the provision of safe, competent, ethical and high-quality health and supportive care services by registrants;
5. establish codes of ethics applicable to each class of registrants in relation to services they provide to members of the public.

(*maximum of 700 characters*)

Ministry Contact Email: *Dean Therrien, Team Lead, Health Workforce Regulatory Oversight Branch, Ministry of Health*

Additional Contact Email: *Stephen Cheng, Manager*

Ministry Contact Address: 438 University Ave, 10th Floor, Toronto, Ontario

Instrument Type: Act Form Information Policy Proposal Regulation – LGIC Regulation – Minister Regulation – Other

Category: Environmental General Safety, Health and Labour

Regulation Number: N/A

Bill or Act: *Health and Supportive Care Oversight Authority Act, 2022*

This is a new instrument:

Summary of Proposal: *(maximum of 32,000 characters)*

The government recognizes that high-quality care is the cornerstone of our healthcare system and personal support workers (PSWs) play an important role. There are over 100,000 PSWs in Ontario that provide a variety of services to Ontario's most vulnerable populations, including children, older adults, seniors, and people with physical and/or cognitive disabilities. PSW services are delivered in a variety of health care settings, including long-term care homes, hospitals, retirement homes and home and community care organizations. PSW services may be privately or publicly funded directly or indirectly within some of these healthcare settings.

PSWs are currently unregulated in Ontario. While there are some sectors with minimum education qualifications identified in regulation (i.e., long-term care), employers are responsible for validating credentials, education, training, employment history, and criminal background checks. This creates inconsistency in competencies within the PSW workforce and uncertainty for the public on the expected quality and safety of care to be received from a PSW. Public recourse and complaints related to a PSW's competencies or behaviour are typically directed to the employer for resolution.

Ontario is addressing these challenges by establishing an Authority to strengthen PSW oversight. This oversight balances the need to have safe, competent, and ethical care while retaining the PSW workforce to deliver services. Regulation supports public protection and assurances that recipients receive high quality care. Regulatory oversight builds a framework to hold registered PSWs accountable for the services they provide.

The HSCPOA Act allows for the establishment of the Authority. The Authority is a regulatory body independent from government that will provide oversight to PSWs. The new proposed regulatory framework is grounded on the idea that regulatory interventions should be proportionate to the potential risk of harm as well as being targeted, transparent, accountable, consistent, and nimble.

The statutory and proposed regulatory framework under the HSCPOA Act is different from the framework established under the *Regulated Health Professions Act, 1991* (RHPA) and companion Acts specific to each regulated health profession (e.g., *Medicine Act 1991*, *Nursing Act 1991*, *Psychotherapy Act, 2007*, etc.). Unlike the RHPA and companion Acts, the HSCPOA Act does not provide title protection or a defined scope of practice. As an alternative to title protection, a visual mark will assure the public that the registrant is registered and subject to oversight by the Authority.

This approach recognizes that there are several titles, tasks, job descriptions, and roles that describe what PSWs do and what they call themselves and that the RHPA is not fit for purpose to govern a diverse group of providers with a broad range of services.

Registration with the Authority is not proposed to be mandatory to provide personal support services in any health care setting. However, the Ministry of Health and the Ministry of Long-Term Care would be able to require PSW services be provided by registered PSWs depending on the circumstances. For example, where a specific vulnerable population is receiving services, or a health care environment needs enhanced consistency in PSW competencies. Also, employers may adopt policies that existing and/or new PSW hires be registered with the Authority. This will ensure that implementation of registration does not unduly disrupt the PSW workforce.

The Authority will be governed by a Board whose members are appointed based on competencies rather than professional affiliation which enhances decision-making that is in the public interest.

The HSCPOA Act provides a mandate for the Authority through prescribed objects and an overarching structure for organizational governance and accountability, committees, registration, the public register, complaint resolution, and discipline and appeals. This proposal provides details of the regulatory framework that will apply to all classes of registrants with elements specific to the varied health care settings and environments for which PSWs work.

Any Class of Registrant - Application Processes

The Authority will provide an application form that is appropriate for each class of registrant. Each class of registrant will provide their application electronically through the Authority's website. Any supporting forms, such as those related to education and/or experience assessments (e.g., a competency assessment) or for applicants registering under a transitional pathway (i.e., legacy pathway) will also be provided on the Authority's website.

Applications received by the Authority will receive an acknowledgement within 15 days that the application is complete or requires other information or supporting documents. The Authority will make a decision on registration within 30 days of receiving a complete application; however, the assessment of an applicant's documentation or competencies, where applicable for equivalency, may surpass the 30-day timeline.

Payment of Applicable Fees

The Authority is expected to eventually self-fund its operations. The ministry will provide funding to the Authority to support administration of legislative and regulatory functions in the short term. The Authority will develop a funding strategy, including a Minister of Health approved process and criteria to set a fee, and then implement a fee schedule. The oversight framework of the HSCPOA Act is expected to lower cost to administer, resulting in lower registrant fees than what is typically charged by a health regulatory college.

Any Class of Registrant - Registration Requirements

Each class of registrant will be required to provide evidence to the Authority of good character. The Authority will determine the manner deemed appropriate to determine good character based on the settings for which the registrant typically works and the vulnerability of recipients that receives their services.

Each class of registrant will provide with their application any supporting diploma, certificate, or other proof of successful completion of a health-related program for the class for which they are applying unless using an alternative pathway that does not have an education component. Applicants would also be required to provide an assessment to determine equivalent competencies expected of the related class of registrant and any applicable forms, if required.

The applicant must have reasonable fluency in either English or French. Applicants can demonstrate this language proficiency through completion of a health-related program taught in English or French, experience in a health care-related setting where English or French is the primary language or through formal testing.

Any applicant that is a member of a professional health-related oversight body or an organization with an agreement with a government to maintain a registry or directory are required to support their application with a letter of good standing.

The healthcare system relies on a number of health professionals with unique expertise to provide services that meet the health needs of Ontarians. Ontario's health regulatory Colleges are required under the RHPA to collect standard,

consistent and comparable demographic, registration, geographic, educational and employment information on all health professionals.

Similarly, the Authority, on behalf of the Ministry, will also be collecting comparable information from registrants for the purpose of health-related human resources planning and research. A unique identifier for each registrant will be connected to the health information to ensure data is anonymous. This provides a representative snapshot of Ontario's regulated healthcare workforce.

Personal Support Workers – Registration Requirements

1. Primary Registration Pathway

The primary pathway for PSW registration will be successful completion of a PSW program that meets the program requirements set by the Ministry of Colleges and Universities (MCU) from an Ontario postsecondary institution, district school board or Indigenous institution and received a PSW certificate. The program must be a minimum of 600 hours in duration, including both class and practical experience time.

2. Pan-Canadian Registration Pathway

Applicants with health-related education from outside Ontario but within Canada that are not on a provincial registry or directory noted in the Labour Mobility Registration Pathway would follow a proposed alternative pathway to register for the class of PSW. This includes an assessment to determine if the applicant meets the competencies expected of an Ontario PSW. This program must be a minimum of 600 hours in duration, including both class and practical experience time.

3. Labour Mobility Registration Pathway

Applicants from outside Ontario but within Canada that are on a provincial health-related registry or directory are proposed to be able to register for the class of PSW without an assessment. Currently, this includes health workers on the British Columbia Care Aide & Community Health Worker Registry, Alberta Health Care Aide Directory and Nova Scotia's Continuing Care Assistant Registry.

4. Internationally Educated Registration Pathway

Applicants that have health-related education from outside Canada are proposed to have similar requirements to the Pan-Canadian Registration Pathway. This includes an assessment to determine if the applicant meets the competencies expected of an Ontario PSW. This program must be a minimum of 600 hours in duration, including both class and practical experience time.

5. Legacy Registration Pathways

Persons hired and employed as PSWs, or providing personal support services, that do not meet the Ontario educational requirements in the primary pathway may apply for registration through transitional legacy provisions. This includes:

- a) PSWs employed based on a health-related education received outside of Ontario that results in a certificate, diploma, or other proof of program completion. This program must be a minimum of 600 hours in duration, including both class and practical experience time.
- b) PSWs employed based on successful completion of a PSW program that meets the requirements set out in the vocational standards established by the Ministry of Colleges and Universities, the standards established by the National Association of Career Colleges, or the standards established by the Ontario Community Support Association. This program must be a minimum of 600 hours in duration, counting both class and practical experience time, and completed by July 1, 2018.
- c) A person employed as a PSW that does not meet the above criteria can undergo an assessment. The applicant would need to accumulate a minimum number of hours of PSW work experience to be set out in regulation prior to undergoing an assessment to be eligible to register.

The employer(s) would be expected to verify the employment history and the circumstance for which the applicant was hired under these legacy pathways to support their application. The applicant would need to provide their post-secondary diploma, certificate, or other proof of program completion under pathways 5 a and b. The Authority will provide guidance and a legacy form to be signed by the applicant and the employer on its website.

The proposed regulation will provide a three-year transitional period for PSWs or persons providing personal support services to register under registration legacy pathways. This transitional period is proposed to start on the day the provisions under the regulation come into force.

Applicants employed as PSWs after the three-year transitional period ends that have not already registered under a legacy pathway may be subject to a new assessment framework developed by the Authority.

Health workforce disruption should be minimal as registration with the Authority is not required to provide personal support services. Decisions on a requirement for a PSW to be registered with the Authority will be left to employer retention and hiring policies.

No pathway for Regulated Health Professionals or for Student Registration

The proposed regulations will not provide prescribed pathways for regulated health professionals registered with an Ontario health regulatory College (e.g., a nurse registered with the College of Nurses of Ontario) to register with the Authority as a PSW.

Regulated health professionals are expected to work within the scope of practice and practice standards of their respective professions when providing personal support services.

There is no student registration as registration is limited to individuals who have completed the necessary education or assessment to be a registrant.

Employers that require registration with the Authority as a condition of employment may make the necessary adjustments to hiring policies to allow exceptions for regulated health professionals and students according to operational needs or arrangements with educators.

Please see the “Registration Pathways” in the supporting documents section for more information.

Any Class of Registrant – Codes of Ethics

The proposed regulatory framework includes a prescribed Code of Ethics that would apply to all classes of registrants. The Code of Ethics was created with consideration to the health environments associated with PSWs and related ethical implications (e.g., working with vulnerable populations in home and institutional settings). The proposed Code of Ethics would be used by the Authority to assess complaints for potential contraventions by a registrant and determine if further actions need to be taken. It is meant to guide the work of registrants within an ethical framework and serves to protect the public as the foundation for the Authority’s complaints and discipline process.

Please see “Code of Ethics” in the supporting documents section for the complete proposed Code of Ethics.

Any Class of Registrant – Complaints, Discipline & Appeals Process

The proposed regulatory framework includes a complaints resolution process. This process supports the legislative powers of the CEO, Discipline Committee and Appeals Committee in determining actions to resolve complaints.

When a complaint is filed against a registrant, the HSCPOA Act provides that the CEO can investigate the complaint, appoint an investigator, and request further information from anyone, including the registrant who is the subject of the complaint. A complaint must be in writing or recorded electronically by the Authority if received orally. The CEO must inform the complainant about the

Authority's processes, the role of the Discipline and Appeals Committees, and provide relevant sections of the Act.

The CEO must provide the registrant within 14 days of receiving the complaint, information about the complaint, relevant sections of the Act, and previous decisions involving the registrant. The CEO is not required to provide the same notice to registrants if the CEO imposes conditions on a registrant's registration through an interim urgent action following the receipt of a complaint or following the appointment of an investigator.

A registrant who is the subject of a complaint can submit written responses within 30 days of receiving notice. The CEO may specify a shorter time frame for submissions if there are reasonable grounds to believe that the registrant's conduct may pose a risk of harm to the public.

The CEO may withdraw a complaint at the request of the complainant if it is in the public interest. The CEO must notify the complainant and the member if a complaint is withdrawn. The CEO can take urgent interim action to suspend or impose conditions on a registrant's registration at any time following the receipt of a complaint if the member's conduct poses a public risk. The urgent interim action remains in force until it is changed by the CEO, Discipline or Appeals Committee or until the matter is resolved.

If the CEO or Discipline Committee orders revocation, suspension, or conditions, it takes effect immediately, regardless of any appeal. An order cannot be made without notice to the registrant except in the case of urgent interim action. After investigation, or at any time, the CEO can attempt to mediate or resolve the complaint, impose conditions on the registration, refer allegations of misconduct to the Discipline Committee, refer the member for further educational courses or training, caution the member through a written warning, or take any other appropriate action the CEO considers appropriate consistent with the Act, Code of Ethics, regulations, or by-laws.

At the point a matter is referred to the Discipline Committee, a panel of between 3 to 5 members of the Discipline Committee will be established. The panel will hold a hearing to establish if the registrant violated their Code of Ethics. The panel will have the same jurisdiction as the Discipline Committee while conducting a hearing. The Discipline Committee can make an order requiring the CEO to revoke, suspend or impose conditions if there is a determination that the registrant has breached the Code of Ethics. The Discipline Committee can also take other action as prescribed. If there has been no established violation of the Code of Ethics, the Discipline Committee can determine that no disciplinary action is needed. Only orders of the Discipline Committee can be brought to the Appeals Committee.

A registrant has the ability to appeal the decision of the Discipline Committee to the Authority's Appeals Committee. When an appeal is initiated, the Appeals Committee will convene a panel of 3 to 5 members of the Appeals Committee to hold a hearing to adjudicate the appeal. Following the hearing, the Appeals Committee has the power to overturn, affirm, or modify the Discipline Committee's decision and/or make an order for the CEO to revoke, suspend or impose conditions on a registrant's registration with the same powers as the Discipline Committee.

Any Class of Registrant – Discipline & Appeals Committees

The Discipline Committee is composed of at least 7 members appointed by the Board of Directors. Similarly, the Board will also appoint 7 different individuals to the Appeals Committee. Individuals are eligible to be appointed to the Discipline Committee or the Appeals Committee if they meet the following criteria:

- Are not a current or former registrant;
- Have not previously applied for registration but had their application refused by the CEO;
- Reside in Ontario;
- Are not a member of the Authority's Board of Directors; and,
- Are not currently employed by the Authority and have not been employed by the Authority within the previous 12 months.
- Are not currently, and have not been within the preceding 5 years, a director, owner, board member, officer or employee of a professional association or a director, board member, officer or employee of a trade union representing any class of registrants;
- Are not currently, and have not been within the preceding 5 years, a member of the council or board of a health regulatory college;
- Are not the subject of any professional disciplinary, incompetency or incapacity proceeding in any jurisdiction;
- Have not been the subject of any professional misconduct, incompetence or incapacity finding in any jurisdiction in the preceding six years;
- Are not currently nor previously been a plaintiff in a lawsuit or an applicant in an application against the Authority; and
- Have not have been removed from a board or a committee of the Authority within the preceding three years.

The Discipline Committee and Appeals Committee will both operate based on some of the administrative and procedural rules for proceedings outlined in the *Statutory Powers Procedure Act*.

Personal Support Workers - Public Register

The proposed Public Register regulation models after Ontario's health regulatory College public register framework as set out in Section 23(2) of Schedule 2 under the RHPA. Registrants of the Authority will be on a public registry like other regulated health professionals (e.g., registered nurses, physicians, massage therapists, etc.).

The registry would enhance trust by allowing the public to easily distinguish between PSWs that meet a minimum level of education from unregistered professionals where there is uncertainty of education and/or credentials. Additionally, PSW employers (e.g., hospitals; long-term care facilities, retirement homes and home and community care agencies) can reference the public register and be assured that PSWs registered with the Authority will deliver safe, competent, ethical, high-quality care to patients, clients and residents.

The Public Register regulation would also outline provisions related to the retention of registrant personal information by the Authority. This would allow the Authority to retain information as deemed necessary to support with future applications or in cases of discipline.

Please see "Public Register - Proposed Fields" in the supporting documents section for the complete list of the information that will appear on the Public Register.

Personal Support Worker - Advisory Committee

The HSCPOA Act requires an Advisory Committees for each class of registrant (e.g., PSWs). Advisory Committee members will advise and make recommendations to the Board and the CEO about issues pertaining to registrants in that class of registration.

The Act requires that the Advisory Committee include registrants, individuals who represent the interests of persons who receive services from registrants or caregivers of such individuals, and educators of registrants. Advisory Committee members will advise and make recommendations to the Board and the CEO about issues pertaining to registrants in that class of registration. The HSCPOA Act also provides for inclusion of other representatives in Advisory Committees.

The proposed regulatory framework includes additional membership for the PSW class of registrants.

The PSW Advisory Committee is proposed to be composed 14 to 19 members:

- 4 to 6 registered personal support workers, including at least 1 PSW who provides care each of the following settings: public hospitals, long-term care, a retirement homes, and home/community care;
- 1 to 4 individuals who represent the interests of patients and their caregivers;
- 2 to 3 representatives of educational institutions that provide PSW education including public colleges, private career colleges, district school boards and Indigenous institutions;
- 1 to 2 individuals who represent organizations that advocate for organizations that employ PSWs;
- 4 individuals who represent organizations that employ PSWs, including at least 1 individual who represents each of the following care settings: public hospitals, long-term care, retirement homes, and home/community care; and,
- 2 to 4 representatives from trade unions and professional associations.

Individuals are eligible to be appointed to the Advisory Committee if they meet the following criteria:

- Reside in Ontario;
- Are not a member of the Authority's Board of Directors; and,
- Are not currently employed by the Authority and have not been employed by the Authority within the previous 12 months.

Personal Support Worker - Visual Mark

A visual mark will be designated to all registrants who are registered with the Authority. Each professional class of registrant will have their own visual mark. The visual mark for PSWs will be provided on the Authority's website and appear on registration documents. The visual mark issued to registrants by the Authority is a distinctive symbol or image established and maintained by the Authority. It serves as an official identification for registrants under the Authority's oversight. Registrants authorized to use the visual mark must provide valid proof of registration and eligibility upon request.

The official visual mark will be legally protected under the federal *Trademarks Act* and will be accessible for reference on the Authority's official website and the regulations. The dates on which the visual mark is officially registered with the Authority will be reflected in the proposed regulation, specifying when it comes into effect. The visual mark is a symbol denoting trust and quality, exclusively available for use by registrants who have achieved full compliance with the Authority's registration requirements.

Registrants are granted the privilege to use this mark in professional contexts and in documentation directly associated with their services, ensuring it represents the high standards established for health and supportive care services they are authorized to provide. The visual mark is restricted to usage exclusively to the registrants' authorized practice; any unauthorized use is strictly prohibited.

The visual mark provides registrants with a recognizable symbol of their commitment to excellence and adherence to the Authority's standards. Registrants have a responsibility to use the visual mark judiciously and without misuse. Inappropriately leveraging this privilege may result in penalties such as the revocation of registration. Registrants are strongly encouraged to use the visual mark to elevate their professional reputation, inspire confidence in their care recipients, and uphold the rigorous standards set by the Authority. This not only serves to bolster the registrants' professional standing but also fosters overall trust and advances the broader interests of the public.

Any Class of Registrant - Funding for Therapy and Counselling

The HSCPOA Act requires the Authority to establish a fund for the purposes of providing therapy and counselling for persons who allege that sexual abuse has been committed by registrants and provide other types of supports in relation to allegations of sexual abuse by registrants.

The proposed regulation establishes this program, covering therapy costs equivalent to 200 half-hour sessions with a psychiatrist under OHIP. Eligible individuals can receive funding for up to five years from the start of therapy or eligibility. The Chief Executive Officer oversees program administration.

Funding applies to individuals alleging sexual abuse during care services, and eligibility is determined promptly, regardless of registrant outcomes. No psychological assessments are needed, and recipients choose their therapist with some restrictions. Payments go directly to the therapist for therapy purposes only. It can cover therapy at any time post-abuse. If other insurance is in place, funding is reduced, and the Authority can recover funds in legal cases. Claimants

aren't required to participate in legal proceedings, ensuring their well-being and privacy.

The proposed Funding for Therapy and Counselling regulation provides a structured and supportive framework for individuals who have experienced sexual abuse, while also ensuring a fair and respectful process for registrants, promoting transparency and accountability.

Continuous Quality Improvement Activities Program

The Authority will implement a continuous quality improvement activities program for each class of registrant after the related Advisory Committee has been established and an appropriate amount of time has passed for the Authority to collect data on registrants and recipients of their services, including complaints, emerging issues and trends.

Analysis of Regulatory Impact: *(maximum of 3,500 characters)*

There is no anticipated regulatory cost impact associated with the proposed regulations. The Ministry of Health is proposing a new, voluntary approach for the oversight of PSWs that is separate and distinct from the traditional self-regulatory model under the *Regulated Health Professions Act, 1991* and where the regulatory impacts are commensurate with the anticipated benefits of public protection. The proposed approach of establishing a new Authority is anticipated to cost less than establishing health regulatory colleges under the RHPA for new health professions.

Subject Keywords: The list of key words can be found in the "WORD Posting Templates – Subject Keywords" document on the Regulatory Registry Back Office site. If you wish to add additional subject Key Words, please provide the English and French translation by email to

Created Date: *(system generated)* (DD/MM/YY)

Comments Due Date: (DD/MM/YY)

English Attachments tab

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Link Text:

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FRENCH SECTION:

Note: A French accent counts as one extra character. Please ensure you stay within the character limit of each field.

French Posting tab

Title: *(maximum of 800 characters)*

Description: *(maximum of 900 characters)*

Ministry Contact Address:

Regulation Number:

Bill or Act:

Summary of Proposal: *(maximum of 32,000 characters)*

Analysis of Regulatory Impact: *(maximum of 3,900 characters)*

French Attachments tab

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Link Text:

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The following fields will appear in the online template if the Posting Status is "As an Approved Provincial Policy Instrument" or after the Comments Due Date has passed: (complete in both English and French tabs)

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English and French Decision tabs

Decision: Proposal Update Approved Rejected

Proposal Status: *(maximum of 2,000 characters in English and 3,000 characters in French)*

Summary of Decision: (maximum of 2,000 characters in English and 3,000 characters in French)

Analysis of Regulatory Impact: (maximum of 3,500 characters in English and 3,900 characters in French) Note: This section appears when the following selections are made in the "Instrument Type" text box above:

- Act
- Form
- Information
- Policy
- Proposal
- Regulation – Minister
- Regulation – LGIC
- Regulation – Other

(A text box where the final analysis of regulatory impacts can be entered. The final analysis (at minimum new direct compliance costs and benefits) must be posted with your approved regulatory instrument. Refer to the RIA and Offset Practical Guide for more information.

Subject Keywords: The list of key words can be found in the "WORD Posting Templates – Subject Keywords" document on the Regulatory Registry Back Office site. If you wish to add additional subject Key Words, please provide the English and French translation by email to registryfeedback@ontario.ca

Created Date: (system generated) (DD/MM/YY)

Comments Due Date: (DD/MM/YY)

Effective Date: (DD/MM/YY) Note that if the instrument you selected was 'Act' this field will say **Royal Assent Date**

Ministry Contact Email:

Additional Contact Email:

Ministry Contact Address:

English and French Attachment tabs

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1083

Rose Bustria

Subject: FW: Follow-Up: Health & Supportive Care Providers Oversight Authority Webinar
Attachments: Health and Supportive Care Providers - Regulatory Framework Comment Template.docx

From: Jo-Ann Willson <jpwillson@cco.on.ca>
Sent: Thursday, December 7, 2023 5:52 PM
To: Rose Bustria <RBustria@cco.on.ca>
Subject: FW: Follow-Up: Health & Supportive Care Providers Oversight Authority Webinar

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

From: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>
Sent: December 7, 2023 2:04 PM
Subject: Follow-Up: Health & Supportive Care Providers Oversight Authority Webinar

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 participating in today's webinar on the proposed regulatory framework of the Health and Supportive Care Providers Oversight Authority.

For more information on the proposed regulatory framework, and to submit your feedback, please see the [Health and Supportive Care Providers Oversight Authority posting on the public Regulatory Registry](#).

The Ministry appreciates feedback on specific components of the proposed regulatory framework that are still under development. To drive feedback on specific aspects like the competency assessment and registration pathways, we have provided a comment template attached to this email.

You may upload the completed comment template onto the regulatory registry or send directly to: regulatoryprojects@ontario.ca

Your participation and feedback is valued and will help to inform decision-making in regulation development.

Thank you.

Regards,
Allison Henry
Director, Health Workforce Regulatory Oversight Branch, MOH

On December 1, 2023, the Ministry of Health posted an overview of the proposed regulatory framework summarizing the proposed regulations to be made under the *Health and Supportive Care Providers Oversight Authority Act* (Act) and that are on the Regulatory Registry. This posting will be available for a 45-day comment period.

This regulatory framework will support registration and oversight of Personal Support Workers (PSWs) in Ontario.

The Ministry is providing this template to help organize stakeholder feedback. The template includes a few specific questions to help with decision-making to finalize supporting regulations under the Act.

Proposed Primary and Alternative Registration Pathways for PSWs

The Regulatory Registry proposal posting lists five pathways for PSWs to register with the Authority:

1. Primary Pathway: Applicant successfully completed a program that meets the MCU's PSW Standard
2. Pan-Canadian Registration Pathway: Applicant successfully completed health-related education in another Canadian jurisdiction outside of Ontario with a required PSW competency assessment.
3. Labour Mobility Registration Pathway: Applicant on a Registry or Directory established by a Canadian province other than Ontario (i.e., Alberta, Nova Scotia and British Columbia)
4. Internationally Educated Registration Pathway: Applicant successfully completed health-related education outside Canada with a required PSW competency assessment.
5. Legacy Registration Pathways:

[A] Legacy Pathway - Applicant currently providing or recently provided personal support services and hired based on health-related education from outside of Ontario.

[B] Legacy Pathway - Applicant currently providing or recently provided personal support services, and hired based on a program aligned with outdated PSW standards.

[C] Legacy Pathway - Applicant is currently providing or recently provided personal support services, for the equivalent of three full-time years without health-related education and a competency assessment or alternative competency assessment tool required to register.

- 1) **Are there any other pathways that the Ministry should consider for PSW registration?**

- 2) **Are the registration pathways and related requirements for each pathway appropriate to support public confidence that a PSW registered with the Authority will deliver safe, competent, ethical, high-quality care to patients, clients and residents in their homes, hospitals, long-term care facilities, or other health care environments?**

Development of a Competency Assessment Framework for PSWs

Several of the proposed alternative pathways include a competency assessment for applicants that do not have the Ontario PSW certification as reflected in the primary pathway. The Authority will develop a competency assessment framework that supports a consistent evaluation of an applicant's knowledge, skills, and abilities in the provision of high-quality personal support services across all health settings. The intent of the competency assessment is to enable the Authority to gradually rollout the pathways with tools and processes that are fair, objective, equitable, consistent, and defensible. The Ministry would like feedback on the following questions related to competency assessments:

- 1) **Once a competency assessment tool has been developed, whom would be best positioned to undertake PSW evaluations and what might be the positive or negative consequences?**
 - a. **The Authority**
 - b. **A third-party evaluator**
 - c. **Employers**
 - d. **Other regulated health professionals**
 - e. **Any combination of the above**
 - f. **None of the above**

- 2) What competencies (e.g., knowledge, skills, abilities, and behaviours) would be expected within a competency assessment tool to best evaluate an applicant's ability to perform as a PSW in any Ontario healthcare setting?

- 3) In what way might a competency assessment framework be delivered and what supporting tools and/or resources would be most appropriate to assist individuals in undergoing the assessment?

- 4) Should there be a minimum amount of on-the-job experience (i.e. hours) for applicants that do not have any health-related education (i.e., Pathway 5C) before they are eligible to have a competency assessment undertaken by the employer or the Authority?

Proposed Regulatory Framework

- 1) Please provide your feedback / general comments on other aspects of the proposed regulatory framework under the following headings:
 - i) Codes of Ethics

ii) Complaints, Discipline & Appeals Process

iii) Discipline & Appeals Committees

iv) Public Register

v) Advisory Committee

vi) Visual Mark

vii) Funding for Therapy and Counselling

viii) Continuous Quality Improvement (CQI) Activities Program

From: Jo-Ann Willson
Sent: January 19, 2024 2:18 PM
To: Rose Bustria
Subject: FW: FCC - Call for Interested Members of the Public to be an SCC Rep
Attachments: Call Letter for Public Member - Jan 2024.pdf; FCC Speciality Colleges Council - Request for expressions of interest - Public Member - Jan 2024.pdf

Exec and Council.

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

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

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From: Greg MacDonald <gmacdonald@pathfinder-group.com>
Sent: Friday, January 19, 2024 2:02 PM
To: Wanda Lee MacPhee <wlmacphee@pathfinder-group.com>; Jennifer Townsend <jtowndsend@pathfinder-group.com>; chrisprior35@hotmail.com; Denise Gerein <denise@saskchiro.ca>; deputyregistrar@chirobc.com; Doug.shatford@cshlaw.ca; drlarichard@hotmail.com; drmizel@stcatharineschiropractic.com; drnshea@gmail.com; dwickes@cmcc.ca; Francois Hains <fhainsdc@gmail.com>; Hayes, David O. <David.Hayes@uqtr.ca>; idober@ordredeschiropraticiens.qc.ca; Janis Noseworthy (drjanisdc@gmail.com) <drjanisdc@gmail.com>; Jean-Philip Hudon-Dionne <jphudon-dionne@ordredeschiropraticiens.qc.ca>; jhollingsworth@thecco.ca; jjsuchdev@hotmail.com; John Sutherland <jsutherland@pathfinder-group.com>; Jo-Ann Willson <jwillson@cco.on.ca>; Klm Ramsay <ramsaykim55@gmail.com>; knissen@nbchiropractic.ca; Lynn Shaw <lynn.e.shaw80@gmail.com>; nlcbregistrar@gmail.com; Philippe Lariviere, DC <plariviere@ordredeschiropraticiens.qc.ca>; registrar@chirobc.com; registrar@mbchiro.org; Sara Jamieson <sjamie9@uwo.ca>; Sarah Green <drsarahgreen1@gmail.com>; Stephanie.Connolly@yukon.ca; Todd Halowski <thalowski@thecco.ca>; danica.brousseau@uqtr.ca; Darryl Kashton <dkashton@accesscomm.ca>; David Telles-Langdon <d.telles-langdon@uwinnipeg.ca>; Drew Potter <potterdrew68@gmail.com>; Francis Levesque <francislevesquedc@gmail.com>; Kim

Castle <kacastle@outlook.com>; Kristen Sutherland <Dr.Kristen@live.com>; Paula Stern <PStern@cmcc.ca>; Steven Passmore <Steven.Passmore@umanitoba.ca>; Sue Iwasaki <sue_boates@hotmail.com>; drmichellemac@gmail.com; Gerald Chartier <president@mbchiro.org>; Jennifer Beggs <jenniferbeggs7@gmail.com>; Joel Friedman <JFriedman@cco.on.ca>; Lauren Cormier, DC <cormierchiropractor@gmail.com>; Linda Sahli <lsahli@thecco.ca>; Wanda Lee MacPhee <wlmacphee@pathfinder-group.com>; dr.dselby@gmail.com; John Sutherland <jsutherland@pathfinder-group.com>; Kate MacAdam <katherinemacadam@hotmail.com>; Matthew Barrigar <mjsb.chiro.ortho@gmail.com>; Stephen Kulbaba <kulbabarad@atlasrad.com>; julie-marthe.grenier@uqtr.ca; O'Shaughnessy, Julie <Julie.O'Shaughnessy@uqtr.ca>; Tony Tibbles <atibbles@cmcc.ca>; dgryfe@outlook.com; Joe Lemire <joelemire21@gmail.com>; Robert Watkin <rgwatkin@hotmail.com>

Subject: FCC - Call for Interested Members of the Public to be an SCC Rep

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

Good Afternoon Specialty College, Regulatory and CCEC Colleagues,

Find attached a call letter and request for expressions of interest for a public member to be a representative on the Specialty Colleges Council.

You will see that the representative should have experience with or exposure to post-secondary education at the graduate level, particularly as it relates to teaching, research, project management, governance, or administration. Those with a health professions background and specialists in other fields are particularly sought after. There are some exceptions that are noted including being in a conflict of interest, and recent service or employment. If you know a member of the public who may be interested in this opportunity, please let them know.

I am happy to answer any questions you or interested candidates have in this role.

Have a nice day,

Greg

Greg MacDonald

Executive Director, Federation of Canadian Chiropractic
604-5657 Spring Garden Road, Lobby Box 142
Halifax, NS, B3J 3R4
T 902-406-4351
W www.chirofed.ca





Specialty Colleges Council

Conseil des collèges de spécialité

1219

CCEC 1.14.2

Jan 19, 2024

To Whom it May Concern:

The Specialty Colleges Council (SCC) of the Federation of Canadian Chiropractic serves as a facilitator for members to meet, share information and advance their profession. The SCC provides a forum for the exchange of best practices regarding regulatory issues that relate to chiropractic specialists and takes great interest in the actions and activities of specialty colleges. There is currently an open public member position on the SCC.

I am reaching out to you today to request your assistance in conveying the message to potentially interested members of the public. Please feel free to recommend to us the name of any potential candidates and we can follow up with them. We encourage interested members of the public to self-identify, or, for you to nominate worthy individuals for the role of a public member with the SCC. More details are contained in the attachment, which outlines the responsibilities of the role, skills that we are seeking, an outline of the time commitment required, and details on the honoraria and expenses policies. We are particularly seeking those with educational or project management experience. Those with a health professions background and experience with specialists in other fields are particularly sought after.

This is an excellent opportunity for a member of the public to be involved in the development and governance of chiropractic specialties in Canada. I am more than willing to answer any questions that you or prospective applicants may have.

We look forward to your reply.

Yours truly,

Specialty Colleges Council

François Hains, DC
Chair



Specialty Colleges Council

Conseil des collèges de spécialité

1220

Request for expressions of interest

Public Member

Specialty Colleges Council, Federation of Canadian Chiropractic

January 2024

The Federation of Canadian Chiropractic is a national organization accountable for three discrete functions. Accreditation of Doctor of Chiropractic Programs in Canada through the Council on Chiropractic Education Canada, Regulatory Council, a forum through which chiropractic regulators across Canada engage on matters of interest to them, and the Specialty Colleges Council, which represents the five chiropractic specialties in Canada.

Specialty Colleges Council is seeking a public member to join their team. The Federation Board appoints the public member to the Specialty Colleges Council and does so from lists of candidates provided by each of the five specialty colleges.

In order to be effective in the role, the public member should have experience with or exposure to post-secondary education at the graduate level, particularly as it relates to teaching, research, project management, governance, or administration. Those with a health professions background and specialists in other fields are particularly sought after.

Representatives will be expected to attend up to two face-to-face meetings a year and up to five 1.5 hour teleconferences annually. In addition, to be fully effective it is anticipated that representative would invest approximately 15 hours of meeting preparation time each year.

In recognition of the workload, public members of Speciality Colleges Council are eligible for a per diem as follows:

- a. for meetings greater than six hours in length \$400 per meeting day
- b. for meetings less than six hours in length \$200 per session
- c. for meetings of 1-2 hours in length \$100

Reasonable travel expenses to in-person meetings will be reimbursed on a pay and claim basis within 30 days of receipt of travel expenses.

Term of appointment is for two years, with term limits still in development. To be fully conversant and effective in the role, it is anticipated that the minimum commitment would be two terms (four years) of service to the Council.

Those eligible to be appointed to a public member role on Specialty Colleges Council must:

- a. not have any conflict of interest with any accredited Canadian chiropractic program or specialty college,

The Federation of Canadian Chiropractic • La Fédération chiropratique canadienne
604-5657 Spring Garden Road, Lobby Box 142, Halifax, NS B3J 3R4
www.chirofed.ca Tel: 902.406.4351



Specialty Colleges Council Conseil des collèges de spécialité

1221

- b. not concurrently be employed by or serve on the Federation of Canadian Chiropractic (FCC) Board or the boards of any chiropractic provincial, territorial or national association or regulatory board during the term of their appointment,
- c. not be or have been an elected member of the governing body of a DCP or a chiropractic specialty college within the three years immediately prior to the commencement of such person's term on Specialty Colleges Council, and;
- d. not be or have been a faculty member, executive officer or other administrator of a Canadian chiropractic program or a chiropractic specialty college for the three years immediately prior to the commencement of such person's term.

Applicants should provide contact details, a cover letter and a CV to the council as follows:

Specialty Colleges Council
602-5647 Spring Garden Rd, Box 142
Halifax, NS B3J 3R4

gmacdonald@pathfinder-group.com
902.406.4351

<https://chirofed.ca/specialty-colleges/>

From: Jo-Ann Willson
Sent: January 19, 2024 2:17 PM
To: Rose Bustria
Subject: FW: FCC - Call for Interested Chiropractors to be a CCEC Ontario Rep
Attachments: Call Letter for Ontario Rep - Jan 2024.pdf; Request for Expressions of Interest - Ontario Rep.pdf

Exec and Council.

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

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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: Greg MacDonald <gmacdonald@pathfinder-group.com>
Sent: Friday, January 19, 2024 2:01 PM
To: Wanda Lee MacPhee <wmacphee@pathfinder-group.com>; Jennifer Townsend <jtowndsend@pathfinder-group.com>; chrisprior35@hotmail.com; Denise Gerein <denise@saskchiro.ca>; deputyregistrar@chirobc.com; Doug.shatford@cshlaw.ca; drlarichard@hotmail.com; drmizel@stcatharineschiropractic.com; drnshea@gmail.com; dwickes@cmcc.ca; Francois Hains <fhainsdc@gmail.com>; Hayes, David O. <David.Hayes@uqtr.ca>; idober@ordredeschiropraticiens.qc.ca; Janis Noseworthy (drjanisdc@gmail.com) <drjanisdc@gmail.com>; Jean-Philip Hudon-Dionne <jphudon-dionne@ordredeschiropraticiens.qc.ca>; jhollingsworth@thecco.ca; jjsuchdev@hotmail.com; John Sutherland <jsutherland@pathfinder-group.com>; Jo-Ann Willson <jwillson@cco.on.ca>; Klm Ramsay <ramsaykim55@gmail.com>; knissen@nbchiropractic.ca; Lynn Shaw <lynn.e.shaw80@gmail.com>; nlcbregistrar@gmail.com; Philippe Lariviere, DC <plariviere@ordredeschiropraticiens.qc.ca>; registrar@chirobc.com; registrar@mbchiro.org; Sara Jamieson <sjamie9@uwo.ca>; Sarah Green <drsarahgreen1@gmail.com>; Stephanie.Connolly@yukon.ca; Todd Halowski <thalowski@thecco.ca>; danica.brousseau@uqtr.ca; Darryl Kashton <dkashton@accesscomm.ca>; David Telles-Langdon <d.telles-langdon@uwinnipeg.ca>; Drew Potter <potterdrew68@gmail.com>; Francis Levesque <francislevesquedc@gmail.com>; Kim Castle <kacastle@outlook.com>; Kristen Sutherland <Dr.Kristen@live.com>; Paula Stern

<PStern@cmcc.ca>; Steven Passmore <Steven.Passmore@umanitoba.ca>; Sue Iwasaki <sue_boates@hotmail.com>; drmichellemac@gmail.com; Gerald Chartier <president@mbchiro.org>; Jennifer Beggs <jenniferbeggs7@gmail.com>; Joel Friedman <JFriedman@cco.on.ca>; Lauren Cormier DC <cormierchiropractor@gmail.com>; Linda Sahli <lsahli@thecco.ca>; Wanda Lee MacPhee <wlmacphee@pathfinder-group.com>; dr.dselby@gmail.com; John Sutherland <jsutherland@pathfinder-group.com>; Kate MacAdam <katherinemacadam@hotmail.com>; Matthew Barrigar <mjsb.chiro.ortho@gmail.com>; Stephen Kulbaba <kulbabarad@atlasrad.com>; julie-marthe.grenier@uqtr.ca; O'Shaughnessy, Julie <Julie.O'Shaughnessy@uqtr.ca>; Tony Tibbles <atibbles@cmcc.ca>; dgryfe@outlook.com; Joe Lemire <joelemire21@gmail.com>; Robert Watkin <rgwatkin@hotmail.com>

Subject: FCC - Call for Interested Chiropractors to be a CCEC Ontario Rep

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

Good Afternoon CCEC, Regulatory and Specialty College Colleagues,

Find attached a call letter and request for expressions of interest for chiropractors who reside in Ontario to be a representative on the CCEC.

You will see that the representative should have experience in accreditation and had exposure to some of the following areas: education, professional specialist training or programs, project management, governance, and administration. Those who are bilingual are particularly sought after. While finding a representative with experience in accreditation and who is bilingual are focuses, one of the strengths of the CCEC has been the commitment of our members, so if you know a chiropractor from Ontario who may be interested in this opportunity, please let them know.

I am happy to answer any questions you or interested candidates have in this role.

Have a nice day,

Greg

Greg MacDonald

Executive Director, Federation of Canadian Chiropractic
604-5657 Spring Garden Road, Lobby Box 142
Halifax, NS, B3J 3R4
T 902-406-4351
W www.chirofed.ca



Council on Chiropractic Education Canada
Conseil canadien de l'enseignement chiropratique

1224

CCEC 1.14.2

Jan 19, 2024

To Whom it May Concern:

The Council of Chiropractic Education Canada (CCEC) is accountable to chiropractic regulators in Canada for the accreditation of the two Doctor of Chiropractic programs in the country – one in Ontario at Canadian Memorial Chiropractic College (CMCC), and the other at L'Université du Québec à Trois-Rivières (UQTR). To deliver on its mission and mandate, the CCEC is mandated to have council members with a broad range of experience and knowledge of the chiropractic profession. There is currently a position available for a chiropractic member on the CCEC as the Ontario representative.

I am reaching out to you today to request your assistance in conveying the message to potentially interested chiropractors. Please feel free to recommend to us the name of any potential candidates and we can follow up with them. We encourage interested chiropractors to self-identify, or, for you to nominate worthy individuals for the role. More details are contained in the attachment, which outlines the responsibilities of the role, skills that we are seeking, an outline of the time commitment required, and details on the honoraria and expenses policies. We are particularly seeking those with educational or project management experience who have had exposure to or who have been involved in accreditation activities.

This is an excellent opportunity for a chiropractor to be involved in the accreditation processes for the chiropractic profession. I am more than willing to answer any questions that you or prospective applicants may have.

We look forward to your reply.

Yours truly,

Council on Chiropractic Education (Canada)



Lynn Shaw, PhD., OT Reg (Ont.)
Chair

The Federation of Canadian Chiropractic • La Fédération chiropratique canadienne
604-5657 Spring Garden Road, Lobby Box 142, Halifax, NS B3J 3R4
www.chirofed.ca Tel: 902.406.4351

Council on Chiropractic Education Canada

Conseil canadien de l'enseignement chiropratique

1225

Request for expressions of interest
Ontario Representative
Council on Chiropractic Education Canada (CCEC)

January 2024

The CCEC is a council of The Federation of Canadian Chiropractic and is solely responsible for the accreditation of Doctor of Chiropractic programs (DCP) in Canada. There are currently two DCPs – the Canadian Memorial Chiropractic College (CMCC) and the chiropractic department of L'Université du Québec à Trois-Rivières (UQTR).

The CCEC is seeking a chiropractor from Ontario to join their team. In order to be qualified and effective in the role, the representative should have experience in accreditation and had exposure to some of the following areas: education, professional specialist training or programs, project management, governance, and administration. Those who are bilingual are particularly sought after.

Representatives will be expected to attend up to two face-to-face meetings a year and up to ten 1.5 hour teleconferences annually. In addition, to be fully effective it is anticipated that representative would invest approximately 15 hours of meeting preparation time each year.

In recognition of the workload, representatives of the CCEC are eligible for a per diem as follows:

- | | |
|--|-------|
| a. for meetings greater than six hours in length | \$400 |
| b. for meetings less than six hours in length | \$200 |
| c. for meetings of 1-2 hours in length | \$100 |

Reasonable travel expenses to in-person meetings will be reimbursed on a pay and claim basis within 30 days of receipt of travel expenses.

Term of appointment is for three years, and appointees may serve a maximum of four consecutive terms (twelve years).

Those eligible to be appointed to an Ontario representative role on the CCEC must:

- Not have any conflicts of interest with any accredited chiropractic program,

Applicants should provide contact details, a cover letter and a CV to the nominating committee as follows:

Council on Chiropractic Education Canada
602-5647 Spring Garden Rd, Box 142
Halifax, NS B3J 3R4

gmacdonald@pathfinder-group.com
902.406.4351

<https://chirofed.ca/accreditation/>

The Federation of Canadian Chiropractic • La Fédération chiropratique canadienne
604-5657 Spring Garden Road, Lobby Box 142, Halifax, NS B3J 3R4
www.chirofed.ca Tel: 902.406.4351



**NOTICE OF THE
ONTARIO CHIROPRACTIC ASSOCIATION
2023 ANNUAL GENERAL MEETING OF MEMBERS**

Pursuant to the By-law of the Ontario Chiropractic Association (“OCA”), notice is hereby given that the 2023 Annual General Meeting (“Annual Meeting”) of the members of the OCA will be held in-person at the Niagara Falls Convention Centre, 6815 Stanley Avenue, Niagara Falls, Ontario, Fallsview Theatre and virtually via the following link: <https://web.lumiagm.com/189986924> on **Saturday, December 9, 2023 at 1:00 p.m.** to conduct the following business:

- To receive a Report from the Chair;
- To receive the Audited Financial Statements;
- To appoint **BDO Canada, LLP** as public accountant of OCA at a remuneration to be fixed by the directors who are authorized to fix such remuneration;
- To elect the following directors to the Board of Directors of OCA as a slate:
 - Dr. Nardine Bekhit
 - Dr. Janet D’Arcy
 - Dr. Keshena Malik
 - Dr. Patricia Tavares

If the vote for the election of the directors as a slate does not pass, then each of the nominated directors will be voted on individually.

- To table any other business that may properly come before the meeting.

All OCA members are urged to attend the Annual Meeting. Members who may not be able to attend the Annual Meeting may sign and return the proxy form attached as Schedule "A" to OCA by Friday, December 8, 2023 or by depositing the proxy with an officer of OCA on the day of the Annual Meeting up to the commencement of the Annual Meeting at the discretion of the Chair of the meeting. Delivery can be effected by email to Deborah Gibson - governance@chiropractic.on.ca

DATED as of the 25th day of November, 2023.

By Order of the Board of Directors



Schedule "A" Member Proxy

See attached.



CANADIAN CHIROPRACTIC EXAMINING BOARD
CONSEIL CANADIEN DES EXAMENS CHIROPRATIQUES

1251

2022 – 2023

ANNUAL REPORT
RAPPORT ANNUEL

TERRITORIAL ACKNOWLEDGEMENT

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.

RECONNAISSANCE DE TERRITOIRE

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 oeuvrons, 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.



Suite 705 7015 Macleod Trail, S.W.
Calgary, Alberta, T2H 2K6

403.230.5997 | cceb.ca

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2022-2023 BOARD OF GOVERNORS

CONSEIL DES GOUVERNEURS



Dr. Jason Guben

Board Chair / Président du
Conseil des gouverneurs



Dr. Rachel Schuster

Vice Chair / Vice-présidente
du Conseil des gouverneurs



Dr. Kyle Kelbert

Treasurer /
Trésorier



Dr. Lisa Dickson

Governor /
Gouverneur



Tim D'Souza, CPA

Governor /
Gouverneur



Dr. Alim Kara

Governor /
Gouverneur



Marilyn Thompson PhD

Governor /
Gouverneur



Dr. Reena Pathak

Governor /
Gouverneur



Gemma Beierback, CAE

CEO /
Directrice générale

WHO WE ARE AND WHAT WE DO



The Canadian Chiropractic Examining Board (CCEB) is a national not-for-profit organization, incorporated in Canada. The members of the CCEB are the regulators (registrars) responsible for licensure of chiropractors in their respective provinces and territories. The CCEB develops and administers the written multiple-choice and objective structured clinical examinations (OSCE) that are a part of the qualifying licensing requirements for chiropractors in Canada. These exams are delivered several times per year.

The CCEB serves our members by assessing the competency of chiropractors for entry to practice in Canada, a gateway that supports public protection and professional integrity. More information about the history of the CCEB and the examination process may be found at www.cceb.ca.

Mission

To develop, administer and validate an entry-to-practice examination through competency-based assessment for the practice of chiropractic in Canada.

QUI NOUS SOMMES ET CE QUE NOUS FAISONS

Le Conseil canadien des examens chiropratiques (CCEB) est un organisme national sans but lucratif, incorporé au Canada. Les membres du CCEB sont les dix (10) organismes de réglementation provinciaux (registraires) qui accordent le permis d'exercice des chiropraticiens dans leurs provinces respectives. Le CCEB élabore et administre les examens écrits à choix multiples et les examens cliniques objectifs structurés (ECOS) qui font partie des exigences d'entrée à la pratique chiropratique au Canada. Ces examens sont offerts plusieurs fois par année dans.

Le CCEB sert nos membres en évaluant la compétence des chiropraticiens pour l'entrée en pratique au Canada. Cette étape soutient la protection du public et l'intégrité professionnelle. Nous vous invitons de visiter www.cceb.ca pour des informations supplémentaires sur l'histoire du CCEB et le processus d'examen.

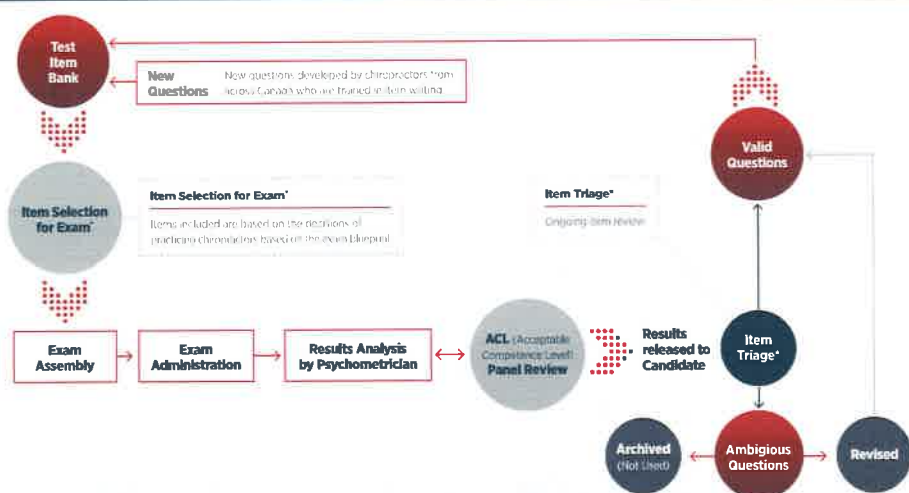


Mission

Créer, organiser et valider un examen d'entrée à la pratique au moyen d'une évaluation axée sur les compétences nécessaires pour la pratique de la chiropratique au Canada.

EXAM DEVELOPMENT

DÉVELOPPEMENT DES EXAMENS



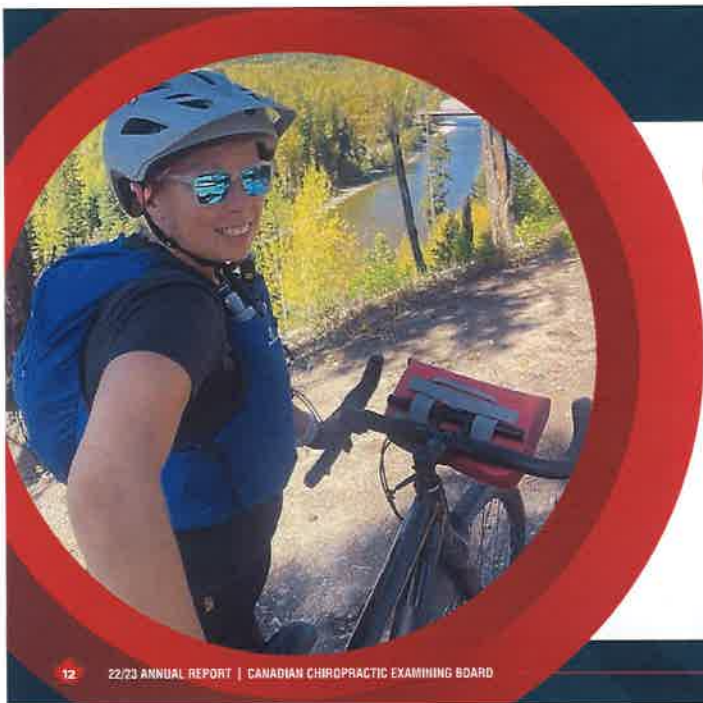
WRITTEN & CLINICAL EXAMINATIONS

EXAMENS ÉCRIT ET CLINIQUE

WRITTEN EXAMINATION	CLINICAL EXAMINATION
COMPETENCY ROLES ASSESSED: Neuromusculoskeletal (NMS) Expert, Leader, Communicator, Collaborator, Health Advocate, Scholar, Professional	COMPETENCY ROLES ASSESSED: Neuromusculoskeletal (NMS) Expert, Communicator, Collaborator, Professional
255 Items in standard MCQ and case-based formats	OSCE – objective structured clinical examination
6 HOURS	12 CLINICAL STATIONS
May be taken no earlier than 6 months prior graduation from an accredited or approved chiropractic program	May be taken no earlier than 3 months prior graduation from an accredited or approved chiropractic program
	May only be taken after successful completion of the Written Examination

EXAMEN ÉCRIT	EXAMEN CLINIQUE
COMPÉTENCES ÉVALUÉES POUR CES RÔLES : Expert en neuro-musculosquelettique (NMS), Communicateur, Érudit, Collaborateur, Promoteur de la santé, Professionnel et Leader.	COMPÉTENCES ÉVALUÉES POUR CES RÔLES : Expert NMS, Communicateur, Collaborateur, Professionnel.
255 Items standards à choix multiples et Items basés sur un cas	ECOS – examen clinique objectif structuré
6 HEURES	12 STATIONS CLINIQUES
Peut être passé au plus tôt 6 mois avant l'obtention du diplôme d'un programme chiropratique agréé ou approuvé.	Peut être passé au plus tôt 3 mois avant l'obtention du diplôme d'un programme de chiropratique agréé ou approuvé.
	On doit réussir l'Examen écrit avant de passer à l'Examen clinique.

MESSAGE FROM THE CEO



“
Representation and inclusion are important to the CCEB, and in 2023 we became Rainbow Registered.
 ”

• **Ready... Set... Go!**
 • **The CCEB team has been working hard to prepare for the launch of the new examination blueprint. While the first administration of the new Written Examination is scheduled for February 2024 and the new clinical format begins in May 2024, the work of transitioning was well underway in 2023.**

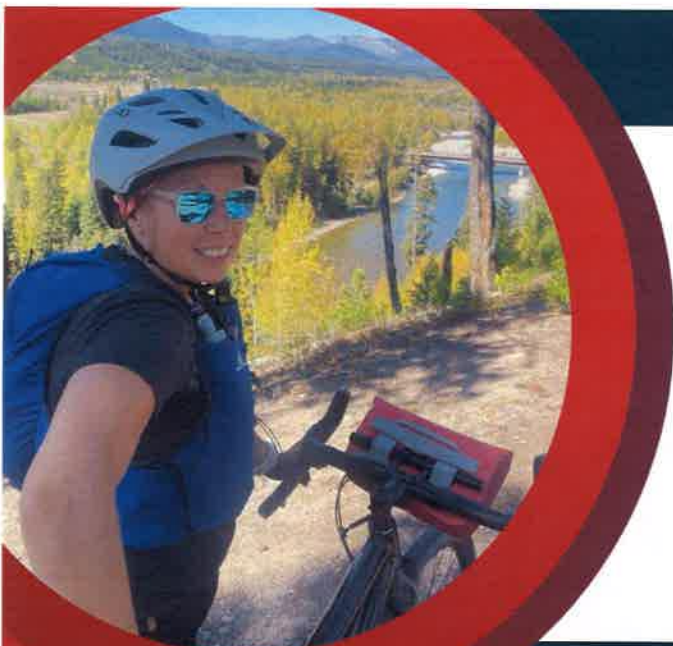
This year's substantial communication efforts with our members, candidates and chiropractic colleges along with our writing and pilot testing. We created a comprehensive Candidate Handbook, which is available on our website. It outlines the blueprint, provides sample items, and walks candidates through the online examination process including sample performance reports that are provided to unsuccessful candidates.

While this year's hard effort has been substantial, we have also been working on our new website. The updated content launched in October 2023. We worked hard to simplify the website to make it easy to navigate and relevant. An important focus was on creating a space where all of our diverse candidates could see themselves represented and we worked to do that through our choice of images and use of language. Representation and inclusion are important to the CCEB and in 2023 we became Rainbow Registered. We also continued our journey with the Caheda 50-30 Challenge, you can read about our work on University Equity and Inclusion and Truth and Reconciliation on our website.

Additionally, in 2023 I completed the Northern Alberta Institute of Technology (NAIT) EIT certificate program along with achieving the Spiritus Indigenous Cultural Safety in Healthcare certificate.

Gemma Beierback | CAE

MOT DE LA DIRECTRICE GÉNÉRALE



“

La représentation et l'inclusion sont importantes. D'ailleurs, CCEB est un organisme inscrit avec l'Arc-en-ciel Officiel depuis 2023.

”

• **À vos marques... prêts... partez!**

• **L'équipe du CCEB a travaillé très fort à préparer la mise en œuvre du test-pilote du nouvel plan d'examen. Le travail de transition battait son plein pendant toute l'année 2023, si bien que la première session du nouveau mode d'examen écrit se tiendra en février 2024, tandis que la première session du nouvel examen clinique se tiendra en mai 2024.**

Nous avons, entre autres, communiqué de manière intensive avec nos membres, les candidats et les collègues chiropratiques, tout en achevant la conception et la rédaction des items de l'examen écrit et l'organisation du test-pilote. Nous avons produit le Guide du candidat complet, accessible sur notre site. Il présente un plan et des exemples, d'items et accompagne les candidats tout au long du processus d'examen. Il y a également des exemples de rapports de performance fournis aux candidats non reçus.

Malgré la somme d'efforts fournis durant l'année, nous avons quand même réussi à travailler sur notre nouveau site. La mise à jour de ceob.ca a été lancée en octobre 2023. Nous avons travaillé fort à faciliter sa navigation et assurer sa pertinence. Nous avons particulièrement veillé à créer un espace où tous nos divers candidats peuvent se voir représentés à travers le choix des images et du vocabulaire. La représentation et l'inclusion sont importantes au CCEB. D'ailleurs, CCEB est un organisme agréé par Rainbow depuis 2023. Nous poursuivons toujours notre démarche avec Défi 50-50.

Je vous invite à consulter sur notre site le développement de nos efforts vers la diversité, l'équité, l'inclusion et la vérité et la réconciliation.

Il est également complété le certificat en EDI du Northern Alberta Institute of Technology (NAIT) et le certificat de Signys en sécurité culturelle pour les Autochtones dans les soins de santé.

Gemma Belerback | CAE

CHAIR REPORT



“ I believe this organization continues to be resilient, financially secure, forward-looking and well positioned for the future. ”

Since 2019, we have been working hard on updating the exam to align with the Federation of Canadian Chiropractic Competency Profile published in November 2018. I am extremely proud to say that this February 2024 will be the inaugural implementation of the new competency-based Written Examination.

With respect to the progress of our Strategic Plan:

FUTURE-FOCUSED

- Our AFR Committee has continued to meet regularly and has continued to support the CEO with respect to risk management, budget presentation, bookkeeping and risk assessment.
- The new website has been launched and we have approved the RFP for our future electronic platform needs.
- The CCEB team is constantly re-evaluating and adapting regarding its strategic focus on being socially conscious. For example, we have implemented a Preferred Name and Pronoun Policy.
- A new committee, the Board Development Committee, was struck to help with online board assessment, new governor mentoring, and board professional development among other tasks.
- The Nominations Committee has completed their work and have nominated a new Chiropractic Board Member.

EVIDENCE-DRIVEN

- The process and experience of the new CCEB examination development and implementation have been accepted for publication in a respected peer-reviewed journal. Stay tuned!

STRATEGICALLY CONNECTED

- The CCEB team continued to meet with our interested parties and even gave a presentation to the Student Canadian Chiropractic Association as well as meeting with chiropractic college and regulatory member representatives on the new exam format.
- The Board has attended a presentation on the 50-50 diversity challenge, and we had the privilege of visiting and learning about the First Nations of the Okanagan as part of a recent in-person board meeting.

I wish to thank Gemma Beerhark and her support team for their hard work and dedication to the CCEB. Their commitment allows us to fulfill our mission to develop, administer and validate an entry-to-practice examination through competency-based assessment for the practice of chiropractic in Canada.

I wish to extend my gratitude to my fellow board members for their continued commitment to this organization and for granting me the opportunity to serve as Chair. It has been an honour and privilege to serve.

I believe this organization continues to be resilient, financially secure, forward-looking and well positioned for the future.

Jason Guben | BSc(N), DC

RAPPORT DU PRÉSIDENT



“
**Je suis convaincu
 que cet organisme
 demeure résilient,
 financièrement
 solide et bien
 préparé pour
 le futur.**”

• Depuis 2019, nous avons travaillé fort pour mettre à jour les examens afin de les concevoir selon le Référentiel des compétences de la Fédération chiropratique canadienne publiée en novembre 2018. Je suis très fier d'annoncer que la mise en œuvre du nouvel Examen écrit axé se lance en février 2024.

• Au regard de l'avancement de notre plan stratégique :

• **ORIENTÉ VERS L'AVENIR**

- Notre Comité APR continue de se réunir régulièrement et de soutenir la DG dans les domaines de la gestion des risques, la présentation des budgets, la comptabilité et l'évaluation des risques.
- Le nouveau site internet a été mis en ligne et nous avons amélioré une offre de services concernant nos futurs besoins en équipement et bases de données numériques.
- L'équipe du CCFB est continuellement questionnée et soutenue dans notre stratégie de bien-être de la société. Par exemple, nous avons mis en place une politique de dénominations et pronoms préférés.
- Un nouveau comité, le Comité du développement du Conseil, a été formé pour contribuer à une meilleure évaluation du Conseil des gouverneurs, du mentorat auprès de nouveaux membres du Conseil et de la formation professionnelle des gouverneurs, entre autres.
- Le Comité des nominations a effectué son travail pour nommer une nouvelle personne chiropraticienne au Conseil des gouverneurs.

• **Basé sur des preuves**

- Un article au sujet du processus et de l'opinion du développement et l'exécution du nouvel examen du CCFB a été accepté par une revue respectée à comité de lecture. Restez à l'écoute!

• **CONNECTÉ STRATÉGIQUEMENT**

- L'équipe du CCFB a continué à rencontrer nos autres partenaires, faisant notamment une présentation du nouveau format de nos examens à l'Association canadienne des étudiants et étudiants en chiropratique et se réunissant avec des représentants des collèges de chiropratique et les membres réglementaires du CCFB.
- Le Conseil a honoré une présentation du Doh 50-50 de la diversité. Nous avons eu aussi le privilège de rencontrer des gens des Premières Nations de l'Ontario et nous connaissons leur réalité en personne dans le contexte d'une réunion récente.

Je tenais à remercier Gemma et sa famille pour leur accueil et leur développement au CCFB. Leur engagement nous permet de remplir notre mission de développer, gérer et valider un examen d'entrée à la pratique fondée sur la compétence à la pratique chiropratique au Canada.

Je souhaite également exprimer toute ma gratitude à mes collègues du Conseil des gouverneurs pour leur engagement envers notre organisme et pour m'avoir permis de servir comme président. Ce fut un grand honneur et privilège.

Je suis convaincu que cet organisme demeure résilient, financièrement solide et bien préparé pour le futur.

Jason Guben

Jason Guben | BSc(N), DC

Président du Conseil des gouverneurs

TREASURER'S REPORT



“

We have striven to keep the exams as affordable as possible, because we recognize the financial position of candidates.

”

- **As I present my first report as Treasurer, I can reflect that it has been an exciting year of progressive changes, very few challenges, insightful learning, and fulfilling growth at the CCEB which has culminated into a strong and optimistic financial future for our organization.**

The post-COVID era has seen significant inflation and therefore an increase in the cost of securely delivering quality examinations. While we have striven to keep the exams as affordable as possible, because we recognize the financial position of candidates, organizational sustainability is also paramount in maintaining secure, professionally sound examinations. As a result, October 2022 saw an increase in examination fees that aligned with the new exam format but kept our fees very comparable to those of fellow health and fitness organizations, also offering high-quality OSCE exams. This restructuring also ensures future exam security by allowing for annual allocations to our reserve funds for infrastructure needs, risk management, project support, and capital. This continued stewardship maintains a position of ongoing sustainability and future growth. In a much-adapted sense over the last year, the investment funds we held (those allocated amounts) make it clear we have performed extremely well despite the social market volatility, so the better-than-expected return has strengthened our financial position that much more.

The shock of uncertainty due to COVID and its aftermath have taught us as an organization to remain financially resilient in our quest and duty to maintain ongoing stability, with a heightened awareness of the unknown, and being prepared to manage any financial risk that may be laid upon

us. The AFR Committee (Audit, Finance and Risk), initiated in 2019, has greatly helped to mitigate this uncertainty by continued development of financial and risk management strategies, and proactive ongoing support of and communication with the CEO. Ongoing succession planning within the realm of such the Treasurer role and the AFR will continue to provide the vision and leadership required for well-grounded financial health of the CCEB.

It takes a village, and I would like to thank both fellow Governors, along with the extraordinary CEO and staff of the CCEB for their ongoing dedication, diligence, commitment, and creativity in continuing to ensure that we are an industry-leading, trailblazing organization offering the gold standard in high-stakes examination.

Kyle Kelbert | BSc., DC, MBA

RAPPORT DU TRÉSORIER



Nous avons travaillé fort pour garder nos examens aussi abordables que possible, parce que nous sommes bien conscients de la situation financière des candidats.



- **À l'occasion de présenter mon premier rapport comme trésorier, je constate combien ce fut une année stimulante de changements progressifs, de quelques difficultés, d'apprentissages éclairants et d'une croissance satisfaisante pour le CCEB qui a abouti à une situation financière solide et rassurante pour l'avenir de notre organisme.**

La période post-COVID est marquée par une importante tendance à l'inflation qui a augmenté les coûts nécessaires pour organiser de manière stable des examens de qualité. Nous avons travaillé fort pour garder nos examens aussi abordables que possible, parce que nous sommes bien conscients de la situation financière des candidats, mais il est essentiel pour l'organisme d'être en mesure d'acquiescer la décision des examens, qui sont devenus, tables, conformément, en octobre 2022, on a dû augmenter les frais d'examen en lien avec le nouveau mode d'examen, mais en les gardant aussi abordables à venir des examens du retour en la santé qui dispensent aussi les candidats. Cette mesure a permis de réduire la pression des examens en plaçant des allégements versés annuellement à nos fonds de réserve consacrés aux besoins administratifs, à la gestion des risques, au financement de projets et au capital. Cette mesure assure une durabilité et une croissance. Une agréable surprise est survenue au cours de la dernière année, puisque les fonds au sol dépassés ces fonds de réserve ont connu un excellent rendement, au-delà des prévisions, malgré la volatilité des marchés financiers, reflétant aussi notre situation financière.

La vague d'incertitude causée par le COVID et ses conséquences nous a encouragés comme organisme à demeurer vigilants quant à notre devoir d'assurer sa stabilité, être attentif aux possibles impacts, être prêt à

prendre les risques financiers qui peuvent survenir. Le Comité AFR (audit, finances et risques), établi en 2019, a beaucoup contribué à atténuer l'incertitude par le développement de stratégies de gestion de risques, offrant un soutien au comité exécutif par une communication soutenue. Un plan de relève respectueux des rôles du trésorier et du comité AFR continuera de fournir la vision et la direction nécessaires à la bonne santé financière du CCEB.

Il faut un village. Je tiens donc à remercier mes collègues du conseil, les gouverneurs, notamment ceux du Comité exécutif et l'ensemble du CCEB pour leur investissement, leur diligence, leur engagement et leur contribution à la poursuite continue de donner un organisme de pointe dans la conception et l'administration d'examen de haut niveau.

Kyle Kelbert | BSc, DC, MBA

NOMINATIONS COMMITTEE REPORT



“
We aim to be inclusive by inviting all interested chiropractors to apply.
 ”

- The best word to describe the 2023 Nomination Year is “Change”. In this spirit, we chose an innovative recruitment approach: “blinding” the applications to mitigate unconscious bias.
- The Nominations Committee consisted of Dr. Lisa Dickson, Dr. Alim Kara, and yours truly, as Chair, with support from Dr. Kyle Kelbert, next year’s Nominations Committee Chair. When the AGM was moved from November 2023 to February 2024, we had a collective sigh of relief as this afforded us more time to complete our tasks and gave the Members more lead time to provide recommendations. We aim to be inclusive by inviting all interested chiropractors to apply. We were delighted to learn that one Member announced our search in their provincial newsletter. Our hope is to cast an even wider net next time through all the provinces, at the discretion of the Members. As ever, CCEB volunteers who expressed interest in serving on the board were kept informed, and this year the volunteers were asked to email with their intent to apply versus sending the link en masse.

Revising the script “turn our chair” to see the identity of each applicant, we submitted our scores into a standardized google sheet. The results were collected confidentially by staff to support the removal of unconscious bias. Going forward, as your Nominations Committee chairman, will isolate the application survey to streamline the blinding process — stay tuned!

This is the second year a candidate (gender was noted) who applied was able to demonstrate their knowledge and understanding of board governance. After much deliberation and with exceptional feedback from the members, the Committee chose Dr. Christian Kharvinsky of Winnipeg, Manitoba. Dr. Maranzoni was unanimously approved by the Board as a whole as the nominee.

We thank our other 2023 CCEB Chair Dr. Jason Guban, who served as the Past Chair (gender) and Dr. Lisa Dickson and public member Tim D’Tenza next to stand on.

Thank you to our board members who graciously supported by the Board. At the AGM, we will ask the Members to re-elect Tim for his second year and Lisa for her final three-year term, and to elect Christian for his first term.

Rachel F. Schuster | BSc, DC

RAPPORT DU COMITÉ DES CANDIDATURES



“

Nous souhaitons être inclusifs en invitant tous les chiropraticiens intéressés à poser leur candidature.

”

« Changement », voilà le mot qui décrit le mieux l'année 2023 du Comité des candidatures. Dans cet esprit, nous avons choisi une approche innovante en étudiant « à l'aveugle » les candidatures pour éviter des biais inconscients.

Le Comité des candidatures était formé de Dr Lisa Dickson, Dr Alim Kara et moi-même, comme présidente du comité, avec l'appui du Dr Kyle Kelbert, le prochain président du Comité des candidatures. Le déplacement de l'AGA de novembre 2023 à février 2024 fut un soulagement pour nous en nous offrant plus de temps pour réaliser notre tâche. Le nouvel échéancier a aussi permis aux membres de nous transmettre leurs recommandations. Nous souhaitons être inclusifs en invitant tous les chiropraticiens intéressés à poser leur candidature. Nous avons été très heureux, notamment, de voir un de nos membres annoncer notre recherche de personnes chiropraticiennes pour le Conseil dans son bulletin mensuel. Nous espérons pouvoir dans l'avenir élargir et renforcer notre réseau dans chaque province par la bonne volonté des membres à travers le pays.

Comme par le passé, les bénévoles du CCEB qui avaient déjà manifesté leur intérêt à siéger au Conseil ont été informés de l'appel de candidatures. Cette année, on a invité les bénévoles à transmettre par courriel leur intention de postuler, au lieu d'envoyer l'hyperlien général à tout le monde.

Nous avons tous aimé d'observer d'identifier des candidats, mais nous l'avons aimé. Nous avons aussi appris individuellement nos collègues et les autres évaluations standardisées. Ces processus ont été complétés par le processus de confiance pour nous aider à nous en occuper les prochains. Nous avons aussi des idées pour améliorer notre formation afin de rendre ce processus à l'avenir encore plus facile. À surveiller pour les prochaines réunions de notre comité de candidats.

C'est la deuxième année que nous utilisons la technique de la question à préparer qui permet aux personnes retenues de travailler en montrant leurs questions et leur compréhension de la question avec un conseil d'administration. Après délibérations, le Comité des candidatures recommande par les questions soulevées par les candidats qui font recommander à choisir Dr Christian Manuvela de Winnipeg. Dr Manuvela a été unanimement approuvé par l'Assemblée du Conseil pour une présentation aux membres.

Il n'y a pas d'autres changements cette année. Dr Jason Gubeck notre actuel président du Conseil, décembre prochain, tandis que Dr Lisa Dickson et Dr D'Souza, représentant du public, souhaitent servir un autre terme. Le Conseil apprécie grandement leurs compétences. Nous demandons, lors de l'AGA, aux membres de voter. Ils pour l'élection et de leur côté, de leur côté, de leur côté, de leur côté.

Rachel F. Schuster | BSc, DC

MESSAGE FROM THE CRO



“

We are blessed with an incredibly selfless volunteer base, which makes committee work enjoyable and productive.

”

- **This past year was an important developmental period as we prepare to launch our new exams in 2024. Thankfully, our exam process returned to some normalcy in September 2022 following the various challenges of the previous years, allowing us to focus on the important work.**
- **For what is likely the final time, our blueprint committee met to refine our new exam structure, particularly our new clinical exam.**
- **Apart from the blueprint committee, our other major committee work revolved around our item writing committees. It was their turn to shine over this past year.**

Between January 2024 and August 2023, our committees met two times for weekend workshops in Toronto with the main focus on our development of written items. At the end of August, we achieved our goal of generating enough new standard multiple choice and case-based items to survive the bank needs for our new Written Examination. This was an immense accomplishment as we had to create brand new clinically relevant content beyond the traditional "Expert" role. These new items were sent to our translation committee then uploaded into our bank. All of this occurred with enough lead time for pilot testing in late 2023.

In addition to the work of our Written Examination item writing members, our Clinical Examination item writing group met in early 2023 to develop new cases for the May 2024 exam launch. Uniquely, the Clinical Examination item writing process also involves actors in the group. Their role is to assist our chiropractors in developing scripts and adding flavour to the cases, making them more relevant and realistic for candidates. As with the Written Examination, the Clinical Examination moves beyond the traditional "Expert" assessment, and into the Communicator, Collaborator, and Professional roles. We are excited to bring these new cases into the fold of our examinations.

We continue to acknowledge diversity, equity, and inclusion into our work, from committee recruitment to content development. We hope this forces in clinical exams more well-rounded and relevant for what candidates can expect to see in professional practice.

This coming year will mark a major transition for the CCEB as we roll out our new examinations. Our chiropractic solutions who get us to this stage cannot be commended enough for their work. We are blessed with an incredibly selfless volunteer base, which makes committee work enjoyable and productive. I look forward to seeing our labour from the past years finally come to fruition.

Stefan Bell | BSc, DC

MESSAGE DE LA PERSONNE-RESSOURCE POUR LA CHIROPRATIQUE



Nos bénévoles sont une bénédiction. Ils font preuve d'une incroyable et chaleureuse générosité qui a rendu le travail en comité agréable et productif.

- La dernière année fut une période Intense de développement consacrée à la préparation de nos nouveaux examens qui seront inaugurés en 2024. Heureusement, notre processus d'examens a à peu près retrouvé son rythme normal depuis septembre 2022, après les nombreuses difficultés des années précédentes, ce qui nous a permis d'accomplir cet important travail.
- Lors de sa (probablement) dernière séance, notre comité plan directeur s'est réuni pour peaufiner la nouvelle structure des examens, particulièrement, celle des examens cliniques. Parallèlement au travail du comité plan directeur, celui des comités rédaction des items s'est accéléré. C'était à leur tour de briller pendant la dernière année.

La fin de l'année et avril 2023, nos comités se sont réunis à deux reprises à Toronto pour des ateliers d'une fin de semaine consacrés à la construction des items des examens écrits. À la fin du mois d'avril nous avons atteint notre objectif de produire assez de nouveaux items à choix multiples et inquiries de cas (le plus grand nombre) pour commencer la revue de nos examens écrits. C'est une immense réalisation pour notre comité directeur pour créer du nouveau contenu clinique en moins de 10 jours de travail quand ils regardent les examens écrits dans un monde d'incertitude de l'industrie qui a entraîné les membres des vertueuses francophones dans notre base de données. Ils ont travaillé sans relâche pendant ces quelques semaines pour faire un travail de qualité à la fin de 2022.

À côté du travail des membres à la rédaction des items des examens écrits, notre comité de rédaction des items des examens cliniques, a commencé début de 2023 pour concevoir de nouveaux cas qui trouveront dans la scène musculosquelette qui se fera en mai 2024. Exceptionnellement, le processus de rédaction des items des examens cliniques a inclus des commentateurs. Leur rôle était d'aider nos chiropraticiens à concevoir des scénarios plus pertinents, mais aussi plus authentiques et réalistes pour les candidats. Comme pour les examens écrits, les examens cliniques ont dépassé la traditionnelle évaluation du rôle d'un expert pour évaluer en plus les habiletés de communication, de collaboration des candidats et leur professionnalisme. Nous avons bien hâte de proposer ces nouveaux cas dans les prochaines séances d'examen.

Nous continuons à favoriser la diversité, l'équité et l'inclusion dans notre travail au développement du contenu. Nous souhaitons que cette volonté rende nos examens plus équilibrés et pertinents autres des candidats relativement à leur pratique professionnelle.

La prochaine année sera un tournant majeur pour le CCEO avec l'introduction de nos nouveaux examens. Nous remercierons particulièrement les chiropraticiens bénévoles pour le travail qu'ils ont permis de financer cette année. Nos bénévoles sont une bénédiction. Ils font preuve d'une incroyable et chaleureuse générosité qui a rendu le travail en comité agréable et productif. J'ai bien hâte de voir les effets des années précédentes se faire sentir sur nos candidats.

Stefan Bell
Stefan Bell | BSc, DC

MISSION, VISION, VALUES

STRATEGIC OBJECTIVES



MISSION

To develop, administer and validate an entry-to-practice examination through competency-based assessment for the practice of chiropractic in Canada.



VISION

The CCEB is focused on ensuring the highest level of excellence by using research-driven and socially responsible considerations in both the establishment and administration of the Canadian chiropractic entry-to-practice examination.



VALUES

Visionary
Inclusive
Collaborative
Innovative



MISSION, VISION, VALEURS

OBJECTIFS STRATÉGIQUES



MISSION

Créer, organiser et valider un examen d'entrée à la pratique au moyen d'une évaluation axée sur les compétences nécessaires pour la pratique de la chiropratique au Canada.



VISION

Le CCEB cherche à assurer le plus haut niveau d'excellence, se basant sur la recherche et prenant en considération les enjeux sociaux dans la création et l'organisation de l'examen canadien d'entrée à la pratique de la chiropratique.



VALEURS

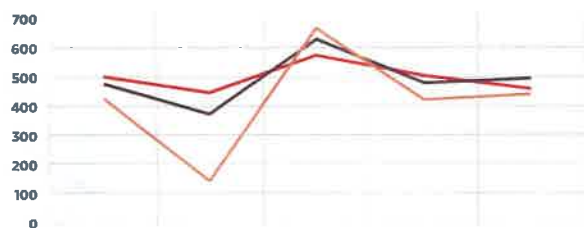
Visionnaire
Inclusif
Collaboratif
Innovant



DASHBOARD | TABLEAU DE BORD

Total Candidates/Year/Component | Total de candidats/année/composante

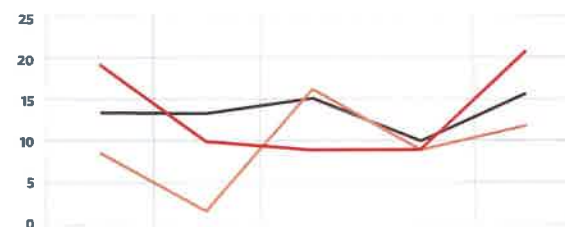
*based on CCEB fiscal year end | La fin de l'année financière du CCLB



	18/19	19/20	20/21	21/22	22/23
WRITTEN A ÉCRITE A	506	469	573	504	464
WRITTEN B ÉCRITE B	472	384	628	496	450
CLINICAL C CLINIQUE C	436	156	660	439	432

DASHBOARD | TABLEAU DE BORD

Accommodations and assistive devices/component/year | Mesures d'adaptation et dispositifs d'assistance/composante/année

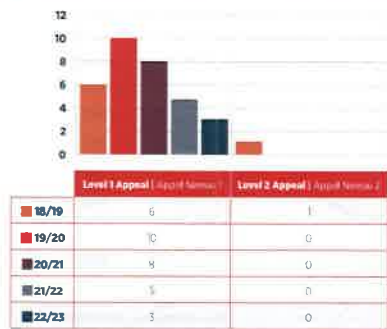


	18/19	19/20	20/21	21/22	22/23
WRITTEN A ÉCRITE A	17	10	9	9	21
WRITTEN B ÉCRITE B	13	13	15	10	15
CLINICAL C CLINIQUE C	8	2	16	9	12

DASHBOARD | TABLEAU DE BORD

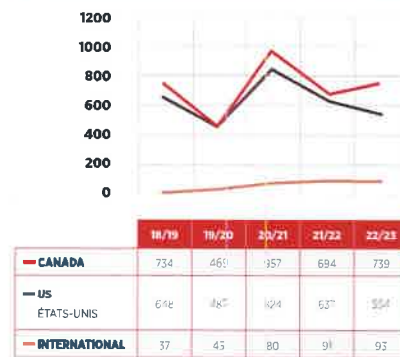
DASHBOARD | TABLEAU DE BORD

Exemption requests and appeals/exam year
Demandes d'exemption et appels/année d'examen

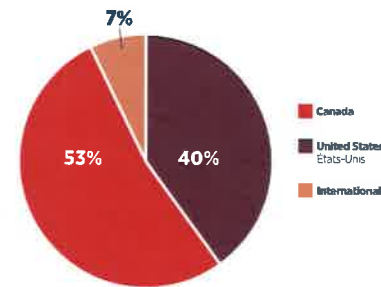


Candidate appeals continue to be low.
Le nombre d'appels lancés par les candidats reste faible.

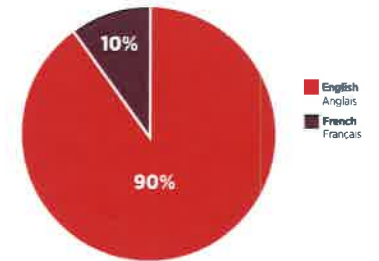
Location of training
Pays de formation



% of Candidates by training location 2022-2023
Pays de formation - % de candidats



Language of exam
Langue d'examen

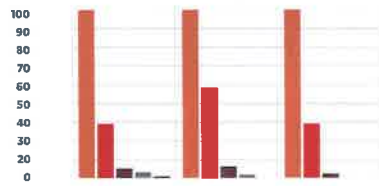


DASHBOARD | TABLEAU DE BORD

DASHBOARD | TABLEAU DE BORD

Number of attempts (all candidates)

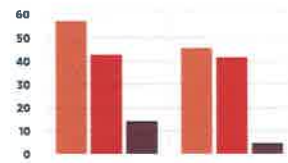
Nombre de tentatives (tous les candidats)



Attempt(s) Tentative(s)	Component A Composante A	Component B Composante B	Component C Composante C
1	412	419	408
2	78	58	71
3	8	15	3
4	4	2	0
5	1	0	0

Experienced Practitioners | 2018 - 2023

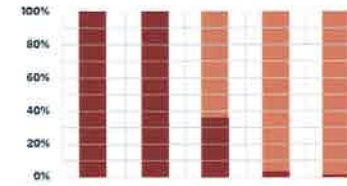
Praticiens expérimentés | 2018 - 2023



	Component A Composante A	Component B Composante B	Component C Composante C
Total Candidates Total de candidats	56	45	45
Pass Réussite	30	41	41
Failed/abandoned Échec/Abandon	13	4	4

Written Candidates: Remote vs In-Person

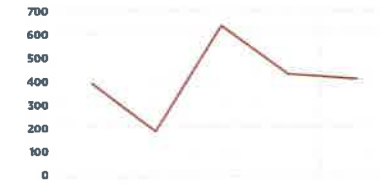
Candidates aux examens écrits : surveillance à distance ou en personne



	18/19	19/20	20/21	21/22	22/23
In-person En personne	100%	100%	28%	3%	2%
Remote proctoring Surveillance à distance	0%	0%	72%	97%	98%

Certificates Issued

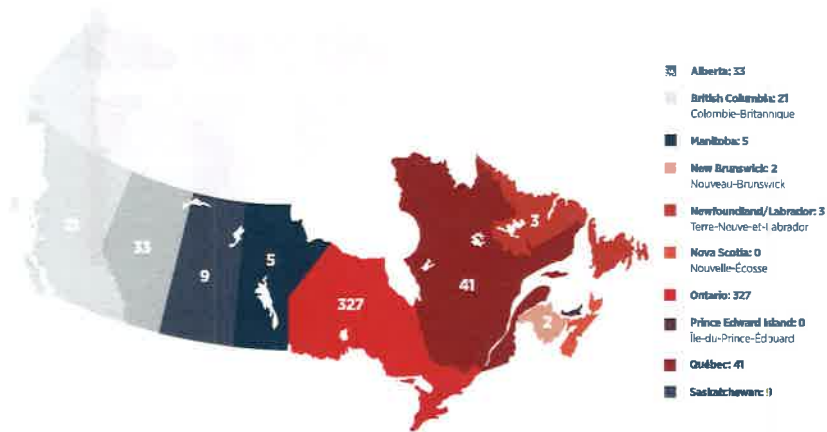
Certificats délivrés



Year	18/19	19/20	20/21	21/22	22/23
Certificates Issued	388	146	635	417	405

VOLUNTEERS | BÉNÉVOLES

Volunteers by Province 2023 | Bénévoles selon province 2023



YEARS OF SERVICE | ANNÉES DE BÉNÉVOLAT

20 YEARS ANNÉES

Dr. Dean Allan
Dr. Ben Bebee
Dr. Terry Bullitz
Dr. Audrey Cameron
Dr. Cameron Campbell
Dr. Alain Charbonneau

Dr. Roberta Da Re
Dr. Salvatore DiFoglio
Dr. Jennifer Easton
Dr. Karen Hudes
Dr. Isabelle Juneau
Dr. Justin Kim
Dr. Eric Legault
Dr. Caterina Lerede
Dr. Francis Lévesque

Dr. Kimberley Macanuel
Dr. Shannon McEwen
Dr. Scott McGregor
Dr. Amanda Ostrowski
Dr. Matthew Ostrowski
Dr. Maya Pande
Dr. Neetash Patel
Dr. Alan Pimlaric
Dr. Marco Ramelli

Dr. Mark Renzoni
Dr. Paul Roros
Dr. Mike Skiby
Dr. Cam Stott
Dr. Anthony Tartaglia
Dr. Janine Taylor
Dr. Jason Twardowski
Dr. Michael Zabarylo

10 YEARS ANNÉES

Dr. Daniela Arciero
Dr. Heather Bailey
Dr. Catherine Bélanger-Lavoie
Dr. Anita Chopra
Dr. Lisa Clarke
Dr. Kym deGruchy
Dr. Stefan Eberspaecher
Dr. Christine Fioravanti
Dr. Joel Fortin
Dr. David Gryfe

Dr. Kevin Lee
Dr. Sayma Mohammad
Dr. Kathryn Monaghan
Dr. Jonathan Morrow
Dr. Kent Newton
Dr. Jaipaul Parmar
Dr. Justin Pascual
Dr. Reena Pathak
Dr. Sheri Robertson
Dr. David Schippel
Dr. Casey Smith
Dr. Jeffrey Stackhouse
Dr. Dean Tapak
Dr. Julia Viscomi

15 YEARS ANNÉES

Dr. Connie D'Astolfo
Dr. Lynn Dowsell
Dr. Edward Finoro
Dr. Geoff Gamble
Dr. George Garitsas
Dr. David Hominu
Dr. David Huang
Dr. Shamira Hudda
Dr. Joanne Lafrenière

Dr. Lisa Lurette
Dr. Rick Mills
Dr. Kristian Mordie
Dr. Patricia Penrose
Dr. Vikas Puri
Dr. Jeff Randall
Dr. Antonio Russo
Dr. Chris Triantafyllou
Dr. Adam Williamson
Dr. Melanie Wintle
Dr. Ashley Worobec
Dr. Bill Yeung

5 YEARS ANNÉES

Dr. Daniel Adler
Dr. Angèle Beaudoin
Dr. Monica Chadha
Dr. Ivan Chan
Dr. Andrew Cregg
Dr. Samantha Davidson
Dr. Lisa Dickson
Dr. David Dorion
Dr. Anna Dowgialo
Dr. Caren Fortin
Dr. Jessalynn Frederick
Dr. Steve Gillis
Dr. Sonya Hamilton
Dr. Kara Hoffsuemmer
Dr. Sebastian Hoffsuemmer

Dr. Danjing (Jes) Huo
Dr. Charles Ingoldsby
Dr. Shereen Kangaroo
Dr. Stacia Kelly
Dr. Aisha Khan
Dr. Lauren Kitchen
Dr. Edward Ko
Dr. Melinda Lam
Dr. Valérie Lamarre
Dr. Alfykhan Lila
Dr. Michael McGarr
Dr. Francis Ménard
Dr. David Miller
Dr. Kelly Nagribianko
Dr. Angela Pucci
Dr. Aloyander Ritza
Dr. Matthew Saturnino
Dr. Karalyn Van Aken
Dr. Eriko Zippel

VOLUNTEER TESTIMONIALS



DR. LAURA OSTOFE

It has been an honour and a privilege to be part of the CCEB Component C examination for the last 15 years. Not only does the CCEB pride itself in providing the best exam experience for our chiropractic candidates, but through the guidance of its passionate leaders, all members work tirelessly to ensure equality, inclusivity, acceptance, accountability, and efficiency throughout the process. Candidates and examiners will see the flawless execution of a professional licensing exam, but this experience is the result of a lot of behind-the-scenes hard work, care, and commitment by the executive and staff of the CCEB. It is truly an honour to be an assistant chiropractic training officer for the CCEB and to work with such committed and compassionate professionals.



DR. REGINALD GATES

Over the past 20 years, I have had the privilege of contributing to this organization, and the journey has been nothing short of transformative and truly gratifying. From the outset, I was welcomed into a community of dedicated professionals who share a passion for advancing chiropractic in Canada. The collaborative spirit at the CCEB makes my volunteer role all the more rewarding, as I feel like an integral part of a collective effort to uphold and enhance the standards of chiropractic care across the nation.

One aspect that has stood out during my time with the CCEB is the organization's commitment to excellence and professionalism. The meticulous attention to detail in designing and implementing examination processes and the training available to us as volunteers reflect a dedication to maintaining the highest standards in chiropractic education and practice. It has been inspiring to witness the tireless efforts of the CCEB team to ensure that aspiring chiropractors receive a thorough and fair evaluation, ultimately contributing to the overall quality of chiropractic healthcare in Canada.

I am immensely grateful for the opportunity to be a part of this remarkable organization, and I wholeheartedly recommend volunteering with the CCEB to anyone passionate about making a positive impact in our chiropractic profession.



DR. NATALIE MCDONALD

Over the course of my chiropractic career, I had intended to pursue volunteer opportunities to give back to the profession that has given me so much. However, it wasn't until last year that a colleague urged me to apply to the CCEB. He had spoken so positively about his experience that I reached out and applied straight away. Since then, I have been fortunate enough to participate in a few different capacities and the experience has been so rewarding. The CCEB staff is so organized, kind, and inclusive. The training is thorough and allows me to feel extremely confident in my role. The opportunity to reconnect with peers while participating in shepherding in the new generation of chiropractors has been invaluable! I would, and do, recommend volunteering with the CCEB.



DRE LAURA OSTOFE

C'est un honneur et un privilège de contribuer à la Composante C des examens du CCEB depuis 15 ans. Le CCEB est très fier de proposer la meilleure expérience d'examen pour les candidats, parce que sous les judicieux conseils de leurs dirigeants passionnés, tous ses membres travaillent sans relâche à assurer l'égalité, l'inclusivité, l'acceptation, l'imputabilité et l'efficacité, à travers tout le processus. Les candidats et les examinateurs feront l'expérience d'un déroulement parfait d'un examen d'agrément, mais cette expérience résulte d'un travail exigeant en coulisse, d'une attention et d'un engagement de la direction et du personnel du CCEB. C'est véritablement un honneur d'être agente adjointe de formation chiropratique au CCEB et de travailler avec des professionnels si engagés et bienveillants.



DRE NATALIE MCDONALD

Au cours de ma carrière chiropratique, je cherchais des occasions de bénévolat afin de rendre un peu à cette profession qui m'avait tant donné. Pourtant, ce n'est que l'année dernière qu'un collègue m'a fortement suggéré de me proposer au CCEB. Il m'a si bien décrit son expérience que je me suis aussitôt renseignée et j'ai soumis ma candidature. Depuis, j'ai eu le plaisir de contribuer à divers titres et l'expérience fut chaque fois satisfaisante. L'équipe du CCEB est si bien organisée, gentille et inclusive. La solide formation m'a permis de jouer mon rôle avec confiance. L'occasion formation m'a permis de guider une nouvelle génération de chiropraticiens fut inestimable. Je recommande sans hésitation de faire du bénévolat pour le CCEB.



DR. REGINALD GATES

Depuis 20 ans, j'ai le privilège de contribuer au CCEB et le parcours fut grandement transformateur et gratifiant.

D'emblée, j'ai été accueilli par une communauté de professionnels dévoués, habiles par la passion de l'avancement de la pratique chiropratique au Canada. L'esprit de collaboration qui règne au CCEB rend le rôle de bénévole d'autant plus enrichissant que je me sens faire partie intégrante de l'effort collectif pour maintenir et améliorer les standards des traitements chiropratiques partout au pays.

À mes yeux, un des aspects les plus importants au CCEB est son engagement envers l'excellence et le professionnalisme. L'attention minutieuse au détail dans la conception et la mise en place des processus d'examen et dans la formation des bénévoles témoignent de leur dévouement au maintien des plus hauts standards dans l'éducation et la pratique chiropratiques. C'est inspirant d'observer les efforts constants de l'équipe du CCEB pour assurer aux aspirants chiropraticiens une évaluation juste et complète et pour contribuer par conséquent à la qualité générale des soins chiropratiques au Canada.

Je suis infiniment reconnaissant de pouvoir contribuer à ce remarquable organisme. J'encourage de tout cœur toute personne désireuse de contribuer positivement à la profession chiropratique à se porter bénévole pour le CCEB.



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CANADIAN CHIROPRACTIC EXAMINING BOARD
CONSEIL CANADIEN DES EXAMENS CHIROPRATIQUES

Suite 705 7015 Macleod Trail, S.W.
Calgary, Alberta, T2H 2K6

403.230.5997 | cceb.ca

Photo Credit / Source de photos:
Suzan McEvoy | www.PhotosWithFinesse.com

From: Jo-Ann Willson
Sent: December 18, 2023 3:32 PM
To: Rose Bustria
Subject: FW: CCGI Update Report - Sept to Dec 2023
Attachments: CCGI update report_Dec 2023.pdf

Exec and Council.

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

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

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: Carolina Cancelliere <Carolina.Cancelliere@ontariotechu.ca>
Sent: December 18, 2023 3:23 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: clarkmills@gmail.com
Subject: CCGI Update Report - Sept to Dec 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 Ms. Wilson and Dr. Green,

We are pleased to share with you the Canadian Chiropractic Guideline Initiative (CCGI) Update Report for the period of September to December 2023. Please find the attached document, which provides information about our ongoing projects and initiatives.

We also provide an overview of our work plan for 2024. Our focus will be on completing knowledge syntheses in important areas such as self-help interventions and integrating patient preferences into decision-making. Additionally, we are committed to updating our resources through stakeholder engagement and are excited to announce the upcoming launch of the IDRR-KIU (Knowledge

Implementation Unit). We believe these efforts will contribute to both the chiropractic and broader healthcare communities, ultimately enhancing patient care.

Finally, we want to extend our warmest wishes to you and your loved ones. Happy holidays and a wonderful new year!

Warm regards,

1319

Clark Mills, DC
Chair, Guideline Steering Committee
Canadian Chiropractic Guideline Initiative (CCGI)

Carol Cancelliere, DC, MPH, PhD
CCGI Program Lead
Scientist, Institute for Disability and Rehabilitation Research
Faculty of Health Sciences, Ontario Tech University
<https://www.ccg-research.com/>
<https://idrr.ontariotechu.ca/>
Mobile: 416-540-6472

Canadian Chiropractic Guideline Initiative (CCGI) Update Report

Reporting Period: September 2023 – December 2023

Highlights

Launch of WHO Guideline: The CCGI team significantly contributed to the [WHO guideline](#) for non-surgical management of chronic primary low back pain, leading four systematic reviews. The guideline offers comprehensive recommendations for managing chronic primary low back pain, including structured exercise, structured education, spinal manipulative therapy, massage, needling therapies (acupuncture), and cognitive behavioral therapy. It's an opportune time for chiropractors to collaborate with primary care clinicians and policymakers!

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):** The literature search has been updated, and the manuscript is currently being prepared for submission.
- 2. Back pain rehabilitation in children (systematic review):** This review was submitted to the 'Pediatrics' journal in November 2023.
- 3. Rapid review on self-help interventions for workers with musculoskeletal, anxiety, or depressive issues (WCB-Alberta project):** We have successfully onboarded a knowledge user with lived experience and are in the process of forming an advisory committee. The development of the literature search is underway, with screening scheduled to commence in Winter 2024.
- 4. Integrating patient preferences into decision-making in primary care settings (scoping review):** The initial phase of title and abstract screening is currently in progress.

Strategic Goal 2: *Engage in knowledge translation activities and research*

- 1. Website enhancements:** We have introduced distinct tabs for clinician and patient resources, along with a dedicated section for exercise videos and forms, to improve user navigation. Further content updates and resource improvements are planned for 2024.
- 2. Concussion assessment, diagnosis, and management in adults and children (online learning module):** This module is currently under review by an expert panel.
- 3. Chiropractors in concussion care manuscript:** We are making revisions for re-submission to the Journal of the Canadian Chiropractic Association (JCCA).
- 4. Integrating patient preferences into decision-making resource:** A qualitative study involving chiropractors is scheduled to commence in Winter 2024.
- 5. Patient experience initiative:** We have completed interviews to understand the implementation of 'best practices' among Canadian chiropractors, with the final report including recommended knowledge translation strategies expected to be delivered to the Canadian Chiropractic Association (CCA) by year-end.



6. **Continued availability:** Our array of clinician and patient resources, exercise videos, outcome measurements, the Research Talks video series, and free online learning modules remain available to support best practices in care.
7. **Presentations:**
 - At the World Federation of Chiropractic, we presented on WHO exercise review, WHO needling therapies review, and post-concussion symptoms and disability.
 - At the CCA Masterclass, we focused on concussion assessment, diagnosis, and management, based on the updated Consensus Statement on Concussion in Sport.
8. **Collaborations:** We maintain our partnership with the College of Chiropractors of British Columbia (CCBC) for rapid reviews, currently centered on assessing the validity and reliability of screening tools for mental health disorders in primary care settings. Our active participation in the WHO World Rehabilitation Alliance continues, particularly in the working group for 'integrating rehabilitation into primary care'.
9. **Funding pursuits and proposal outcomes:**
 - Our proposal for developing resources for chronic pain and mental health management in Canadian Armed Forces (CAF) veterans, submitted to the Chronic Pain Centre of Excellence, was not funded. We plan to explore alternative funding options.
 - Our submission for the "Research Literacy for Healthcare Professionals" online course to Eurospine was not accepted due to a misalignment with their curriculum development approach.
10. **Publications:** The complete list of our 2023 publications has been reported previously.

Metrics

Website (last 6 months)	Other
Total sessions: 18,117 Unique visitors: 8,213 Returning visitors: 1,352 Visitors by country (top 5): 1. Canada: 14,653 2. USA: 1,758 3. France: 630 4. Switzerland: 264 5. Australia: 232	YouTube: 6,301 subscribers 1,524,634 views Facebook: 1,169 members Twitter: 55 followers

See our [website](#) for all our resources. Follow us on [LinkedIn](#), [Twitter](#), [Facebook](#), and [YouTube](#).

2024 Work Plan - Overview

In 2024, the CCGI will emphasize robust knowledge translation activities and meaningful stakeholder engagement.

Under Strategic Goal 1, our commitment is to further develop, adopt, or adapt clinical practice guidance and knowledge syntheses. This effort includes progressing with the rapid review on self-help interventions for workers suffering from musculoskeletal conditions, anxiety, or depression, with an anticipated completion by February 2025. Additionally, we're dedicated to



advancing patient-centered care through the continuation of our scoping review and qualitative study, focusing on integrating patient preferences into clinical decision-making.

For Strategic Goal 2, our objective is to expand our knowledge translation activities. This will involve finalizing and releasing an online learning module dedicated to concussion management for both adults and children. We're also planning to update resource materials for a variety of conditions and develop a new module targeting exercise in pregnancy.

Regarding Strategic Goal 3, stakeholder engagement is a priority. We're aiming to present and gather feedback on our updated resources at the CCA NCT Leadership Summit.

Supporting these initiatives is a novel revenue-generating project: the launch of the IDRR-KIU (Knowledge Implementation Unit). This unit will specialize in providing customized knowledge synthesis and translation services across various health conditions, and research literacy services for healthcare professionals and the public.

Please let us know if you have any questions or would like to discuss further.

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

Dr. Carol Cancelliere, DC, MPH, PhD
 Program Lead, CCGI
 Scientist, Institute of Disability and Rehabilitation Research (IDRR) and Faculty of Health Sciences, Ontario Tech University
Carolina.Cancelliere@ontariotechu.ca

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: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> on behalf of Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Sent: December 6, 2023 4:23 PM
To: Beth Ann Kenny
Subject: [Registrars] FW: Regulatory Registry Posting for the Health and Supportive Care Providers Oversight Authority
Attachments: ATT00001.txt

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Hi All:

I understand that this email might not have reached all Colleges. Please see the list of dates for webinars noted below, the first is being held tomorrow.

Take care!
Beth Ann



Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
 301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
 Email: bakenny@regulatedhealthprofessions.on.ca
 Web: www.regulatedhealthprofessions.on.ca
 Phone: 416-493-4076 / Cell: 416-986-0576 / Fax: 1-866-814-6456

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From: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>
Sent: December 1, 2023 11:30 AM
To: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>
Subject: Regulatory Registry Posting for the Health and Supportive Care Providers Oversight Authority

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The *Health and Supportive Care Providers Oversight Authority Act, 2021* (the Act) was passed by the Legislature to support public protection and confidence that registered personal support workers (PSWs) will deliver safe, competent, ethical, high-quality care to patients, clients and residents in their homes, hospitals, long-term care facilities, or other health care environments. The Act allows for the establishment of the Health and Supportive Care Providers Oversight Authority (the Authority).

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The Authority is a regulatory body independent from government that will support administration of the Act, including registration and oversight that begins with PSWs. Currently, only certain general provisions in the Act are proclaimed. To proclaim into force the remaining provisions of the Act supporting regulations are needed so that the Authority can administer and carry out its legislated mandate.

This email is to inform you that the Ministry of Health has posted an overview of the proposed regulatory framework summarizing the proposed regulations to be made under the Act on the Regulatory Registry. This posting will be available for a 45-day comment period.

The Regulatory Registry proposal posting can be accessed here. As a key partner identified by the Ministry, we value your feedback on this proposal. Please submit any comments via the Regulatory Registry before the end of the comment period on January 15, 2024.

We are also inviting you to attend any one of three webinars to provide further insight into the Regulatory Registry posting and proposed regulatory framework on the following days:

- Thursday, December 7, 2023, 11:00am – 12:00pm ET
- Friday, December 8, 2023, 11:00am – 12:00pm ET
- Monday, January 8, 2023, 2:00pm – 3:00pm ET

To register for a webinar, please click this link. After registering, you will receive the webinar link by email the day of the event.

Thank you,

Allison Henry,
Director, Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division

From: Jo-Ann Willson
Sent: January 17, 2024 4:30 PM
To: Rose Bustria
Subject: FW: Accreditation Canada as inspection body for community surgical and diagnostic centres
Attachments: ATT00001.txt

Council.

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

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From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: January 17, 2024 1:56 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Subject: [Registrars] FW: Accreditation Canada as inspection body for community surgical and diagnostic centres

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Hi All:

If you haven't seen the news release yet re. the Minister's announcement, naming Accreditation Canada as the inspection body for community surgical and diagnostic centres, please see the email from Stephen Cheng below for links to that announcement.

While we await any further information from our government relations consultants, it is interesting to note in the release that the Government will be consulting "extensively" "in the coming weeks" with "regulatory colleges representing providers".

Take care!
Beth Ann

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Beth Ann Kenny, Executive Director
Health Profession Regulators of Ontario (HPRO)
301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
Email: bakenny@regulatedhealthprofessions.on.ca
Web: www.regulatedhealthprofessions.on.ca
Phone: 416-986-0576

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From: Cheng, Stephen (MOH) <Stephen.Cheng@ontario.ca>
Sent: Wednesday, January 17, 2024 1:46 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Cc: Weisz, Rebecca (MOH) <Rebecca.Weisz@ontario.ca>; Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>
Subject: Accreditation Canada as inspection body for community surgical and diagnostic centres

Hi Beth Ann,

Please find below the links to this morning's NR announcing proposed regulatory changes that, if approved, would name Accreditation Canada as the inspection body responsible for current and all future community surgical and diagnostic centres, effective April 1, 2024.

EN: <https://news.ontario.ca/en/release/1004077/ontario-taking-next-steps-in-plan-to-further-reduce-wait-times-for-surgeries-and-diagnostic-procedures>

FR: <https://news.ontario.ca/fr/release/1004077/ontario-franchit-les-prochaines-etapes-de-son-plan-visant-a-reduire-davantage-les-temps-dattente-pour-les-procedures-chirurgicales-et-diagnostiques>

Cheers,
Stephen.

Stephen D. Cheng
Manager, Strategic Regulatory Policy Unit

Health Workforce Regulatory Oversight Branch



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Ontario Taking Next Steps in Plan to Further Reduce Wait Times for Surgeries and Diagnostic Procedures

Community surgical and diagnostic centres connecting people to faster, more convenient care with your health card

January 17, 2024

[Health](#)

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MISSISSAUGA — As part of the next steps to implement [Your Health](#), a plan for connected and convenient care, the Ontario government is proposing regulatory changes that, would name Accreditation Canada as the inspection body responsible for ensuring the highest quality standards and strong oversight of the 900+ current and all future community surgical and diagnostic centres, effective April 1, 2024.

“When it comes to reducing wait times for surgeries, we aren’t accepting a status quo that leaves too many people waiting too long for care,” said Sylvia Jones, Deputy Premier and Minister of Health. “Instead, our government is expanding community surgical and diagnostic centres so we can reduce wait times by doing more surgeries in state-of-the-art, convenient and safe facilities, always paid for by your OHIP card, never your credit card.”

Given its national leadership role in this type of work for over 65 years, Accreditation Canada has been chosen to develop an enhanced oversight and quality assurance program for current and future community surgical and diagnostic centres that will have the same strong requirements as public hospitals in order to improve quality standards at facilities and ensure consistent patient safety and quality health care. Over the coming weeks, the province will consult extensively with health care sector partners, regulatory colleges representing providers, and patients and families on the development of the new oversight and quality assurance program.

Beginning in Spring 2024, the government will also take the next step in expanding the number of community surgical and diagnostic centres licensed in the province to deliver additional OHIP insured services to people closer to home, including more MRI/CT scans, GI endoscopies, and orthopedic surgeries.

more people to surgeries and diagnostics care and reducing wait times. Progress over the past year includes:

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- Achieving the shortest surgical wait times of any province in Canada in 2023, with nearly 80 per cent of people receiving their procedure within clinically recommended target times;
- Reducing the surgical waitlist since its peak in March 2022, resulting in 16,000 fewer people waiting for the surgeries they need;
- Eliminating the backlog of cervical cancer screening tests at the end of August 2023. Testing turnaround times returned to the pre-pandemic standard of 10 to 14 days;
- Completion rates of pediatric surgeries are reaching 112 per cent of pre-pandemic levels, as of December 2023; and
- Increasing diagnostic imaging capacity by an additional 97,767 MRI and 116,443 CT operating hours.

As Ontario continues to make progress implementing [Your Health](#), the government will continue making bold, innovative and creative changes to make it faster and easier for people to conveniently connect to care closer to home.

Quick Facts

- People are encouraged to submit any questions or feedback on the proposed regulatory changes to surgicalfeedback@ontario.ca
 - For over 30 years, community surgical and diagnostic centres (formerly known as Independent Health Facilities) have been a part of Ontario's publicly funded health care system. These community-based health care centres are licensed under the [Integrated Community Health Services Centres Act](#) (ICHSCA) and provide a range of OHIP insured services.
 - With more than 65 years' experience, AC is the largest and most comprehensive oversight and assessment provider for Canadian health care and social services. In Ontario, AC establishes quality standards for Ontario public hospitals and medical diagnostics who also participate in AC's accreditation program.
 - There are currently over [900 licensees](#) in operation throughout Ontario, with the majority of them providing diagnostic imaging services.
 - Every community surgical and diagnostic centre must have a process for receiving and responding to [patient complaints](#).
-

"Accreditation Canada is pleased to be partnering with the Ontario Ministry of Health on the development of a quality oversight and assessment program for community surgical and diagnostic centres. As the largest, most comprehensive, not-for-profit provider of independent assessments to public and private health care organizations in Canada, we bring over 65 years of experience in setting health care standards and conducting independent, third-party assessments focused on quality and safety of patient care. We look forward to helping ensure that patients in Ontario have access to safe, high-quality care."

- Leslee J. Thompson
CEO, Health Standards Organization and Accreditation Canada

Additional Resources

- [Community surgical and diagnostic centres](#)
- [Your Health: A Plan for Connected and Convenient Care](#)
- [Ontario Reducing Wait Times for Publicly Funded Surgeries and Diagnostics](#)

Related Topics

Government

Learn about the government services available to you and how government works. [Learn more](#)

Health and Wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. [Learn more](#)

Media Contacts

Hannah Jensen

Minister Jones' Office

Hannah.R.Jensen@ontario.ca

Anna Miller

Communications Branch

media.moh@ontario.ca

[416-314-6197](tel:416-314-6197)

**College of Chiropractors of Ontario
Discipline Committee Report to Council
February 23, 2024**

1387

Committee Members: Dr. Dennis Mizel, *Chair*
Mr. Robert Chopowick
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*
Dr. Daniela Arciero, *Alternate*
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 January 12, 2024.

Recommendation

The Committee has the following recommendation to Council:

Recommendation

That Council approve amendments to the Undertaking for Attendees at Hearings

The Discipline Committee is recommending amendments that update the undertaking to remove references to the COVID-19 pandemic, and organize the document in a more logical manner.

Additional Reporting

The committee reviewed the relevant standards, policies and guidelines. Mr. Colin Stevenson facilitated a training session for the committee. Next meeting will be on March 15, 2024.

There were two hearings held since the last Council meeting.

- Dr. Matthew Rhynold – December 5, 2023 (decision received – December 14, 2023)
- Dr. Brian Moore – December 12, 2023 (decision received by e-mail on January 23, 2024)

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Decision for the following uncontested hearing.

- Dr. Gary Schoutsen – November 2, 2023 (decision received – November 16, 2023)

The Health Profession Regulators of Ontario (HPRO) is holding its next Discipline Orientation on May 16, 2024 (Basic) and June 13, 2024 (Advanced). Just a reminder that according to our bylaws, every member of Council may be called upon to serve on a discipline panel to ensure the timely adjudication of discipline referrals. If any Council members are interested in the above training and have not attended the program previously, please contact Ms Rose Bustria. The training is offered three times per year.

I would like to thank the members of the discipline committee for their time and commitment. Also, appreciation goes to all Council members who have given their time and expertise to serve on a panel or panels. Thank you to Mr. Robert MacKay, Council appointed member, for addressing urgent discipline matters in a timely manner. The Discipline Committee continues to meet its mandate while conducting hearings as required to ensure compliance with CCO's public interest mandate.

Respectfully Submitted,

Dr. Dennis Mizel,
Chair

COLLEGE OF CHIROPRACTORS OF ONTARIO

Approved by Council: June 17, 2020

UNDERTAKING

Re: Accessing the public portion of meetings of Discipline Committee hearings held via videoconferencing during the COVID-19 crisis

I agree to the following in order to be granted access to the public portion of hearings of the Discipline Committee held via videoconferencing:

- I will not share or distribute the videoconferencing links that will be provided to me.
- I will ensure my microphone is muted at all times and that I will join and observe the meeting without my video image being displayed.
- I will not use the chat, reaction or any other communication or other functions.
- I agree not to make audio recordings of the meetings.
- I will not record or capture from the videoconference, by any photographic, video-recording or other such methods, nor distribute, any visual images of the hearings.

By typing your full name in the signature field below you are signing this Undertaking electronically and are thereby agreeing to be bound by its terms and conditions.

Signature: _____

Date: _____

ITEM 4.2.3



DISCIPLINE COMMITTEE OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

PANEL:	Dr. Murray Townsend (Chair) Mr. Robert Chopowick Ms. Zoe Kariunas Mr. Robert MacKay Dr. Dennis Mizel	Professional Member Public Member Public Member Council Appointed Member Professional Member
--------	--	--

BETWEEN:	)	Appearances: ¹
)	
COLLEGE OF CHIROPRACTORS	)	Mr. Chris Paliare and
	)	Ms. Karen Jones for the College
OF ONTARIO	)	of Chiropractors of Ontario
)	
- and -)	
)	
DR. GARY SCHOUTSEN	)	Mr. Joshua Perell
(Registration #2958)	)	for Dr. Schoutsen
)	
)	
	)	Heard: November 2, 2023
)	

DECISION AND REASONS

¹ 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; Mr. Joel Friedman, Deputy Registrar CCO; Ms. Jennifer Weller, Court Reporter; and Mr. Alex Werden, Video hearing administrator.

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 2, 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. Gary Schoutsen (the “Member”) were set out in the Notice of Hearing, dated December 7, 2021. 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 Facts² which had been signed by the parties was entered as Exhibit 2. During 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:

² 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. 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 "nickel 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.

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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. Perell on behalf of the Member, with respect to the Agreed Statement of Facts. During 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, findings of professional misconduct were made against Dr. Gary Schoutsen in relation to the allegations set out in the Notice of Hearing (Exhibit 1). In particular, the Panel found that the Member has:

- a. contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession as set out in Allegation 1.
- b. falsified a record or records relating to their practice, as described in Allegation 2;

- c. signed or issued, in their professional capacity, a document or documents that they knew contained a false or misleading statement, as described in Allegation 3;
- d. submitted an account or charge for services that they knew were false or misleading, as described in Allegation 4; and
- e. engaged in conduct or performed acts that, having regard to all the circumstances would reasonably be regarded by members as dishonourable, disgraceful and unprofessional, as described in Allegation 5.

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 as to Penalty and Costs had been agreed upon. The Joint Submission was entered as Exhibit 3. Ms. Jones and Mr. Perell made submissions in support of the Joint Submission. In addition, 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 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.

The College and the Member also requested 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.

The Joint Submission as to Penalty, which was signed by Dr. Schoutsen, also contained the following:

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.

Penalty Decision and Reasons

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 general deterrent to members of the profession.

The Panel therefore made an order:

- I. Requiring the Member to appear before the panel to be reprimanded.
- II. 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.

- III. 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.
- IV. 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.

- V. 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.

Administration of Reprimand

It was noted on the record that the Joint Submission on Penalty contained an Undertaking³ that expressly waived the right of the Member to appeal any decision by the Discipline Committee in relation to the Notice of Hearing dated March 28, 2023. Further, the Panel confirmed that the Member was prepared for the oral reprimand to be administered immediately following the Hearing. Consistent with the necessity to conduct the Hearing via videoconference, the Panel administered the oral reprimand in the same manner at the conclusion of the Hearing.

I, **Murray Townsend**, 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.



 Dr. Murray Townsend, Chair

16 NOV - 2023

 Date: November 16, 2023

Panel Members:

Mr. Robert Chopowick
 Ms. Zoe Kariunas
 Mr. Robert MacKay
 Dr. Dennis Mizel
 Dr. Murray Townsend

³ Exhibit 3, page 4, item 5

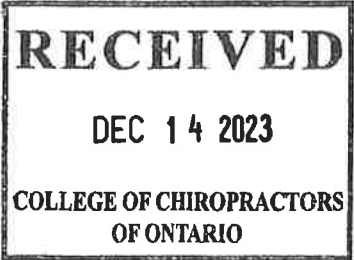
Appendix "A"

**Allegations contained in the Notice of Hearing,
Regarding Dr Gary Schoutsen (Exhibit 1)****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 the period May 2019 – November 2021, while owning and/or working as a chiropractor at Family Chiropractic in Hamilton, 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 making false claims to Green Shield Canada regarding treatments purportedly provided to one or more patients and your accepting payment from Green Shield Canada for the false claims.
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 the period May 2019 – November 2021, while owning and/or working as a chiropractor at Family Chiropractic in Hamilton, Ontario, on one or more occasions, you falsified a record or records relating to your practice with respect to claims made to Green Shield Canada regarding one or more patients.
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 the period May 2019 – November 2021, while owning and/or working as a chiropractor at Family Chiropractic in Hamilton, Ontario, on one or more occasions, you signed or issued, in your professional capacity, a document or documents to Green Shield Canada that you knew contained a false or misleading statement with respect to one or more patients.
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(23) of *Ontario Regulation 852/93*, in that during the period May 2019 – November 2021, while owning and/or working as a chiropractor at Family Chiropractic in Hamilton, Ontario, on one or more occasions, you submitted an account or charge to Green Shield Canada for services that you knew were false or misleading with respect to one or more patients.

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(33) of *Ontario Regulation 852/93*, in that during the period May 2019 – November 2021, while owning and/or working as a chiropractor at Family Chiropractic in Hamilton, Ontario, 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 making false claims to Green Shield Canada regarding treatments for one or more patients and and/or accepting payment for the false claims.

ITEM 4.2.4



DISCIPLINE COMMITTEE OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

PANEL: Mr. Robert MacKay (Chair)
Dr. Lezlee Detzler
Ms. Zoe Kariunas
Dr. Dennis Mizel
Mr. Shawn Southern

Council Appointed Member
Professional Member
Public Member
Professional Member
Public Member

1406

BETWEEN:)
COLLEGE OF CHIROPRACTORS)
OF ONTARIO)
- and -)
DR. MATTHEW RHYNOLD)
(Registration #7820))

Appearances:¹
Mr. Chris Paliare and
Ms. Karen Jones for the College
of Chiropractors of Ontario

Mr. Jordan Glick
for Dr. Rhynold

Heard: December 5, 2023

DECISION AND REASONS

¹ 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 Mr. Mitchell Kersys, Court Reporter.

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 December 5, 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. Matthew Rhynold (the “Member”) were set out in the Notice of Hearing, dated September 15, 2023. The Notice of Hearing was entered as **Exhibit**

1. The allegations contained in the Notice of Hearing are set out below:

TAKE NOTICE THAT IT IS ALLEGED THAT:

1. You have committed an act of professional misconduct as provided by subsection 51(1)(a) of the Health Professionals Procedural Code of the *Chiropractic Act*, 1991, S.O. 1991, c. 21, as amended, in that on or about March 9, 2023, you were found guilty of an offence that is relevant to your suitability to practise by a judge of the Ontario Court of Justice in Newmarket, Ontario, and in particular, between September 1, 2019 and March 27, 2020, in the City of Vaughan, in the Regional Municipality of York, you did, without lawful excuse, possess child pornography in the form of photographic photos and videos, contrary to section 163.1(4) of the Criminal Code of Canada.

2. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals 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 on or about March 9, 2023, you contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, in that you were found guilty of an offence that is relevant to your suitability to practise by a judge of the Ontario Court of Justice in Newmarket, Ontario, and in particular, between September 1, 2019 and March 27, 2020, in the City of Vaughan, in the Regional Municipality of

York, you did, without lawful excuse, possess child pornography in the form of photographic photos and videos, contrary to section 163.1(4) of the Criminal Code of Canada.

3. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals 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 or about March 9, 2023, 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 in that you were found guilty of an offence that is relevant to your suitability to practise by a judge of the Ontario Court of Justice in Newmarket, Ontario, and in particular, between September 1, 2019 and March 27, 2020, in the City of Vaughan, in the Regional Municipality of York, you did, without lawful excuse, possess child pornography in the form of photographic photos and videos, contrary to section 163.1(4) of the Criminal Code of Canada.

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 Facts² 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:

Background

1. Dr. Matthew Rhynold ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in November 2020.

The Criminal Conviction

² 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.

2. On March 9, 2023, in the Ontario Court of Justice in Newmarket, Ontario, the Member admitted that between September 1, 2019 and March 27, 2020, in the City of Vaughan, in the Regional Municipality of York, he did, without lawful excuse, possess child pornography in the form of photographic photos and videos, contrary to section 163.1(4) of the Criminal Code of Canada. As a result, he was convicted of one count of possessing child pornography, contrary to section 163.1(4) of the Criminal Code of Canada.

Admissions

3. The Member admits that, as a result of the facts set out in paragraph 2, above, he was found guilty of an offence that is relevant to his suitability to practise.
4. Further, the Member admits that he committed an act of professional misconduct as set out in paragraph 1 of the Notice of Hearing dated September 15, 2023 (“Notice of Hearing”), because he:
 - a. was found guilty of an offence that is relevant to his suitability to practise by a judge of the Ontario Court of Justice in Newmarket, Ontario, and in particular, between September 1, 2019 and March 27, 2020, in the City of Vaughan, in the Regional Municipality of York, because he did, without lawful excuse, possess child pornography in the form of photographic photos and videos, contrary to section 163.1(4) of the Criminal Code of Canada.

Other

5. The CCO withdraws allegations 2 and 3 in the Notice of Hearing.

Independent Legal Advice

6. The Member acknowledges that he received advice from his counsel, Jordan Glick, prior to entering into this Resolution Agreement. The Member agrees that he is entering into this Resolution Agreement and signing the Agreed Statement of Facts freely and voluntarily.

Decision on the Merits

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 a finding of professional misconduct. The Panel made a finding of professional misconduct in relation to allegation 1 in the Notice of Hearing.

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** and, contained an Undertaking marked as Exhibit A³ in the JSP. Mr. Paliare and Mr. Glick made submissions in support of the Joint Submission. College counsel identified for the Panel that the proposed penalty is a statutory penalty in light of the finding of professional misconduct made by the Panel. Mr. Glick, on behalf of the Member, agreed with the submissions of Mr. Paliare.

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.

³ The terms of the Undertaking, which had been signed by Dr. Rhynold, are attached to this Decision and Reasons for the Decision as Appendix A.

The Joint Submission invited the Panel to make an order regarding penalty:

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1. Requiring the Member to appear before the panel to be reprimanded;
2. Directing the Registrar and General Counsel ("Registrar") to revoke the Member's certificate of registration on December 5, 2023; and
3. 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 College of Chiropractors of Ontario.

The College and the Member also requested that the Panel make the following order regarding costs:

1. Requiring the Member to pay \$7,500.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel. The costs are to be paid in four equal instalments of \$1,875.00, with the first instalment to be paid immediately following the hearing on December 5, 2023 and the remaining three instalments to be paid at six month intervals on June 5, 2024, December 5, 2024 and June 5, 2025.

The Joint Submission as to Penalty, which was signed by Dr. Rhynold, also contained the following:

Dr. Rhynold acknowledges that he received advice from his counsel, Jordan Glick, prior to entering into this Resolution Agreement, and affirms that he 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 statutory requirement for the

penalty in this case and the protection of the public interest. The Panel notes that the penalty may serve as a general deterrent to members of the profession.

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 to revoke the Member's certificate of registration on December 5, 2023; and
3. 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 College of Chiropractors of Ontario.

And further made an order:

Requiring the Member to pay \$7,500.00 to the CCO to partially pay for its costs of the investigation and the costs and expenses of the hearing and of legal counsel. The costs are to be paid in four equal instalments of \$1,875.00, with the first instalment to be paid immediately following the hearing on December 5, 2023 and the remaining three instalments to be paid at six month intervals on June 5, 2024, December 5, 2024 and June 5, 2025.

Administration of Reprimand

It was noted on the record that the Joint Submission on Penalty contained an Undertaking⁴ 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 September 15, 2023, **Exhibit 1**. Further, the Panel confirmed that the Member was prepared for the oral reprimand to be administered immediately following the

⁴ Exhibit 3, the Undertaking item 1.

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: December 13, 2023

Panel Members:

- Dr. Lezlee Detzler
- Ms. Zoe Kariunas
- Mr. Robert MacKay
- Dr. Dennis Mizel
- Mr. Shawn Southern

Appendix "A"

To: The Registrar and General Counsel ("Registrar")
of the College of Chiropractors of Ontario ("CCO")

I, Dr. Matthew Rhynold, undertake to the Registrar and agree to do the following:

1. I agree not to appeal or ask for a judicial review of the decision of the Discipline Committee regarding the allegations set out in the September 15, 2023 Notice of Hearing.
2. I undertake that I will never apply for membership with the CCO in the future or with any other organization that licenses or regulates chiropractors in Canada.
3. I undertake that I will never work in any position that requires membership with the CCO or any other Canadian chiropractic regulator. I will not use the title "chiropractor", practice chiropractic, or hold myself out as someone entitled to practice chiropractic in Ontario, and will not perform any of the controlled acts permitted to chiropractors under the *Chiropractic Act, 1991*.
4. 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, Jordan Glick. I am executing this Undertaking freely and voluntarily after reading and understanding its contents.

Signed this _____ day of November, 2023

Dr. Matthew Rhynold

Witness Signature

ITEM 4.2.5

Received by e-mail

JAN 23 2024

**DISCIPLINE COMMITTEE OF THE COLLEGE
OF CHIROPRACTORS OF ONTARIO**

1415

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

BETWEEN:	)	Appearances:
)	
COLLEGE OF CHIROPRACTORS OF ONTARIO	)	Ms. Megan Shortreed and
	)	Ms. Karen Jones for the College
	)	of Chiropractors of Ontario
- and -)	
)	
DR. BRIAN MOORE (Registration #1542)	)	Mr. Antoine d'Ailly and
	)	Mr. James Kitchen for
	)	Dr. Moore
)	
	)	Heard: In writing pursuant
	)	the Order dated December
	)	13, 2023 ¹ .
)	

Also participating in the written submissions:

Mr. Colin Stevenson – Independent Legal Counsel to the Panel.

DECISION AND REASONS ON PENALTY

¹ Schedule of written submissions on penalty is attached as Appendix: "A"

INTRODUCTION

A hearing on penalty regarding Dr. Brian Moore ("Dr. Moore" or the "Member") was scheduled by this panel of the Discipline Committee (the "Panel") at the College of Chiropractors of Ontario (the "College" or "CCO") for December 13, 2023 following findings of professional misconduct made by the Panel which are set out in the Panel's Decision and Reasons dated November 8, 2023 (the "Decision").

The Decision had invited the parties to come to an agreement on a schedule to exchange written submissions². If they failed to agree, the parties were required to attend an in-person penalty hearing on December 13, 2023 to make submissions to the Panel.

In the absence of any agreement between the parties the Hearing convened on December 13, 2023 to deal with penalty. College counsel and the Registrar, Ms. Willson were present, and one of the defence counsel Mr. Kitchen appeared by video conference at his request. Mr. d'Ailly, the other defence counsel and Dr. Moore did not attend virtually or in person despite knowing about the date since November 9, 2023 (the day the reason were released to the parties).

At the outset on December 13, 2023 the Panel confirmed that Dr. Moore was aware a hearing with respect to him was scheduled that day, that he chose not to attend, and that Mr. Kitchen was content to proceed without the Member present.

² Scheduling from page 62 of the Decision is at Appendix "C"

PRELIMINARY MATTER

The Member had served a motion to adjourn the penalty phase of the Hearing late in the day December 8, 2023, two business days before the in-person Hearing. The College filed an affidavit responding to the Motion to Adjourn on December 12, 2023. The late delivery of the Motion materials left the Panel with no opportunity to determine the adjournment motion in advance of the in-person hearing, which as noted, had been set for December 13, 2023 in the (November 8, 2023) Reasons.

On December 13, 2023 after hearing oral submissions from both parties and receiving advice from Independent Legal Counsel ("ILC") the Panel recessed to review the request for an adjournment and related relief sought by the Member.

The Panel granted the adjournment on terms and gave oral reasons on the record. Dr. Moore sought four orders. The adjournment Order and terms of the Panel are summarized below:

1. Leave to appear and argue this motion virtually on December 13, 2023.

Upon receipt of the Member's Motion record on December 8, 2023, the Panel gave instructions for the Penalty Hearing to be available via videoconferencing and a link was provided to and used by Defence counsel.

2. Adjourn the oral penalty hearing to a date on or after February 26, 2024

The adjournment was granted because Mr. Kitchen submitted that he had not had time to prepared for the penalty hearing and his co-counsel was not available. However, the Panel was not prepared to adjourn for the two and a half

months initially sought by Dr. Moore. This was seen as too long by the Panel given the significant misconduct of Dr. Moore and the public interest considerations. After hearing submissions and determining there would be no prejudice to the parties, the Panel ordered the submissions on penalty to be made in writing. The parties confirmed they would be able to provide affidavit evidence and conduct potential cross-examinations on a schedule³ which made sense for all parties as well as being in the public interest.

3. Permit the oral penalty hearing to proceed virtually.

In light of the parties being prepared to deal with penalty submissions in writing the Panel did not need to hold the hearing virtually.

4. Receive the CCO's written submissions on penalty by January 31, 2024.

This relief was unnecessary, the schedule provided for the College to respond on a shorter timeline agreed by the parties on December 13, 2023.

OVERVIEW

Dr. Brian Moore was found to have committed 11 acts of Professional Misconduct⁴, therefore the Panel must consider an appropriate penalty in the circumstances. Written submissions in respect of penalty were invited from the parties and ILC advice within the schedule below.

³ Appendix "A"

⁴ Appendix "B"

SUBSEQUENT PROCEDURAL OVERVIEW

The Schedule

1. The Member will provide all affidavit evidence by December 22, 2023 (as Mr. Kitchen said he would be able to do).

The Member elected not to submit affidavit evidence.

2. The College will conclude any cross examinations on those affidavits in time (with the cooperation of the Defence and the Member) so as to be able to provide its written submissions in respect of penalty not later than Jan 3, 2024.

The Panel received the College's written submissions on January 2, 2024.

3. The Defence will provide their written submission on penalty no later than Jan 8, 2024.

Dr. Moore elected not to make written submissions.

4. Written Reply, if any, from the College provided on Jan 9, 2024.

Written reply was not necessary.

5. ILC's written advice on Jan 12.

The Panel received Mr. Stevenson's written advice on penalty January 11, 2024.

6. Reply to ILC advice by the College on Jan 15.

The Panel received the College's reply to ILC's advice on January 12, 2024.

7. Reply to ILC advice by the Defence on Jan 17, 2024.

The Panel received the Members's reply to ILC's advice on January 17, 2024.

Position of the College

The College submitted that an appropriate penalty in the circumstances should be an Order:

- a) Requiring Dr. Moore to appear before the panel of the Discipline Committee to be reprimanded;

- b) Directing the Registrar and General Counsel ("Registrar") to suspend Dr. Moore's certificate of registration for a period of 15 months, with three months of the suspension to be suspended if Dr. Moore completes certain remedial requirements ("terms, conditions and limitations" or "TCLs"), as set out below, within 12 months of the imposition of the suspension;
- c) Directing the Registrar to impose the following specified terms, conditions and limitations on Dr. Moore's certificate of registration:
 - i) to be completed within 12 months of the imposition of the suspension:
 - (1) successful completion of the Regulatory Excellence Workshop and Legislation and Ethics Examination at his own expense;
 - (2) the provision of a written undertaking to the Registrar that he has reviewed and will comply with all CCO by-laws, standards, regulations and guidelines including but not limited to scope of practice, record keeping, communication, consent, confidentiality, business practices, and code of ethics.
 - ii) To be completed following the lifting of the suspension:
 - (1) to be peer assessed within 3 months of returning to practice at his own expense; and
 - (2) to be mentored by a mentor ("Mentor") for a period not to exceed 2 years after returning to practice, at his own expense. The Mentor must be a peer assessor who is in good standing with the CCO and be approved of in advance by the Registrar. The Mentor will review and evaluate the Member's practice, including his documentation and billing, and provide written reports to the Registrar at a frequency determined by the Registrar. The Member will cooperate fully with the Mentor.
- d) Directing that the results of the proceedings and the fact that there was a finding of professional misconduct be recorded in the public portion of the register and published in the annual report and other communications of the College.

The College submitted that the proposed penalty would address specific and general deterrence, rehabilitation, and maintaining public confidence and

credibility in the profession. All of which, it was argued, would achieve the primary objective of protecting the public.

The College referred the Panel to various penalty precedents. The College also submitted there were aggravating factors which justified the proposed penalty. Those aggravating factors included the vulnerability of Patient A, the Member's intentional efforts to take advantage of Patient A, the Member's dishonesty, and his lack of respect shown in not ensuring informed consent, not respecting Patient A's right to privacy and the previous regulatory history of Dr. Moore with the College.

In the view of the College there are no mitigating factors in this matter.

Position of the Member

The Member not only failed to deliver any affidavit evidence with respect to penalty, but counsel also failed to make submissions on penalty even though given ample opportunity to respond to the submissions of the College⁵. At no time did the Member expressly disagree with what the College submitted as an appropriate penalty. Dr Moore did, however, make submissions on January 17,

⁵ Submitted in writing January 2, 2024

2024 in respect to the advice of ILC when he had his opportunity to comment on that advice.

Mr. d'Ailly, on behalf of Dr. Moore at that time submitted that "the Panel may consider all relevant evidence presented in the main hearing" to look for mitigating factors. However, none were identified by the Member.

Earlier, on December 21, 2023, the day before the Defence's submission of affidavit evidence⁶ had been scheduled, Mr. d'Ailly sent a letter with a 61-page attachment that appears to be a summary of the Discipline Committee's decisions from the annual reports of the College between 2001 and 2021. Four items that had been highlighted: a note on the format of the summaries, the words "informed consent", a reference to a fine payable to the Minister of Finance, and the highlighting of the name of a member. Nothing in the 61-page attachment or the two-page cover letter provides any guidance on how the Panel is to make use of the attachment or how the highlighted areas may be similar, or not, to this matter.

DECISION AND REASONS

By its reasons dated November 8, 2023 this Panel found that Dr. Brian Moore had committed eleven acts of Professional Misconduct⁷. The reasons that follow

⁶ Appendix "A"

⁷ Appendix "B"

set out the Panel's decision on the appropriate penalty for that professional misconduct. The Panel may make an order:

- (i) revoking of the member's certificate;
- (ii) suspending the member's certificate for a specified period of time;
- (iii) imposing terms, conditions and limitations on the member's certificate for a specified or indefinite period of time;
- (iv) imposing a reprimand by the panel;
- (v) imposing a fine of not more than \$35,000 to the Minister of Finance.

An appropriate penalty should provide for general deterrence for members of the College, and specific deterrence so that Dr. Moore will not engage in similar misconduct in the future. Furthermore, we agree that the penalty imposed should provide opportunities for rehabilitation on the part of Dr. Moore, while protecting the public interest. Inspiring public confidence and credibility in the profession is a very important factor when we impose a penalty. We considered the nature and seriousness of Dr. Moore's misconduct as itemized in the Decision and considered sanctions imposed for similar misconduct as well as aggravating and mitigating circumstances.

AGGRAVATING FACTORS

The Panel found the following to be aggravating factors:

- 1) The Member's regulatory history with the College which spanned 1991 – 2016 and encompasses dealings with the Inquires, Complaints and Reports

Committee (the "ICRC"), the Discipline Committee, and Board of Chiropractic.

In particular:

- a) As recently as September 2016 Dr. Moore was cautioned by the ICRC to:
- adhere to Guideline G-008: Business Practices, specifically "Block Fees and/or Payment Plans" and "Repayment of Unused Block Fee and/or Payment Plan".*

This reminder to Dr Moore occurred just 3 years before the events⁸ that this Panel has now made actual findings of professional misconduct on similar issues.

- b) In December, 2014, less than two years before that 2016 caution, Dr. Moore had been cautioned on the similar issues of adhering to "Guideline G-008 Billing Practice", providing a legible copy of the record of personal health information in a timely manner, and the patient's right to discontinue care.

- 2) Patient A was a vulnerable patient, whom Dr. Moore admitted was in pain and in need of care.
- 3) Dr. Moore's professional misconduct was in some respects intentional. See, for example, the Panel's findings in respect of allegations 6 and 7 that the Member knew he was issuing a document and submitting an account that was false or misleading. The Panel also found Dr. Moore knew he was selling Patient A a prepaid treatment plan for traction on a day that he knew she was not able to tolerate that treatment.

⁸ August 2019.

- 4) The dishonesty of Dr. Moore, which can primarily be seen in the following findings which are set out in more detail in the Reasons:
- a) His falsification of a patient record when creating versions 2 and 3 of the travel card / SOAP notes.
 - b) Charging a \$1,800.00 fee for a report without first disclosing that fee.
 - c) Charging for text and phone calls without first disclosing there would be a fee for these interactions.
 - d) Providing significant false and dishonest information in his letter to Chase Bank.
- 5) Other Inappropriate Behaviour
- a) Dr. Moore did not disclose the risks associated with the (prepaid \$7,720.00) traction treatment during the consent process. Dr. Moore misled the patient about the degree of success she would likely have with the purposed treatment.
 - b) Dr. Moore improperly disclosed personal information about Patient A and indeed provided false health information about Patient A to a third party.
 - c) Dr. Moore's delay in providing a summary/report and his failure to give a proper reason for the delay when asked.

MITIGATING FACTORS

The College submitted that there are no mitigating factors, and the Member did not offer any for the consideration of the Panel. Nonetheless the Panel reviewed the Decision and considered any relevant evidence for possible mitigating factors. None were found. Whatever compassion Dr. Moore may have expressed

at the hearing it did not persuade the Panel to reduce the penalty below that which is imposed below having regard to the scope and seriousness of his professional misconduct.

On the evidence before us it appears Dr. Moore failed to accept the prior guidance and opportunities afforded to him by the College, he failed to reconsider his behaviour towards patients, and he failed to undertake a process to remediate shortcomings in his practice.

CONCLUSION

Having carefully considered the submissions of the parties, the advice from our ILC, and the reasons from our Decision, the Panel concluded the following penalty order to be appropriate.

PENALTY ORDER

The Panel makes the following order:

- 1) Directing the Registrar and General Counsel ("Registrar") to suspend Dr. Moore's certificate of registration for a period of 15 months, with three months of the suspension to be suspended if Dr. Moore completes certain remedial requirements ("terms, conditions and limitations" or "TCLs"), as set out below, within 12 months of the imposition of the suspension.
- 2) Directing the Registrar to impose the following specified terms, conditions and limitations on Dr. Moore's certificate of registration:
 - a) to be completed within 12 months of the imposition of the suspension:

- i) successful completion of the Regulatory Excellence Workshop and Legislation and Ethics Examination at his own expense, and
 - ii) the provision of a written undertaking to the Registrar that he has reviewed and will comply with all CCO by-laws, standards, regulations and guidelines including but not limited to scope of practice, record keeping, communication, consent, confidentiality, business practices, and code of ethics.
- b) To be completed following the lifting of the suspension:
- i) to be peer assessed within 3 months of returning to practice at his own expense; and
 - ii) to be mentored by a mentor ("Mentor") for a period not to exceed 2 years after returning to practice, at his own expense. The Mentor must be a peer assessor who is in good standing with the CCO and be approved of in advance by the Registrar. The Mentor will review and evaluate the Member's practice, including his documentation and billing, and provide written reports to the Registrar at a frequency determined by the Registrar. The Member will cooperate fully with the Mentor.
- 3) Directing that the results of the proceedings and the fact that there was a finding of professional misconduct be recorded in the public portion of the register and published in the annual report and other communications of the College.
- 4) Requiring Dr. Moore to appear before the panel of the Discipline Committee in-person⁹, within 3 months of this order, to be reprimanded.

OTHER

Costs

Should either party intend to pursue costs, the parties shall comply with the provisions for costs as outlined in the *Code* and the Rules of the Discipline Committee.

⁹ Counsel may appear via video conferencing.

I, Robert MacKay, sign this decision on penalty 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: January 23, 2024

Panel Members:

- Dr. Kyle Grice
- Mr. Robert MacKay
- Mr. Shawn Southern
- Mr. Scott Stewart
- Dr. Murray Townsend

Appendix "A"

Written Penalty submissions schedule set by the Panel December 13, 2023

"Provide" means to opposing counsel and ILC

- 1) The Member will provide all affidavit evidence by December 22, 2023 (as Mr. Kitchen said he would be able to do).
- 2) The College will conclude any cross examinations on those affidavits in time (with the cooperation of the Defence and the Member) so as to be able to provide its written submissions in respect of penalty not later than Jan 3, 2024.
- 3) The Defence will provide their written submission on penalty no later than Jan 8, 2024.
- 4) Written Reply, if any, from the College provided on Jan 9, 2024.
- 5) ILC's written advice on Jan 12.
- 6) Reply to ILC advice by the College on Jan 15.
- 7) Reply to ILC advice by the Defence on Jan 17, 2024.

This will conclude all evidence and submissions in respect of the Penalty.

Appendix "B"

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.

**POLICY ON NOMINATION AND ELECTION PROCEDURES
FOR COMMITTEE POSITIONS****CCO Internal Policy: I-019****Executive Committee****Approved by Council: November 25, 2021 (came into effect February 25, 2022)****Amended: September 8, 2023 (came into effect November 23, 2023)**

INTENT

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

POLICIES AND PROCEDURES

1. Council shall appoint a Nominating Committee at the February Council meeting every year. There shall be a call for volunteers for the February Council meeting, and Council shall vote on each position of the Nominating Committee.
2. The Nominating Committee shall have the following composition:
 - The president of CCO
 - 2 total public members of CCO
 - 2 total elected member of CCO
 - If possible, an individual unaffiliated with CCO who has knowledge and expertise in professional regulation.
3. The Nominating Committee shall prepare and make available an application process to members of CCO who have expressed interest in being nominated for a non-Council committee or Council appointed member position. The application process shall:
 - a. Identify the positions available;
 - b. Identify the committee mandates, terms of reference, meeting expectations and competencies, experience and skills most closely associated with each committee;
 - c. Request a candidate to set out their own competencies, experience and skills and evidence as to how they were obtained or have been demonstrated; and
 - d. Request a candidate to set out their preferred positions of service.

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

Request for Proposal

**College of Chiropractors of
Ontario (CCO)
Website Re-design**

About the College

The College of Chiropractors of Ontario (CCO) is the governing body established by the provincial government under the *Regulated Health Professions Act, 1991 (RHPA)* and the *Chiropractic Act* to regulate chiropractors in Ontario. Currently, there are approximately 5,400 members of CCO. CCO is responsible for:

- developing standards of admission to the profession through its registration processes,
- maintaining a public register with member information,
- investigating and disposing of complaints,
- prosecuting members, when necessary, through its Discipline and Fitness to Practise processes,
- developing standards of practice, regulations, policies and guidelines to govern the profession in the public interest,
- ensuring quality chiropractic care through its Quality Assurance (QA) program,
- improving doctor/patient relations through its Patient Relations program.

CCO is governed by a 16-member council composed of nine elected chiropractors and up to seven public members appointed by the government.

Our Key Audiences

Members

Ontario chiropractors who are required by the *RHPA* to register with the college in order to practice in Ontario, and other national or international applicants for registration.

The Public

Ontarians, who may or may not use chiropractic services.

Other Stakeholders

Minister of Health and Long-Term Care, Ontario
Ontario Ministry of Health and Long-Term Care
Health Profession Regulators Ontario

Our 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.

Our Requirements

Summary

In alignment with our strategic objectives, we aim to undertake a comprehensive overhaul of our website, encompassing design, navigation, functionality, and information architecture. *(Note the College is NOT considering a new brand and visual identity at this time.)* The objective of this redesign is to enhance its content, refine the overall navigation experience, and facilitate effortless and intuitive access to the information our audiences need.

Project Goals

Our goal is to ensure that users can easily and efficiently locate the information they are seeking on the website.

We wish to create a redesigned website with the following objectives:

1. Provide clear, timely and relevant communication with all audiences.
2. Simplify access to content, enabling users to find the information they need effortlessly and intuitively.
3. Enhance the overall navigation experience.
4. Facilitate the use of compelling visual content, including infographics, photos etc.
5. Improve the ease of performing tasks and actions within the site.
6. Incorporate enhanced search functionality.

Key Project Requirements

The College is seeking collaboration with a seasoned and dependable partner to execute a turn-key solution incorporating the following project components and requirements:

1. Provide recommendations on information architecture and content organization.
2. Create a new website design, encompassing the development of wireframes, navigation, homepage, and internal design templates *in alignment with our existing brand standards*.
3. Construct and launch the site utilizing the College's current CMS platform (WordPress), including the migration of the existing or supplied content.
4. Must achieve AODA compliance (WCAG 2.0 Level AA).
5. Mobile-friendly design.
6. SEO recommendations and indexing.
7. Ensure host servers are on Canadian soil.
8. Compatibility across all major web browsers and devices.
9. Integration of Google Analytics.
10. Possess enhanced internal search functionality.
11. Optimization for fast page load speed.
12. Adherence to all established website best practices.
13. Ability to publish in English and French

Launch Date

We wish to launch the redesigned website no later than September 1, 2024.

Static renderings of proposed website architecture and design elements delivered no later than May 31, 2024.

Proposal Requirements

All proposals must include the following:

1. A concise overview of your organization.
2. Your track record in handling website projects of comparable scope/focus.
3. Recent work examples demonstrating experience with health regulatory organizations, regulatory bodies, or healthcare/government agencies.
4. Short biographies of key team members proposed for this project and their individual experience delivering on requirements similar to our needs.
5. Your methodology or process outlining how you intend to achieve the specified goals.
6. A breakdown of costs for each proposed activity.
7. At least 3 relevant references

In addition, interested suppliers should ensure:

1. Proposals are submitted in PDF format before the deadline of 5:00 p.m. Thursday February 15th, 2024 to cco.info@cco.on.ca.
2. Any questions are directed to cco.info@cco.on.ca and are submitted no later than February 8th, 2024.
3. All proposed fees should be quoted in Canadian dollars and include all costs related to this project.

Timetable

The following timetable outlines the important dates of the RFP process:

RFP Release Date	February 2, 2024
Questions in Writing Submission Deadline	February 8, 2024 @ 5:00 p.m. EST
Proposal Submission Date & Time	February 15, 2024 @ 5:00 p.m. EST
Evaluation of Proposals	February 16 – 22, 2024
Notification of Successful Bidder	February 23, 2024

Evaluation Criteria

The criteria for evaluating the proposals are listed below and may include, but are not limited to:

Experience & Qualification – 40 Points

1. A concise overview of the Proponent.
2. A description of products and services similar to those the Proponent has previously delivered or is currently delivering, *with particular emphasis on any past collaborations with regulatory colleges, considered a significant advantage.*
3. Relevant experience of individuals involved in delivering the outcomes.
4. At least three (3) references

Approach & Methodology – 30 Points

1. An outline of the Proponent's approach to delivering outcomes, encompassing a detailed work plan.
2. The proposed structure of the Proponent's collaboration with the College.

Pricing – 30 Points

Proponents must submit their pricing with a detailed breakdown by project milestone.

Total 100 Points

Terms & Conditions

1. All proposals submitted become the exclusive property of the College of Chiropractors of Ontario and will not be returned.
2. Bids are welcome from both organizations and individual professionals.
3. All information provided by or obtained from the College, in any form related to this RFP (before or after its issuance):
 - a. Is the sole property of the College and must be treated as confidential
 - b. Should only be used for the purpose of responding to this RFP and fulfilling any subsequent contract.

- c. Must not be disclosed without prior written authorization from the College.
 - d. Shall be promptly returned to the College upon its request.
4. Proposals must disclose if any individuals involved in providing services have any conflict of interest that could compromise the integrity of the services.
5. Proponents are responsible for all costs associated with preparing and presenting their proposals.
6. The College retains the right to rescind a contract if it determines that inaccurate or incomplete information was submitted.
7. The College reserves the right to:
 - a. Publicize the names of proponents.
 - b. Seek clarification from any proponent and incorporate responses into proposals.
 - c. Assess proposals based on financial analysis, references, past performance, and relevant information.
 - d. Waive formalities and accept compliant proposals.
 - e. Verify information with proponents or third parties.
 - f. Check references beyond those provided by proponents.
 - g. Determine conflicts of interest.
 - h. Disqualify or rescind contracts for misrepresentations or inaccuracies.
 - i. Cancel this RFP process at any stage.
 - j. Make changes to this RFP via addenda.
 - k. Select any proponent other than the lowest-cost proposal.
 - l. Negotiate with any or all proponents.
 - m. Accept proposals in whole or in part.
 - n. Reject any or all proposals.

These reserved rights supplement express and implied rights.

The College is not liable for expenses, costs, losses, or damages resulting from the exercise of its rights under this RFP.

CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

1461

From: Dr Salima Ismail <salima.ismail@doctor.com>
Sent: Saturday, February 3, 2024 3:27 PM
To: Rose Bustria <RBustria@cco.on.ca>; cco.info <cco.info@cco.on.ca>
Cc: MARY-LEE <mleepratt3059@yahoo.ca>; Dr. Pierre Brunet <dr.p.brunet@gmail.com>; vicki clarke <drvmc2003@yahoo.com>; Robbie <rlaq@rogers.com>
Subject: RE: Record Keeping Workshop

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

Good Afternoon President Dr. Sarah Green, *President*, Dr. Dennis Mizel, *Vice-President*, Dr. Paul Groulx (Our electoral district Representative) and Ms. Bustria,

My name is Dr Salima Ismail. I live and practice in Ottawa. I am a member, in good standing, of the CCO.
I am the President of the Society in Ottawa. On this email, I have copied members of our Society's executive.

We know that we have until June 2028 to fulfill the record keeping workshop.

We wanted to reach out to the CCO to request the CCO come to Ottawa to facilitate a in person Record Keeping Workshop for our members.
I know many of us are burnt out on online and we were requesting an in person record keeping workshop.

Whilst we have time to organize and facilitate this workshop, we thought we would request one in Ottawa.

In the past, we have had meetings with the CCO for all the Chiropractors in our district. Prior to COVID, we had helped Mr. Bruce Walton come to present to the Chiropractors.

We would be willing to help the CCO organize an in person record keeping workshop for all Chiropractors in our district. In the past, we have secured the venue, all the tech needs and refreshments. We are willing to help with the facilitation of this for the CCO.

Thank You for your time.

Regards,

Salima

Dr. Salima Ismail, B.Sc.,B.S.S.,D.C. Doctor of Chiropractic
Owner and Chief Chiropractor at Chiromax of Manotick, www.chiromax.ca
Past Chair, Manotick Business Improvement Area
President, Eastern Ontario Chiropractic Society
Government Relations Committee, Canadian Chiropractic Association
Past Board of Director, Ontario Chiropractic Association
Past President, Rideau Chamber of Commerce

1462

Company out \$35M after scammers stage video call with deepfake CFO, coworkers



By [Kathryn Mannie](#) Global News

Posted February 5, 2024 3:40 pm

3 min read



[View image in full screen](#)

Photo illustration of an AI-generated face being used in a video call. **Tero Vesalainen/Getty Images**

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A multinational firm in Hong Kong is out 200 million Hong Kong dollars (around \$34.5 million Canadian) after a financial worker at the company was targeted by

scammers using artificial intelligence, culminating in a phony video conference call with numerous [deepfake](#) colleagues.

1464

Police discussed details of the incident, without naming the company or worker involved, during a press conference in order to warn the public about the novel scam.

Acting senior superintendent Baron Chan of the Hong Kong Police Force's Cyber Security and Technology Crime Bureau said the scam began last month when the worker received an email, purportedly from the company's U.K.-based chief financial officer (CFO).

The email was concerning a "secret transaction" that needed to be carried out, according to the [South China Morning Post](#). The employee had an early "moment of doubt," as the email appeared to be a phishing scam, but they were eventually fooled after the fake CFO invited them to a video conference call.

On the call appeared to be numerous other coworkers that the employee recognized — they even sounded like the real deal. But they weren't the person's coworkers; they weren't people at all. They were deepfakes, a type of synthetic media created through machine learning that can mimic a person's appearance and speech. A digitally recreated CFO and a few outsiders were also present on the conference call.

"Because the people in the video conference looked like the real people, the (employee)... made 15 transactions as instructed to five local bank accounts, which came to a total of HK\$200 million," Chan said during the press conference, [broadcast by Radio Television Hong Kong](#).

"I believe the fraudster downloaded videos in advance and then used artificial intelligence to add fake voices to use in the video conference," Chan added.

Experts have warned that AI voice and video generation is becoming easier to access as the technology improves. It used to take extensive recordings to create a believable cloned voice, but now, it only takes seconds of recorded speech. Any public video can feasibly be used to train an AI model to mimic a person's voice and appearance.



3:21

“We want to alert the public to these new deception tactics. In the past, we would assume these scams would only involve two people in one-on-one situations, but we can see from this case that fraudsters are able to use AI technology in online meetings, so people must be vigilant even in meetings with lots of participants,” Chan said.

The employee who was scammed didn’t realize the mistake until a week later when they checked in with the company’s headquarters. During that time, the scammers stayed in contact with the victim through instant messaging, emails and one-on-one video calls.

Police also revealed that a handful of other workers at the firm were contacted by the scammers, though details of those interactions were not released.

Chan said that during the fake video call, the scammers had the employee introduce themselves, but there was never any direct conversation between the deepfake coworkers and the victim. The AI-generated colleagues mainly gave orders before the brief meeting ended, the South China Morning Post reports.

Hong Kong police advise that employees confirm details of business dealings through regular communication channels and become suspicious as soon as money is involved, in order to avoid such AI scams.

Police are still investigating the incident and, so far, no arrests have been made.

1466

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THE BIG FRAUD —

Deepfake scammer walks off with \$25 million in first-of-its-kind AI heist

Hong Kong firm reportedly tricked by simulation of multiple people in video chat.

BENJ EDWARDS - 2/5/2024, 10:54 AM



Getty Images / Benj Edwards

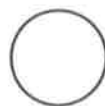
[Enlarge](#)

On Sunday, a report from the [South China Morning Post](#) revealed a significant financial loss suffered by a multinational company's Hong Kong office, amounting to HK\$200 million (US\$25.6 million), due

to a sophisticated scam involving deepfake technology. The scam featured a digitally recreated version of the company's chief financial officer, along with other employees, who appeared in a video conference call instructing an employee to transfer funds.

Due to an ongoing investigation, Hong Kong police did not release details of which company was scammed.

Deepfakes utilize AI tools to create highly convincing fake videos or audio recordings, posing significant challenges for individuals and organizations to discern real from fabricated content.



FURTHER READING

Thousands scammed by AI voices mimicking loved ones in emergencies

This incident marks the first of its kind in Hong Kong involving a large sum and the use of deepfake technology to simulate a multi-person video conference where all participants (except the victim) were fabricated images of real individuals. The scammers were able to convincingly replicate the appearances and voices of targeted individuals using publicly available video and audio footage. The Hong Kong police are currently investigating the case, with no arrests reported yet.

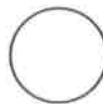
The scam was initially uncovered following a phishing attempt, when an employee in the finance department of the company's Hong Kong branch received what seemed to be a phishing message, purportedly from the company's UK-based chief financial officer, instructing them to execute a secret transaction. Despite initial doubts, the employee was convinced enough by the presence of the CFO and others in a group video call to make 15 transfers totaling HK\$200 million to five different Hong Kong bank accounts. Officials realized the scam occurred about a week later, prompting a police investigation.

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The high-tech theft underscores the growing concern over new uses of AI technology, which has been spotlighted recently due to incidents like the spread of fake explicit images of pop superstar Taylor Swift. Over the past year, scammers have been using audio deepfake technology to scam people out of money by impersonating loved ones in trouble.

Acting senior superintendent Baron Chan Shun-ching of the Hong Kong police emphasized the novelty of this scam, noting that it was the first instance in Hong Kong where victims were deceived in a multi-person video conference setting. He pointed out the scammer's strategy of not engaging directly with the victim beyond requesting a self-introduction, which made the scam more convincing.

The police have offered tips for verifying the authenticity of individuals in video calls, such as asking them to move their heads or answer questions that confirm their identity, especially when money transfer requests are involved. Another potential solution to deepfake scams in corporate environments is to equip every employee with an encrypted key pair, establishing trust by signing public keys at in-person meetings. Later, in remote communications, those signed keys could be used to authenticate parties within the meeting.

**FURTHER READING**

Microsoft's new AI can simulate anyone's voice with 3 seconds of audio

Additionally, the Hong Kong police plan to enhance their alert system covering the Faster Payment System (FPS) to include warnings for transactions linked to known scams, expanding the coverage to include a broader range of electronic and in-person transactions by the second half of the year.

READER COMMENTS 169

BENJ EDWARDS

Benj Edwards is an AI and Machine Learning Reporter for Ars Technica. In his free time, he writes and records music, collects vintage computers, and enjoys nature. He lives in Raleigh, NC.

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From: Jo-Ann Willson
Sent: December 6, 2023 7:06 AM
To: Rose Bustria
Subject: FW: Southwestern Hospital Data Breach

Exec and Council.

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

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From: Boyd Neil <socialreachconsulting@gmail.com>
Sent: December 6, 2023 6:57 AM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Re: Southwestern Hospital Data Breach

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.

Jo-Ann,
Articles . . . I'll search later for comments.
Boyd

[First Story About SouthWestern Hospitals](#)
November 1, 2023 CTV News <https://toronto.ctvnews.ca/ransomware-attack-at-southwestern-ontario-hospitals-compromises-patient-employee-data-1.6626391>

[A bit earlier, Michael Garron Hospital hit with cyber attack](#)
Toronto Star, October 26, 2023 https://www.thestar.com/news/gta/michael-garron-hospital-hit-by-data-security-incident-patient-care-services-not-affected/article_2197d6f7-2fd4-59bc-9b90-89c63716e048.html

Subsequent Stories:

1471

November 2, 2023

Toronto Star https://www.thestar.com/news/canada/five-ontario-hospitals-say-sensitive-data-has-been-leaked-online-following-cyberattack/article_283f5326-2e5b-5b47-b2af-963cbab4cbae.html

November 6, 2023

CBC News <https://www.cbc.ca/news/canada/windsor/ransomware-attack-third-bunch-data-hospital-1.7019701>

Class Action Suit

CTV news <https://toronto.ctvnews.ca/southwestern-ont-hospitals-facing-480m-class-action-after-patient-data-breached-sold-on-dark-web-1.6667887>

Data on Dark Web

November 9, 2023, Windsor Star

<https://windsorstar.com/news/local-news/very-personal-data-now-online-after-southwestern-ontario-cyberattack>

On Wed, Dec 6, 2023 at 6:29 AM Jo-Ann Willson <jpwillson@cco.on.ca> wrote:

There is a news article about a hospital data breach and class action law suit. Could you please find the main article and any comments? 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

Web Site: www.cco.on.ca

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--

Boyd Neil
@boydneil
416.892.6624

1473

CTV NEWS**TORONTO**

Ransomware attack at southwestern Ontario hospitals compromises patient, employee data



01:18

CTV National News: Fallout after hack of hospitals

1474



02:49

Data published online in ransomware attack

What to know about hospital data breach

CTV National News: Five Ontario hospitals hacked

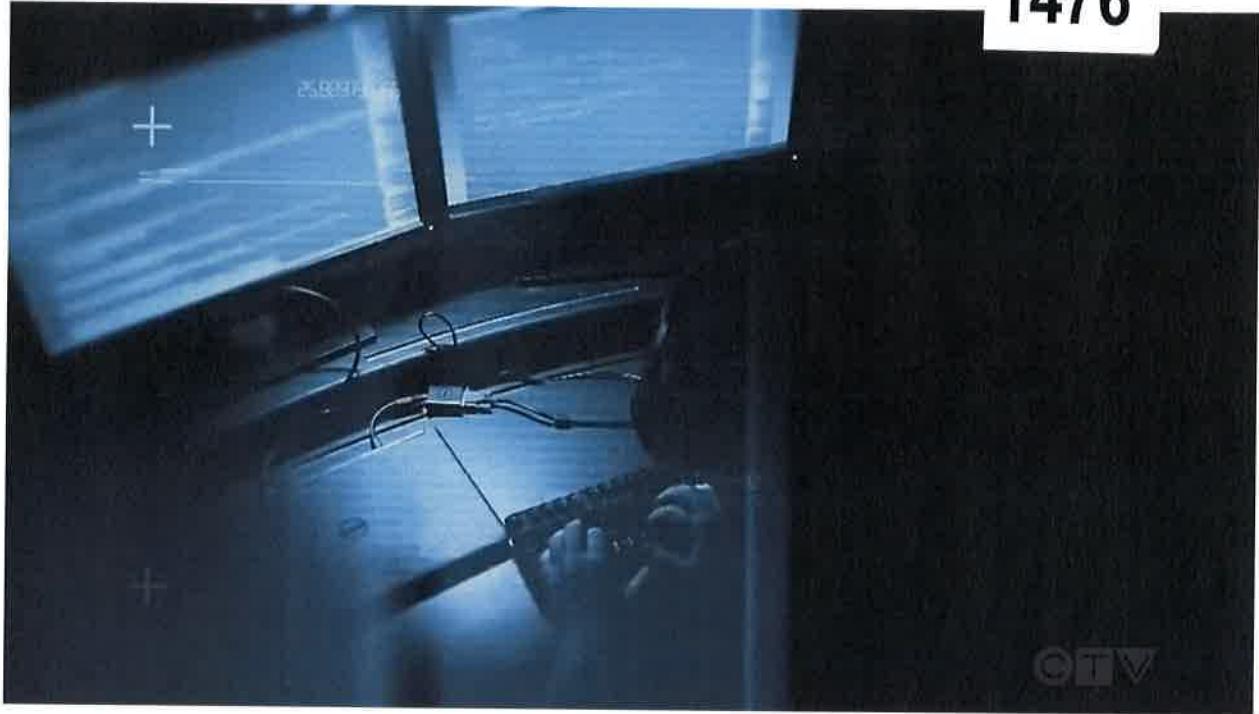


02:10
Update to hospital ransomware attack



CTV National News: Sick Kids reeling post-attack

1476



SickKids dealing with cyber security incident





Bryann Aguilar
CP24 Web Content Writer

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Published Nov. 1, 2023 11:43 a.m. EDT

1477

The data of certain patients and employees have been compromised due to a ransomware attack, several southwestern Ontario hospitals say.

In a [joint statement\(opens in a new tab\)](#) released on Tuesday, Bluewater Health, Chatham-Kent Health Alliance, Erie Shores HealthCare, Hôtel-Dieu Grace Healthcare and Windsor Regional Hospital, and their shared service provider TransForm Shared Service Organization confirmed that they had been targeted in a cybersecurity incident.

“Working with leading cybersecurity experts, we have determined through our investigation that, unfortunately, certain patient, employee and professional staff data has been taken, and there is the possibility that the actors responsible for this attack may publish some of the stolen data,” the statement read.

“We continue to investigate to determine the exact data impacted, and any individuals whose data was affected by this cyberattack will be notified in accordance with the law.”

Some online services at the hospitals have been down since Oct. 24.

According to the Canadian Centre for Cyber Security, a ransomware attack involves cybercriminals using malicious software to encrypt, steal, or delete a user's or an organization's data and then demand payment to restore it.

The centre said ransomware is the most common threat Canadians face and is on the rise. It noted that the attack can have severe impacts, including core business downtime, permanent data loss, intellectual property theft, privacy breaches, reputational damage and expensive recovery costs.

1478



Windsor Regional Hospital is seen here on April 9, 2021. (Bob Bellacicco/CTV News Windsor)

The hospitals said they are working around the clock to restore their systems. On their websites, the hospitals have posted messages alerting their patients that they continue to experience a system outage due to the attack.

The hospitals said they are working closely with different local and international law enforcement agencies, including the INTERPOL and the Federal Bureau of Investigation. They added that they had notified the Ontario Information and Privacy Commissioner and other regulatory organizations.

“We understand the impact this incident is having on members of our community, including patients and our employees and professional staff, and deeply apologize for the inconvenience this has caused. We want to thank everyone for their patience during this time,” the hospitals said.

They noted that they will do their best to contact patients in advance if they have a scheduled appointment that needs to be rescheduled.

The hospitals also advise patients who do not need emergency care to attend their primary care provider or local clinic.

https://www.thestar.com/news/gta/michael-garron-hospital-hit-by-data-security-incident-patient-care-services-not-affected/article_2197d6f7-2fd4-59bc-9b90-89c63716e048.html

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GTA

Michael Garron Hospital hit by 'data security incident,' patient care services not affected

The Toronto hospital is 'actively investigating' the incident after five southwestern Ontario hospitals on Monday suffered cyberattacks that cancelled procedures.

By **Kevin Jiang** Staff Reporter

Oct 26, 2023

Article was updated Oct 26, 2023



Michael Garron Hospital in Toronto's east end was impacted Thursday by a 'data security incident.'
Richard Lautens / Toronto Star file photo

A Toronto hospital is reporting data security issues this week, days after five southwestern Ontario hospitals were subjected to cyberattacks that cancelled procedures and kept some patients waiting for hours.

Michael Garron Hospital announced Thursday it was made aware of a “data security incident” earlier this week. A spokesperson told the Star they weren’t certain if it was related to the earlier cyberattacks.

“At this time, there are no known impacts to clinical applications or patient care services,” said Regan Lalonde, spokesperson for the hospital, in

an email. “We are actively investigating and assessing the impact of the incident with the support of third-party experts.”

In a statement on its website, the hospital said it has “initiated a Code Grey to facilitate the coordination of resources and business continuity.” Michael Garron defines a Code Grey as when an information technology system disruption affects the hospital’s clinical and administrative applications.

“We have also notified our partners,” its statement continued. “Out of an abundance of caution, our teams are in the process of planning and implementing additional proactive measures to safeguard our data and information systems while the investigation is underway.”

The hospital did not specify which specific systems were impacted, or whether any patient data was compromised. Nor did it elaborate on the proactive measures taking place.

Although it appears no patient care services were impacted at Michael Garron, other recently affected hospitals suffered more severe consequences.



Five hospitals of the Chatham-Kent Health Alliance were the targets of a cyber assault that caused long delays and rescheduled crucial procedures on Monday. The CBC reports some patients were waiting nearly 24 hours to be seen after arriving by ambulance, as staff scrambled to work with paper records.

It's unclear whether other hospitals were affected by the cyberattack, although Unity Health and the University Health Network in Toronto told the Star they weren't impacted.

Hospitals and health care centres have become major targets for cyber criminals, with a recent study in JAMA Network finding cyberattacks have more than doubled from 2016 to 2021 against U.S. hospitals.

According to global cybersecurity firm Senetas, malicious actors often leverage hospitals' life-saving work against them, like threatening to shut off vital support systems if they don't receive payment.

Hospitals also hold a wealth of sensitive patient information that can be used to steal people's identities, access their accounts, blackmail individuals or more, according to Senetas.

A new study from Comparitech found that in the U.S. alone, medical data breaches accounted for over 422.7 million leaked patient records from 2009 to July of this year.



Kevin Jiang is a Toronto-based staff reporter for the Star's Express Desk. Follow on X: @crudelykevin.

https://www.thestar.com/news/canada/five-ontario-hospitals-say-sensitive-data-has-been-leaked-online-following-cyberattack/article__283f5326-2e5b-5b47-b2af-963cbab4cbae.html

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CANADA

Five Ontario hospitals say sensitive data has been leaked online following cyberattack

A cyberattack on five southwestern Ontario hospitals last week compromised patient and staff data.

By Kevin Jiang Staff Reporter

Nov 2, 2023

Article was updated Nov 2, 2023



A 2013 file photo of the sign of Windsor Regional Hospital — one of five healthcare centres that had their data leaked online following a cyberattack.

Richard Lautens / Toronto Star

A week after a cyberattack targeting five southwestern Ontario hospitals caused long delays and rescheduled critical procedures, the facilities now say some of the stolen data have been published online.

“Working with leading cybersecurity experts, we continue to investigate to determine the exact data impacted,” the Erie-St. Clair region hospitals said in a joint statement released Thursday. “Any individuals whose data was affected by this cyberattack will be promptly notified, in accordance with the law.”

The statement confirmed the data breach announced last Monday impacted operations as well as “certain patient, employee and professional staff data.”

Affected hospitals include: Bluewater Health, Chatham-Kent Health Alliance, Erie Shores HealthCare, Hôtel-Dieu Grace Healthcare and Windsor Regional Hospital. The hospitals share a service provider, TransForm Shared Service Organization.

It's yet unclear exactly what data was published where.

According to the hospitals' statement, the data was published after they refused to pay a ransom demanded by the perpetrator "on advice from our experts that we could not verify claims by the attacker."

The joint update also noted the hospitals were working with law-enforcement agencies, including local police, Ontario Provincial Police, Interpol and the FBI. Regulators like the Ontario Information and Privacy Commissioner have also been notified.



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Some service impacts — which led some patients to wait almost 24 hours after arriving by ambulance to the emergency room Monday, [CBC reported](#) — are still ongoing as of Thursday.

"We continue to work around the clock to restore systems, and we expect to have updates related to the restoration of our systems in the coming days,"

the statement read.

In the meantime, if you do not require emergency care, the hospitals advise you visit your primary care provider or local clinic instead. The facilities are working to inform any patients who need to be rescheduled.

“We understand the impact this incident is having on members of our community, including patients and our employees and professional staff, and deeply apologize for the inconvenience this has caused,” the statement read.

Last Thursday, Toronto’s Michael Garron Hospital initiated a Code Grey, after they were the target of a “data security incident.” Patient care services were not affected, a spokesperson told the Star, adding that it was unclear whether their incident was related to that of the five hospitals.

Hospitals and health care centres have become major targets for cyber criminals. A recent study in JAMA Network found cyberattacks have more than doubled from 2016 to 2021 against U.S. hospitals.

According to global cybersecurity firm Senetas, malicious actors often leverage hospitals’ life-saving work against them, like threatening to shut off vital support systems if they don’t receive payment.

Hospitals also hold a wealth of sensitive patient information that can be used to steal people’s identities, access their accounts, blackmail individuals or more, according to Senetas.

A new study from Comparitech found that in the U.S. alone, medical data breaches accounted for over 422.7 million leaked patient records from 2009 to July of this year.

Windsor

Info from 5.6 million patient visits among data stolen in ransomware attack on Ontario hospitals

A 3rd set of data has been published on the dark web, site says, as OPP continue investigation

[Kathleen Saylor](#), [Jennifer La Grassa](#) · CBC News ·

Posted: Nov 06, 2023 2:02 PM EST | Last Updated: November 6



A screenshot of cybercriminal group Daixin's page on the dark web. The group has claimed responsibility for the attack on five southwestern Ontario hospitals, according to the blog databreaches.net. (Chris Ensing/CBC)

A database containing information on 5.6 million patient visits to Bluewater Health and the social insurance numbers of as many as 1,446 Chatham-Kent Health Alliance employees are among the data taken in the ransomware attack on five southwestern Ontario hospitals, officials said in a lengthy update Monday.

The update — including specific information about what was stolen from each hospital — comes after some data was published by the hackers online.

- [Windsor hospital warns of payroll errors, but says staff will be paid, amid cyberattack](#)
- [2nd round of data from hospital cyberattack published, site says](#)

"All hospitals have some degree of patient and employee information affected," the hospitals said in a joint afternoon statement. "All of our hospitals are diligently investigating the stolen data to determine who is impacted."

The cyberattack on Oct. 23 has led to a system outage involving patient records, email and more at Windsor Regional Hospital, Erie Shores HealthCare, Hôtel-Dieu Grace Healthcare, Bluewater Health and Chatham-Kent Health Alliance. It has also delayed appointments for patients.

Neither the hospitals nor TransForm — the hospitals' IT and payroll administration organization, which is at the centre of the attack — have paid ransom demanded by attackers.

TransForm says anyone whose data has been compromised will be contacted directly.

According to the joint statement from the hospitals, attackers were able to steal data from a shared file server that included patient data of "varied amounts and sensitivity."

"The stolen data is in many formats, some of which are easier to analyze," officials said in their statement.

Also targeted was a Bluewater Health patient database report.

Not stolen in the attack are databases related to employee payroll, accounts payable, electronic health record information at hospitals other than Bluewater Health and donor information.

The hospitals called the information released Monday "an initial update on what is known to date," saying that analysis is still ongoing.

Hospitals summarize known extent of breach

- Bluewater Health in Sarnia: The stolen database report includes information on 5.6 million visits made by 267,000 unique patients. The hospital says it is still determining the specific individuals included in the report and it did not include clinical documentation records. Employee and staff SIN and banking information was not taken.
- Chatham-Kent Health Alliance: An employee database that contained information about 1,446 employees working at the hospital as of Feb. 2, 2021, was taken. That information includes names, SINs, addresses and rates of pay, among other basic personal information. But the database did not include professional staff or volunteers. No banking information was stolen. The CKHA's electronic health record was not affected, but a

shared drive did contain some patient information still being analyzed by the hospital.

- Erie Shoes HealthCare in Leamington: A "limited set" of stolen data includes 352 current and past employee social insurance numbers (SIN). The hospital says its entire workforce was not affected, so impacted employees will be notified directly. No banking information was stolen.
- Windsor Regional Hospital: Officials say a limited portion of a shared drive used by staff some patients were identified, either by name only or with a brief summary of their medical conditions. The information does not include any patient charts or electronic medical records. Information pertaining to some employees, like staff schedules, was affected, but WRH believes no SINS or banking information was taken.
- Hôtel-Dieu Grace Healthcare in Windsor: The breached shared drive included some patient information the hospital is still analyzing. Some employee information was stolen, but the hospital says that does not include SINS or banking information.

The hospitals are all offering free credit monitoring to their employees and professional staff. Past employees whose information may have been affected, like at CKHA, can sign up in person at the hospital or will receive a letter with instructions.

The hospitals said they anticipate an update on the restoration of systems in the coming days and they have reported findings to the Ontario Information and Privacy Commissioner.

The hospitals have set up a cybersecurity hotline for questions from patients, at 519-437-6212, with hours from 8 a.m. to 11 p.m. Monday to Friday. Staff can direct questions to their HR teams.

"We condemn the actions of cybercriminals, in the health-care sector and elsewhere, in our communities and around the world," officials said. "We understand the concern this incident has raised within our communities,

including patients and our employees and professional staff, and we deeply apologize."

Cybercriminal group exposes new batch of data: blog

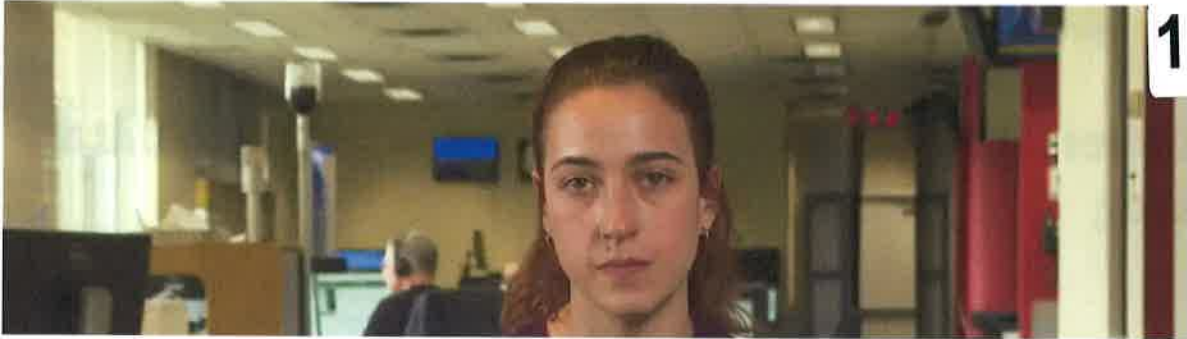
The update from the hospitals comes after another bunch of sensitive patient data was released onto the dark web by the cybercriminal group that has claimed responsibility for the attack, according to the author of a site that tracks data breaches.

This is the third round of data that has been published after the five hospitals agreed not to pay a ransom.

The first round of data, which included scans of patient information like records and claims, was published on Nov. 1. The second round of data, published on Friday, included COVID-19 vaccine records including names and in some cases their reactions to vaccines.

This third round of data, according to DataBreaches.net — a blog that covers cyberattacks — was released on Sunday.

WATCH | Cybercriminal group claims responsibility for hospital attack:



Cybercriminal group claims responsibility for ransomware attack on hospitals

▶ 1 month ago 3:19

According to a blog, cybercriminal group Daixin says it has attacked the hospitals in southwestern Ontario and forced them to go dark. CBC's Jennifer La Grassa breaks down more details the group shared about how it got into hospital systems.

CBC News has not independently verified the claims in the blog, but has verified the identity of the author of the website. An expert told CBC while the author, who uses the pseudonym Dissent Doe, has a track record of credibility, [specific claims made by hackers should be taken with some skepticism](#).

The author of Databreaches.net says through email the cybercriminal group Daixin took responsibility for the attack last week.

According to Dissent, the third round of data includes some personnel information, sensitive patient information and IT-related data.

They say this involves discharge data on patients between 2013 and 2015, as well as survey responses, patient complaints and internal hospital reviews that have been done.

Dissent writes that their description of what data was leaked is "intended to remind the public what can happen when threat actors can gain access to a network and why entities need to really evaluate whether they have adequate security for sensitive files."

- [**Investigation ongoing, but no firm timeline for restoration, in cyberattack affecting 5 hospitals**](#)
- [**What ransomware hackers do with data they extort — and why it can be lucrative**](#)

Dissent adds in their blog that there is still another part of the data that Daixin hasn't yet dumped and that is databases.

During a news conference in Toronto on Monday, Minister of Health Sylvia Jones said Ontario Provincial Police continue to investigate the cyberattack.

"Without a doubt, we are very concerned when any type of patient access is compromised and we continue to support those hospitals to make sure that as they work through finding out exactly where the breach was and ... ensuring that doesn't happen again," Jones said.

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Southwestern Ont. hospitals facing \$480M class action after patient data breached, sold on dark web

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02:10

Mike Bradley speaks out over cyber attack





Abby O'Brien

CTV News Toronto Multi-Platform Writer

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Published Nov. 30, 2023 3:45 p.m. EST

A group of southwestern Ontario hospitals is facing a potential \$480-million class action lawsuit after at least 270,000 patients in the region had their data breached and reportedly sold by hackers on the dark web.

[The breach \(opens in a new tab\)](#), first detected on Oct. 23, targeted Bluewater Health, Chatham-Kent Health Alliance, Erie Shores HealthCare, Hôtel-Dieu Grace Healthcare, Windsor Regional Hospital, and TransForm Shared Service Organization, which operates technology systems for the hospitals.

The lawsuit was launched by a patient of Bluewater Health but is being filed on behalf of all Ontario residents who were or are patients of any of the five hospitals.

A statement of claim obtained by CTV News argues that the hospitals failed to adequately protect patient records. The statement of claim goes on to state that the patients are enduring “serious and prolonged mental distress” as a result of the breach.

“The defendants did not employ adequate or effective cyber security measures which resulted in unknown individuals illegally gaining access to their computer network, data, digital storage, digital files, and computers,” the document alleges.

“The information which was invaded, including but not limited to personal health information, is highly sensitive and personal, and a reasonable person would consider the invasion to be highly offensive causing anguish, humiliation, and/or distress,” it continues.

The social insurance numbers of 20,000 Bluewater patients were collected during the attack, alongside names, addresses, phone numbers, dates of

birth, and reasons for visits to healthcare facilities. Any patient who registered for treatment after Feb. 24, 1992, was compromised.

In November, the hospitals acknowledged the data had been published on the 'dark web' after they refused to bend to ransom demands from the hackers, a number purported to be in the millions. Those claiming to be responsible have since said they have [sold the "full leak" of stolen data](#)(opens in a new tab).

A statement of defence has not been filed in the civil proceedings. When reached for comment, the hospitals issued a joint statement confirming they had received the lawsuit.

"As this is now a legal matter before the courts, we will not be commenting. Please visit our website for updates on the cyber attack and restoration of services," the statement reads.

Lawyer says hospitals failed to protect information.

The Ontario Provincial Police, alongside the United States Federal Bureau of Investigation, have also launched a criminal investigation into the incident.

Speaking with CTV News, the lawyer for the plaintiffs, Marielle Dahab of Dahab Law, said to CTV News that while the hospitals were victims of the breach themselves they ultimately failed to protect their patients' information.

'The ultimate victim is the patient, not the hospital,' she said. "It wasn't the hospital's information that's been leaked out there."

In preparing and serving the lawsuit, Dahab said she heard from many of the affected patients.

Dahab said that, ultimately, the parties are hoping their action can help others think more critically about data protection.

"We're hoping that this changes the way people are looking at data -- taking it lightly and depending so much on IT companies to protect them from liability," she said. "You protect your data."

With files from CTV News Windsor's Rich Garton.

Very personal data now online after southwestern Ontario cyberattack

1497

Author of the article:

[Trevor Wilhelm](#)

Published Nov 09, 2023 • Last updated Nov 09, 2023 • 4 minute read

6 Comments



Photo illustration of a cyber attack. PHOTO BY NICOELNINO /Getty Images

Domestic abuse and sexual assault victims, people in mental health crises, and many who asked for confidentiality are among thousands of patients whose identities and medical conditions are on the Internet following hospital cyberattacks in southwestern Ontario.

Release of the stolen information — which includes data from every Sarnia hospital patient in the last three decades — could have devastating effects on people already suffering, according to an expert.

“Some of these individuals are going to be already emotionally vulnerable, and this will come as an absolute hammer blow to those people,” said Brett Callow, an advisory board member with the Royal United Services Institute’s Ransomware Harms project, which examines the impact of ransomware on victims.

“Common sense tells you that knowing this information is out there, or even that it may be out there, is going to be potentially devastating news to some people.”

A screenshot containing a small sample of the information shows how wide-reaching and potentially devastating the data breach could be.

The information appears to focus on the Sarnia area — Bluewater Health was the hardest hit of the five affected hospitals — but the patients listed come from across southern Ontario and into northern Ontario.

Chatham-Kent Health Alliance, Erie Shores HealthCare, Hôtel-Dieu Grace Healthcare, and Windsor Regional Hospital were also targeted.

The hackers found digital backdoors into the hospitals by going through TransForm Shared Service Organization, which runs technology systems for all five facilities.

They stole millions of files containing staff and patient data, and locked the hospitals out of their own systems.

A cybercrime gang called Daixin Team has claimed responsibility for the attack, which was part of a blackmail attempt. The hospitals, which have refused to pay the ransom, detected the attack on Oct. 23.

In a joint-statement this week, the hospitals said they will have to entirely rebuild their networks following the attack. The organizations also said it will likely take months to determine all of the individuals whose data was stolen.

Bluewater Health alone has confirmed the theft of a database report including information related to roughly 5.6 million visits by about 267,000 unique patients dating back three decades. The hospital said Thursday it has determined the stolen database report included information about every patient seen at Bluewater Health or its predecessor institutions since Feb. 24, 1992.

That includes Lambton Hospitals Group, Charlotte Eleanor Englehart Hospital of Bluewater Health, Sarnia General Hospital, and St. Joseph’s Hospital.

Bluewater Health said stolen data includes social insurance numbers for about 20,000 patients.

Hotel-Dieu Grace Healthcare said Thursday said it has determined that a database containing information about 1,396 people employed by the hospital as of Nov. 4, 2022 was stolen. Information about some former employees was also stolen. The hospital said its stolen database report does not appear to include professional staff or volunteer information.

A chunk of stolen data, appearing as entries on a spreadsheet, contains deeply personal information about hundreds of hospital patients.

The files include patients' full names, addresses, phone numbers, account numbers, birth dates, marital status, medical conditions, and whether they were in-patients or out-patients, among other details.

There are people with head trauma, cancer, vertigo, pneumonia, car crash injuries, and potentially embarrassing medical issues. There are newborns and palliative care patients. There are people suffering after suicide attempts, drug overdoses, and physical and sexual assault.

The data also includes special notes attached to patient files. Dozens contain entries such as "confidential," "no info to be given out," "confidential patient," "patient wants admission confidential," or other variations on that theme.

Many entries note that patients requested certain people not contact them or state that no one knew they were in the hospital. Some entries state "no info to be given out at all." The lists contain domestic assault victims who fear their partners will find them.

Once the information is out there, Callow said there's no way to get it back.

"There is absolutely nothing you can do," said Callow, also a threat analyst with international cybersecurity firm Emsisoft. "You also have no way of knowing how many people have accessed that information, how many have saved it, how many have shared it elsewhere, or if, when and how it may be used again in the future."

He said the data, which is easier to find than many might assume, can be exploited for various criminal endeavours.

"It could be used for everything from identity fraud through to extortion attempts against the individuals to whom the data relates," said Callow.

He said most ransomware attacks are preventable, but succeed because of "often fairly basic security failings." Stronger laws governing how data is protected are necessary, he said, along with harsher consequences for organizations that fail to have "reasonable controls in place."

Callow said governments must also take more action in creating strategies to address the ransomware threat.

"The situation now is as bad as it has ever been, and government's response to this really has not been strong enough," he said. "Current strategies are very obviously not working. So new approaches are needed."

"Something I absolutely believe the government should be considering at this point is a ban on the payment of ransom demands. Attacks like this happen for one reason and one reason only,

and that is they're very, very profitable. If you take the profit away, the attacks will stop. It's that simple."

From: Jo-Ann Willson
Sent: December 6, 2023 8:14 AM
To: Rose Bustria
Subject: FW: FW: Southwestern Hospital Data Breach

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

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From: Boyd Neil <socialreachconsulting@gmail.com>
Sent: December 6, 2023 7:33 AM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: chris.winsor chris.winsor <chris.winsor@sympatico.ca>; Joel Friedman <JFriedman@cco.on.ca>
Subject: Re: FW: Southwestern Hospital Data Breach

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Some of the social media commentary:

Spanglish Canada @wearsanglish · Nov 30

...

Think your **hospital** visit worries ended with the bill? Think again! 😞 A **data breach** in southwestern Ontario has leaked the info of 270,000 patients, sparking a juicy \$480M lawsuit. Got your info in the wild? Click here for the full drama: ...

1502

Violación de datos del hospital provoca demanda colectiva de \$480 millones en el suroeste de Ontario.



31





BHIVE Spanglish Toronto @FriendsMercado · Nov 30

...

Automated

Hospital data breach leads to \$480M class action in Southwestern Ontario. Violación de datos del **hospital** provoca demanda colectiva de \$480 millones en el suroeste de Ontario.

1503

Violación de datos del hospital provoca demanda colectiva de \$480 millones en el suroeste de Ontario.



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Ann Cavoukian, Ph.D. @AnnCavoukian · Dec 1

...

Ontario **hospital data breach** sees \$480M lawsuit served | CP24.com



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99.1 FM CKXS @991CKXS · Dec 1

...

A class action lawsuit has been filed against the Chatham-Kent Health Alliance and four other **hospitals** in the region in the wake of a ransomware attack and massive **data breach**.

1504

READ MORE: ckxsfm.com/regional-hospi...



🗨️ ↺️ ❤️ 1 📊 281 📌 ⬆️



Christopher Leighton MD, FRCPC @ccleighton · Nov 5

...

Daixin Team's **Hospital Data Breach** Shakes Southern **Ontario**

Still not a peep from Premier [@fordnation](https://twitter.com/fordnation) or our health minister [@SylviaJonesMPP](https://twitter.com/SylviaJonesMPP)

It's only impacting a million people and a cancer program with a catchment area of 600,000 persons.



🗨️ 6 ↺️ 102 ❤️ 163 📊 5.8K 📌 ⬆️



Christopher Leighton MD, FRCPC @ccleighton · Nov 2 ...

The southwestern **Ontario hospital data breach** continues to grow in severity yet not a peep from @fordnation or @SylviaJonesMPP

Patient data is now being leaked. The DAIXIN group has claimed responsibility. See report below but cannot confirm it's veracity: databreaches.net/exclusive-daix...

4 105 164 7.1K



Cathy Dee @CathyDe48706968 · Nov 5 ...

***Haven't seen anything here regarding Cyber-attack/**data breach** at the SW **Ontario hospitals** affecting personal patient & employee info...they say they are going to release the info to the dark web?

databreaches.net/exclusive-daix...

34



Brandon M. Trube @trubetech · Nov 7 ...

"Learn about the recent ransomware **data breach** that impacted 267,000 patients! TransForm, the shared service provider, provides an update on the cyberattack affecting multiple **hospitals in Ontario, Canada**. Find out more at: bleepingcomputer.com/news/security/..."



14

On Wed, Dec 6, 2023 at 7:29 AM Jo-Ann Willson <jpwilson@cco.on.ca> wrote:

FYI.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.

Registrar & General Counsel

College of Chiropractors of Ontario

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355 ext. 111

Toll Free: 1-877-577-4772

Fax: (416) 925-9610

E-mail: jpwillson@cco.on.ca

Web Site: www.cco.on.ca

1506

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and your inquiry will be directed appropriately.

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From: Jo-Ann Willson
Sent: December 6, 2023 7:29 AM
To: Shawn Southern <shawn@southernfamily.ca>
Subject: RE: Southwestern Hospital Data Breach

I really hope you send me an invitation to the "lessons learned" part. 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

Georgia Allan

Peacefully, at Brockville General Hospital, Georgia Jean Allan entered into eternal rest on Saturday, January 6, 2024, in the presence of her life long friend, Madeline Hawe. Born in Smiths Falls on March 2, 1944, Georgia was the only daughter of John H. (Jack) and Lena (nee Best) Allan. Georgia is survived by numerous cousins related to the Best, Rice, and Todd families. Being raised in a loving and nurturing home, Georgia attended Rideau Public School for her elementary schooling and Smiths Falls District Collegiate Institute for her secondary education. Upon completion of high school, Georgia found employment in Ottawa and worked primarily at Dr. Elmer McPhee's dental office for many rewarding years. Upon retirement, Georgia became a public member for the Ontario College of Chiropractors in Toronto. Throughout her career and her association with the College of Chiropractors, Georgia made and maintained life long friendships with people she met along the way. Also, she had an in-depth knowledge of family history and a wealth of historical knowledge related to the town of Smiths Falls. Georgia reveled in discussing politics and current events focusing on the local and national news. Georgia was never without an opinion and expressed her thoughts confidently. Being an avid reader, Georgia read extensively with a focus on biographies and autobiographies. Books, newspapers, and more recently, the online news were part of her daily life. Watching movies or reading until the wee hours of the morning became a favourite pastime. The phone was a lifelong companion and she took pride in recalling phone numbers without needing to consult a phone book. Georgia kept in touch with family and friends regularly and her conversations will be sorely missed by her many contacts.



"Together Again"



ITEM 6.1

1524



Lovingly
remembered
Georgia Allan
1944 - 2024

1525



Born
March 2, 1944
Smiths Falls, Ontario

Passed Away
January 6, 2024
Brockville, Ontario

Visitation
Tuesday, January 16, 2024
11:00 a.m. - 1:00 p.m.

Funeral Service
Blair & Son Chapel
1:00 p.m.

Interment
Hillcrest Cemetery

Reception to follow
Blair & Son Smiths Falls
Reception Centre





1526

P.O. Box 160
360 Dibble St. West
Prescott ON K0E 1T0

Tel: (613) 925-2812
Fax: (613) 925-4381
gshankar@prescott.ca

THE FORT TOWN
Office of the Mayor

ITEM 6.2

December 11, 2023

Ms Jo-Ann Willson
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7

Dear Ms Willson,

Wishing you and your wonderful team a very Merry Christmas and a Happy New Year!

Please find enclosed a small token of my appreciation and admiration for you and your staff.

Sincerely,

Mayor Gauri Shankar

ORIGINAL ARTICLE

Chiropractic Day 2023: A Report and Qualitative Analysis of How Thought Leaders Celebrate the Present and Envision the Future of Chiropractic



Claire D. Johnson, DC, MEd, PhD,^a Bart N. Green, DC, MEd, PhD,^a Mustafa Agaoglu, DC,^{b, c} Lyndon Amorin-Woods, BAppSci(Chiro), MPH,^d Richard Brown, DC, LLM,^e David Byfield, DC, MPhil,^f Gerard W. Clum, DC,^g Waleska Crespo, MHSA, DrPH,^h Kendrah L. Da Silva, MDipTech(Chiro),^{i, bb} Dawn Dane, MSc(Chiro), EdD,^j Clinton J. Daniels, DC, MS,^k Micheala Edwards, DC,^l William K. Foshee, DC,^m Christine Goertz, DC, PhD,ⁿ Charles Henderson, DC, PhD,^o Roger Hynes, DC,^p Valerie Johnson, DC,^q Lisa Killinger, DC,^p Karen Konarski-Hart, DC, MS,^m Deborah Kopansky-Giles, DC, MSc,^r Matthew Kowalski, DC,^s Craig Little, DC, Med, EdD,^t Sherry McAllister, DC, MEd,^u John Mrozek, DC, MEd, EdD,^v Don Nixdorf, DC,^m L. David Peeace, DC,^m Cynthia Peterson, RN, DC, MMedEd,^{w, bb} Kristina L. Petrocco-Napuli, MS, DC, DHPE,^x Reed Phillips, DC, PhD,^y Gregory Snow, DC,^z Anne Sorrentino, DC,^m Yi Kai Wong, BSc(Chiro), MScPH,^{aa} Christopher Yelverton, MTech(Chiro), PhD,^{bb} and Kenneth J. Young, DC, MAppSc, PhD^{cc}

^a National University of Health Sciences, Lombard, Illinois.

^b AECC University College, Bournemouth, United Kingdom.

^c Turkish Chiropractic Association, Turkey.

^d College of Health & Education, School of Allied Health, Murdoch University, Perth, Australia.

^e World Federation of Chiropractic, Toronto, Canada.

^f Welsh Institute of Chiropractic, University of South Wales, Pontypridd, United Kingdom.

^g Life University, Marietta, Georgia.

^h Universidad Central del Caribe, Puerto Rico.

ⁱ Chiropractic Association of South Africa, Centurion, South Africa.

^j Central Queensland University, Queensland, Australia.

^k Veterans Administration Puget Sound Health Care System, Tacoma, Washington.

^l American Black Chiropractic Association, Atlanta, Georgia.

^m Private practice, Dallas, Texas.

ⁿ Duke University School of Medicine, Durham, North Carolina.

^o Henderson Technical Consulting and Life Chiropractic College West, Hayward, California.

^p Palmer College of Chiropractic, Davenport, Iowa.

^q Veterans Administration Greater Los Angeles Healthcare System, Los Angeles, California.

^r Canadian Memorial Chiropractic College, Toronto, Canada.

^s Osher Center for Integrative Medicine at Harvard Medical School and Brigham and Women's Hospital, Boston, Massachusetts.

^t Council on Chiropractic Education, Scottsdale, Arizona.

^u Foundation for Chiropractic Progress, Folsom, California.

^v Texas Chiropractic College, Pasadena, Texas.

^w European Council on Chiropractic Education and Councils on Chiropractic Education International, British Columbia, Canada.

^x Logan University, Chesterfield, Missouri.

^y NCMIC Foundation, Clive, Iowa.

^z Palmer College of Chiropractic West, San Jose, California.

^{aa} Association of Chiropractic Malaysia, Kuala Lumpur, Malaysia.

^{bb} University of Johannesburg, Johannesburg, South Africa.

^{cc} University of Central Lancashire, Preston, United Kingdom.

Corresponding author: Claire D. Johnson, DC, MEd, PhD, 200 E. Roosevelt, Lombard, IL, 60148.

(e-mail: cjohnson@nuhs.edu).

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1556-3499

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ABSTRACT

1528

Objective: This study aimed to (1) collect and analyze statements about how to celebrate chiropractic in the present and roles that chiropractors may fulfill in the future, (2) identify if there was congruence among the themes between present and future statements, and (3) offer a model about the chiropractic profession that captures its complex relationships that encompass its interactions within microsystem, mesosystem, exosystem, and macrosystem levels.

Methods: For this qualitative analysis, we used pattern and grounded theory approaches. A purposive sample of thought leaders in the chiropractic profession were invited to answer the following 2 open-ended questions: (1) envision the chiropractor of the future, and (2) recommendations on how to celebrate chiropractic. Information was collected during April 2023 using Survey Monkey. The information was entered into a spreadsheet and analyzed for topic clusters, which resulted in matching concepts with social-ecological themes. The themes between the responses to the 2 questions were analyzed for congruence. We used the Standards for Reporting Qualitative Research to report our findings.

Results: Of the 54 experts invited, 32 (59%) participated. Authors represented 7 countries and have a median of 32 years of chiropractic experience, with a range of 5 to 51 years. Nineteen major topics in the future statements and 23 major topics in statements about celebrating chiropractic were combined in a model. The topics were presented using the 4 levels of the social-ecological framework. Individual (microsystem): chiropractors are competent, well-educated experts in spine and musculoskeletal care who apply evidence-based practices, which is a combination of the best available evidence, clinical expertise, and patient values. Interpersonal relationships (mesosystem): chiropractors serve the best interests of their patients, provide person-centered care, embrace diversity, equity, and inclusion, consider specific health needs and the health of the whole person. Community (exosystem): chiropractors provide care within integrated health care environments and in private practices, serve the best interests of the public through participation in their communities, participate through multidisciplinary collaboration with and within the health care system, and work together as a profession with a strong professional identity. Societal (macrosystem): chiropractors contribute to the greater good of society and participate on a global level in policy, leadership, and research. There was concordance between both the future envisioning statements and the present celebration recommendations, which suggest logical validity based on the congruence of these concepts.

Conclusion: A sample of independent views, including the perceptions from a broad range of chiropractic thought leaders from various backgrounds, philosophies, diversity characteristics, and world regions, were assembled to create a comprehensive model of the chiropractic profession. The resulting model shows an array of intrinsic values and provides the roles that chiropractors may provide to serve patients and the public. This study offers insights into the roles that future chiropractors may fulfill and how these are congruent with present-day values. These core concepts and this novel model may have utility during dialogs about identity, applications regarding chiropractic in policy, practice, education, and research, and building positive relationships and collaborations. (*J Chiropr Humanit* 2023;30:23-45)

Key Indexing Terms: *Chiropractic; Health Occupations; Professional Role; Social Responsibility; History; Qualitative Research*

INTRODUCTION

For over 125 years, the profession of chiropractic has provided health care and served patients and the public. Over this time, the number of chiropractors has grown, and the profession has adapted to the needs of individuals and society. As well, the chiropractic profession's clinical practices and education programs have grown globally.¹⁻⁴ This growth has been notable in spite of internal and external obstacles that the profession has overcome.⁵⁻¹⁴ Although the core principles and practices of chiropractic remain consistent, chiropractic knowledge, practices, and the opportunities to serve continue to expand.^{3,11}

Considering what is worthy of celebrating about a profession provides insight into what is valued amongst its members. Focusing on a common point in time, such as the historic founding of a profession, is a means to explore these values. Chiropractic Day is declared to be the day that the

chiropractic profession was founded.¹⁵ Even though the exact day of the origin of chiropractic is uncertain, September 18 is traditionally the day of recognition and celebration.¹⁶⁻²¹ Although the profession began in 1895, it was not until later that an official celebration day was recognized.^{1,15,22} In 1928, Wray Hughes Hopkins, DC, presented a plan to celebrate chiropractic to Dr. Bartlett Joshua Palmer, who was the president of the Palmer School of Chiropractic in Davenport, Iowa, at that time.¹⁸ The original purpose of this celebration was for chiropractors from around the world to observe the day annually "to identify themselves with the world's greatest natural healing science."¹⁷ Dr. Bartlett Joshua Palmer supported the idea, and the first global Chiropractic Day event was celebrated on September 18, 1928.¹⁷

By the 1950s, there were approximately 23 000 chiropractors in North America. Chiropractic is claimed to be "the second largest profession of healing" in the United States, with 33 000 000 patients in North America receiving

chiropractic care each year.¹⁶ Because the profession was reaching more people and gaining stature, a proposal was made to the United States Congress for recognition.²³ In 1952, Chiropractic Day (September 18) was formally declared as a day “to mark observance of the historical date on which Dr. Daniel David Palmer rediscovered the principles of chiropractic and gave a new science of healing to the world” (Fig 1).¹⁶

In 2017, the World Federation of Chiropractic estimated that there were over 103 000 chiropractors worldwide.² Using the same proportional estimate calculations that were used in 1952, it would mean that chiropractors are now providing care to 148 000 000 individuals per year, which may be an underestimate. The contributions of the chiropractic profession have been substantial in helping people with their health and recovery, yet questions remain as to the direction it should take.²⁴⁻²⁸

Self-reflection on the future of a profession is essential and should be accomplished from a variety of viewpoints, especially from those who have years of experience. As far as we are aware, there are no recent articles in the indexed literature that focus on envisioning the future of the chiropractic profession that have been written by established chiropractic professionals from a range of perspectives. We searched PubMed for articles focusing on envisioning the future of the profession and written by established chiropractic professionals providing a range of perspectives. Prior efforts have focused on strategic planning rather than envisioning the future. For example, the 2006 strategic planning conference for North America focused on categories that needed to be improved as part of a strategic planning conference culminating in 5 key domains for improving health professions practice with action statements, but it was not formatted as a group vision document.²⁹ More recent strategic planning efforts in North America by ChiroCongress are currently underway, and these efforts have been structured as a strategic plan with categories to advance the profession. These are all commendable efforts to improve chiropractic and create action steps for growth and improvement.

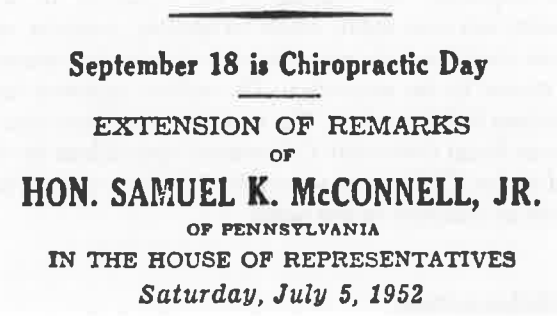


Fig 1. Notice of Chiropractic Day in the United States Congressional Records.¹⁶

In 2013, the Institute for Alternative Futures synthesized 4 scenarios for the future of the chiropractic profession, resulting in marginal role, hard times, integration, and vitalism.³⁰ A strength of the Institute for Alternative Futures report was that it was written by an external organization with expertise in proposing potential scenarios that the profession may face and how it might address each scenario. This external study gives strength to the face validity of the report. Although chiropractors were interviewed for the study, no chiropractors were on the authoring team. Although this was an informative report, the absence of current chiropractic leaders as authors may have resulted in missed perspectives from within the profession. There have been commentaries offering opinions by individuals or small groups of authors that primarily hypothesize ways that chiropractors should identify themselves; thus, these publications lack the representativeness of the larger chiropractic community.

While conferences have been held, and a few papers have been published on “identity,” we did not find publications that included a wide variety of chiropractic and associated professionals envisioning the future roles of chiropractors. Thus, we found no recent publications that have collected and studied vision statements from chiropractic thought leaders about what the future of the chiropractic profession might be.

Envisioning the future is a way to explore the current state of being and possible directions for a profession. The use of narrative³¹ gives “meaning to our experiences, to join incidents together in coherent wholes, and to understand past events and plan future ones.”³² Thus, a narrative investigation into what is valued by thought leaders in a profession, such as how the profession should be celebrated and what roles professional members may fulfill, would be beneficial to provide important sociological and professional insights into the present and the future of the chiropractic profession.

Therefore, the primary purpose of this study was to investigate how thought leaders within the profession envision the roles chiropractors will fulfill in the future and what they recommend chiropractors can do today to celebrate chiropractic. Secondary purposes were to identify if there were any common themes or patterns among the responses and if a model could be created by which these concepts could be included in future dialogues. Research questions were the following: (1) What do thought leaders perceive future chiropractors’ roles to be? and (2) What are the recommendations that thought leaders offer about celebrating the chiropractic profession?

METHODS

Qualitative Approach

For this inductive, qualitative analysis, we used pattern theories and grounded theory approaches to address the research questions.³³⁻³⁶ In brief, patterns were noted as

they developed from the replies of participants. Interconnected concepts from participants' replies to the questions asked were then noted and organized into themes or patterns. We used the Standards for Reporting Qualitative Research to report our findings.³⁷

Participants, Context, and Sampling Strategy

The lead authors (CDJ, BNG) are editors of 4 scientific journals and have been peer review chairs for several scientific chiropractic conferences over the past 2 decades, and each has over 30 years of experience in chiropractic. Therefore, they have extensive knowledge about who is active in the chiropractic profession and their demographics. An invitation list was created by the lead authors that consisted of experts representing a variety of backgrounds and viewpoints. People were considered from those who were publicly active within the chiropractic profession at chiropractic scientific, educational, and clinical conferences, especially those who had presentation and publication track records, thus establishing them as experts or thought leaders.

The invitation list was created to include individuals with the following attributes: (1) currently active in the chiropractic profession; (2) representative of at least 1 of the following categories—practitioner, chiropractic association leader, researcher, leader of an entity and/or business that serves chiropractic, or chiropractic educator; and (3) include at least 1 representative thought leader from various philosophical and practice viewpoints (eg, straight and mixer philosophies and traditional and progressive practices). Participants with diversity traits (ie, a characteristic that has the potential for decreased access or human rights challenges), including race, ethnicity, sex, gender and/or identity (lesbian, gay, bisexual, transgender, queer and/or questioning [LGBTQ]), and neurodiversity were sought so we may include different points of view.³⁸ We aimed to capture views that would represent most chiropractors and include the majority and minority groups (ie, mixer, straight) of the profession.³⁹ Participation in the survey was voluntary, with no remuneration or other form of incentive. The number of years of experience with chiropractic was based on the year of graduation from a chiropractic program or, if no chiropractic degree, years of involvement with chiropractic.

We considered that those who have years in leadership positions and practice are more cognizant of the possibilities, obstacles, opportunities, and realities for chiropractic in the future. Because the focus of this study was on identifying how thought leaders and experts in the chiropractic profession envision the future, we only included those who had experience within the chiropractic profession. We excluded chiropractic students because students are heavily influenced by marketing or indoctrination from their institutions, which may or may not necessarily reflect the reality

of chiropractic practice or opportunities for the future of the profession. As well, we propose that those who do not have any experience working within chiropractic would likely not have the context and knowledge to adequately address the research questions of this study. For these reasons, we did not seek input from those who were not experienced thought-leaders within chiropractic (eg, students, patients, other health care providers, and policy-makers).

Ethics

All contributors gave their consent to participate as authors of this paper. All contributors reviewed the final version of the paper and were allowed to withdraw at any time prior to the final submitted version of the manuscript. We did not report people who were invited but declined to participate because we did not obtain their consent to reveal their identities.

Data Collection Methods

In April 2023, an electronic survey was distributed via SurveyMonkey (Symphony Technology Group) to a purposive sample of 54 thought leaders in the chiropractic profession.⁴⁰ Participants were asked to respond individually to 2 open-ended questions: (1) "What does the chiropractor of the future look like to you? What roles do you see chiropractors fulfilling?" (2) "Please recommend what chiropractors/doctors of chiropractic should do to celebrate Chiropractic Day." Question 1 had a 200-word maximum response, while question 2 had a 100-word maximum response. The questions about the future sought envisioning information, whereas the question about how to celebrate chiropractic explored thoughts about positive aspects of chiropractic in the present day.

The authors contributed their responses individually and were blinded to the other authors' content during the initial submission and data-gathering process. As well, the respondents in the early stages of the study were blinded that there would be a comparison of contents between present and future responses to prevent this from influencing their responses. The contents of the responses for both question sets were lightly edited for spelling, grammar, and syntax consistency for scientific journal style, then returned for review by the respondent. The authors approved their responses before analysis. The responses were then entered into an Excel (Microsoft Corporation) spreadsheet by the lead author (CDJ) and analyzed. Respondents were invited to join as coauthors on this paper.

Data Analysis and Model

Statements about visions of the future were reviewed, and general topics were identified that were entered into column headings on a spreadsheet. The comments were

then reread, verifying that all content was accounted for in each topic. The same process of analysis was completed for Chiropractic Day activity recommendations. The topics were reviewed, and a hierarchical pattern was detected.

While observing themes within the responses, it was evident that complex, layered relationships were present. The model that seemed to be the best fit for the results was the social-ecological model. The social-ecological model facilitates the description of interrelationships between people and their environments. Bronfenbrenner, the original developer of this model, proposed that the model helps us better understand the system in which growth occurs. This model is similar to other sociological constructs, such as Krieger's web of causation,⁴¹ that provide ways to describe and evaluate complex interrelationships. The original concept of Bronfenbrenner's systems theory included the various environments that can affect how a child grows and develops.^{42,43} However, even Bronfenbrenner updated the framework since its original conception.⁴⁴ Stokols discusses how people alter their behavior across different social interactions that may or may not be linked to environmental factors.⁴⁵ Typically, the social-ecological model includes various levels such as microsystem (closest to the individual), mesosystem (connection between 2 or more systems), exosystem (the larger social system), and macrosystem (the largest social system).⁴⁴

The social-ecological model has often been applied to public health interventions.^{46,47} However, this model has also been adapted or applied in various disciplines and in the health professions. For example, the model was adapted for the pharmaceutical profession as a conceptual framework to address racial and ethnic minority issues in pharmacy curricula.⁴⁸ In nursing, a literature review was performed using the social-ecological model to explore the interactions among factors associated with ethical issues in nursing practice.⁴⁹ The social-ecological model, which considers the complex interactions between individual, relationship, community, and societal factors, was therefore selected as a framework for thematic analysis.^{46,47,50,51} The

themes were clustered into 4 categories using the fundamental components of the social-ecological model.^{42,43,52}

We applied this model by defining the following 4 social levels: "Individual" concepts about the individual practitioner; "Interpersonal relationships," individuals with whom chiropractors interact; "Community" characteristics related to groups of people, including the chiropractic profession; and "Society," the broadest and highest level relating to interactions on a broader, national, or global level.

To report the results, we left all individual responses intact to avoid misrepresentation of their responses and to enhance the fidelity of the meaning of their comments. We felt that reporting the authors' identities with their replies enhances the meaning of their comments and allows the reader to interpret their meaning. Although we did not report individuals' diversity traits (eg, age, sex and/or gender, religion, neurodiversity) to protect personal information of the authors, some of these traits are apparent. The clustered topics were developed into figures for the future vision statements and the present recommendations to celebrate chiropractic.

Techniques to Enhance Trustworthiness

All authors read the review of topics and assignment to themes in the social-ecological framework. The authors provided feedback, and revisions were made to the manuscript. This process was completed through several iterations until consensus was reached among all authors, resulting in the final manuscript.

RESULTS

Demographics and Representation

Thirty-two thought leaders (59% return rate) agreed to participate in this study. The median years of experience in the chiropractic profession for this group was 32 years per person (range 5-51 years) (Fig 2).



Fig 2. Years of experience of sample.

The authors represent 7 countries (Australia, Canada, Malaysia, South Africa, Türkiye, United Kingdom, and United States). These countries altogether hold 92% of the estimated 103 000 chiropractors worldwide, according to data from a global survey conducted in 2017 by the World Federation of Chiropractic.² Therefore, the authors represent the majority of chiropractors in regions where chiropractic is present.

The authors' primary affiliations included chiropractic degree-granting programs (16), private practices (5), professional chiropractic associations (5), multidisciplinary health care facilities and state, national, and/or private universities (4), education accreditation entities (2), and other affiliations (2). However, it is noted that some authors have multiple affiliations. Represented among the authors were individuals with at least 1 or more of the following diversity traits: female sex, racial and/or ethnic minority, gender minority and/or LGBTQ, and neurodiversity. The authors represent an array of professional knowledge and expertise, ranging from those who graduated more recently to those with decades of experience. Thus, this sample represents a full range of generational viewpoints. The median years of experience in the chiropractic profession for this group was 32 years per person (range 5-51 years)

Synthesis and Interpretation

Major Themes About Envisioning Chiropractic in the Future.

From the vision statements, 19 major topic areas regarding chiropractors of the future were identified across the 4 social-ecological levels (ie, microsystem, mesosystem, exosystem, and macrosystem) (Fig 3).

Major Themes About Celebrating Chiropractic in the Present.

For Chiropractic Day celebration recommendations about how to celebrate chiropractic in the present, 23 major themes were identified across the 4 social ecological levels (ie, microsystem, mesosystem, exosystem, and macrosystem) (Fig 4). The detailed text of recommendations from the participants are provided in the appendix (Appendix A).

Pattern Analysis. Several overlapping themes emerged while organizing and analyzing topics for envisioning the future and celebrating the present. As those commonalities emerged, they, too, were organized in a hierarchical manner. The congruent themes among the recommendations for how thought leaders envision the roles of chiropractors of the future and how chiropractors should celebrate chiropractic are represented in Figure 5. This model portrays complex interactions between chiropractors and others and the roles that chiropractors fill within society.



Fig 3. The combined viewpoints from international thought leaders about how they envision chiropractors in the future. The themes are clustered in hierarchical levels of the social-ecological framework.

Societal	<ul style="list-style-type: none"> Recognize how chiropractic can contribute globally Recognize, promote growth (legislation, professional regulation, patient access) Contribute to new knowledge by writing, publishing Support legislative efforts that support chiropractic
Community	<ul style="list-style-type: none"> Provide a service activity to your community Recognize how inclusion of chiropractic care is beneficial Request local political leaders acknowledge Chiropractic Day Celebrate and support diversity, equity, inclusion in the profession Celebrate the qualities of chiropractic (evidence-based, high-quality education) Donate to chiropractic (research, education, public relations) Support your alma mater, chiropractic program, or association
Interpersonal relationships	<ul style="list-style-type: none"> Educate patients, the public about chiropractic history Educate patients, the public about health activities, chiropractic care Celebrate diversity, equity, inclusion of our patients Recognize, thank patients Educate other health care providers and entities about chiropractic Recognize others who have supported chiropractic Recognize other chiropractors, especially those who have contributed Celebrate chiropractors who have contributed (academics, researchers, clinicians, politicians)
Individual	<ul style="list-style-type: none"> Celebrate history, read about chiropractic history, learn about events Celebrate high quality education Learn, apply knowledge or new knowledge Celebrate your story, your contributions

Fig 4. The themes from international thought leaders about how chiropractors could celebrate Chiropractic Day in the present. The themes are clustered in hierarchical levels of the social-ecological framework.

Envisioning the Chiropractor of the Future

The following are the contributors’ aspirational statements describing chiropractors of the future, listed in alphabetical order by the author’s last name. These are the empirical evidence that substantiates our analytic findings.

Mustafa Agaoglu, DC, AECC University College and Turkish Chiropractic Association, United Kingdom and Türkiye. Chiropractors are primary spine care specialists who diagnose, treat, manage, and co-manage musculoskeletal conditions as well. Chiropractors are primary contact providers and are a portal of entry (such as a family physician or a general

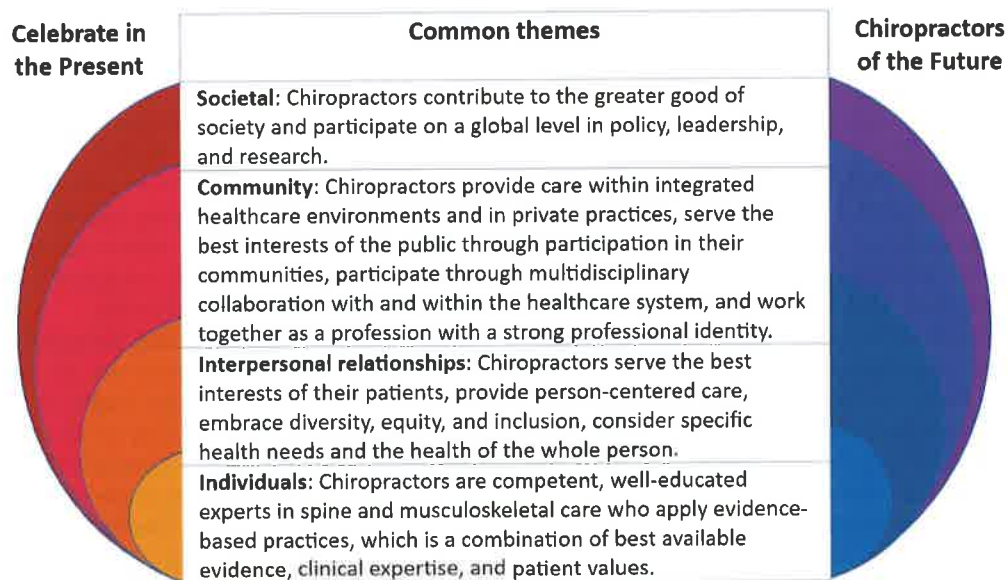


Fig 5. The resulting model of chiropractic is based on common themes between celebrating in the present and envisioning the future.

practitioner) to the health care system in musculoskeletal and spinal conditions. Chiropractors are positioned in hospitals and multidisciplinary settings, working side by side with other medical and allied health care providers. Chiropractic offers much to health care systems globally.

Lyndon Amorin-Woods, BAppSci(Chiro), MPH, College of Health & Education, School of Allied Health, Murdoch University, Australia.

Chiropractors are clinically agile and embrace evidence. They are inquisitive, equipping themselves with current knowledge. They are clinically assertive and honest, providing hope without deception, creating a healing atmosphere, and taking care of people in a person-centered paradigm. They continue to learn and develop new skills. The chiropractic profession is strong, positive, and proactive, integrated but distinct, performing its own unique role while looking to expand career pathways in addition to private practice, research, and academia. Chiropractors fulfill roles in pediatric and aged care; sport and physical activity; trauma rehabilitation and workers compensation; wellness/well-being; nutrition; health promotion; and advocacy through public health. Chiropractic is a unique profession, respected and acknowledged by other health professionals, because it does not usurp or replicate the role of others. Chiropractic defines and solidifies its role in the health system based on integrity, evidence, and ethics. Chiropractic is a collegiate profession characterized by personal and corporate integrity, with strong leadership well versed in the art of inter-professional and political dialogue.

Richard Brown, DC, LLM, World Federation of Chiropractic, Canada. Chiropractors have a strong identity as spinal health specialists who focus on evidence-based, people-centered, interprofessional, and collaborative care. They form an important part of patients' health care teams, specifically in relation to their musculoskeletal health needs. Chiropractors are utilized in multidisciplinary health care facilities (eg, hospitals, community clinics, Veterans Affairs Administration facilities) and within elite and professional sports as key players with a specialist knowledge of non-pharmaceutical, non-surgical spine care.

David Byfield, DC, MPhil, Welsh Institute of Chiropractic, University of South Wales, United Kingdom. Chiropractors are respected leaders of multidisciplinary health care teams, providing guideline-driven, evidence-based care in national health care systems across the globe. They occupy specialist roles, including management posts. Chiropractors understand and appreciate the clinical application of the principles of the biopsychosocial model of health care and the challenges regarding implementation. Chiropractors are regarded as mainstream health professionals. They deliver care that is tailored to the individual patient using multiple modalities woven together with clear language, context, and communication as part of the therapeutic alliance. As a result of their integration in health care systems, chiropractors pursue a variety of career options in addition to clinical practice, including education, research, and public health policy development,

working closely with other health professionals. Chiropractors are viewed as specialists in the assessment and management of a range of musculoskeletal conditions and embrace contemporary scientific knowledge and methods.

Gerard W. Clum, DC, Life University, United States. The Doctor of Chiropractic is ideally suited to offer healthy living and well-being coaching side by side with hands-on spinal and extra-spinal care. The movement of society to greater ecological awareness, appreciation of the interconnectedness of all living systems, and the greater realization as to the healing power of the human to all sets the stage for greater appreciation of the individual's responsibilities and capacities in terms of health and healing. In this emerging environment, people want assistance and guidance instead of patriarchy and authoritarianism. The best of what chiropractors deliver, the chiropractic adjustment, continues to evolve and corrective procedures tested and improved.

Waleska Crespo, MHSA, DrPH, Universidad Central del Caribe, United States. Chiropractors are integrated into the larger health care system, providing diagnosis and treatment using comprehensive, evidence-based, and patient-centered methods. They emphasize prevention, education, and wellness, helping patients maintain good health and prevent future injuries and illnesses. Chiropractors collaborate from an interdisciplinary perspective with other health care professionals, including primary care physicians, physical therapists, nutritionists, and mental health providers, to provide comprehensive care that addresses the whole person, not just their symptoms, to address the complex health needs of their patients. With technological advancements, chiropractors use more advanced diagnostic tools to identify and treat neuromusculoskeletal conditions. They embrace telemedicine and virtual reality in their practices, providing remote care and personalized patient treatment plans. Chiropractors fulfill roles as musculoskeletal and spinal primary care providers; integrative care providers; health coaches (can help patients achieve optimal health and wellness by providing education on healthy lifestyle choices, exercise, and nutrition.) They offer guidance on stress management, sleep hygiene, and other lifestyle factors that impact overall health. They are preventive and rehabilitative care providers and researchers. Chiropractors provide a valuable role in healthcare by helping patients achieve optimal health, wellness, prevent injuries and chronic conditions, as well as manage musculoskeletal pain and dysfunction.

Kendrah L. Da Silva, MDipTech(Chiro), Chiropractic Association of South Africa, South Africa. Chiropractors are integrated into public health facilities. They are readily accepted in the multidisciplinary environment. Due to the strong focus of education on evidence based, chiropractors fulfill the role of primary contact physician and diagnostician.

Dawn Dane, MSc(Chiro), EdD, Central Queensland University, Australia. Chiropractors have a clear professional identity as highly trained registered health care professionals, which allows interprofessional/multidisciplinary practice to be fostered. Providers in other health care disciplines

understand what chiropractors do and are keen to collaborate for the benefit of patients.

Clinton J. Daniels, DC, MS, Veterans Administration Puget Sound Health Care System, United States. Chiropractors are engaged in integration, teamwork, excellence, and inclusion. Chiropractic students and residents train alongside medical and other health care professionals as they develop their clinical skills, appreciate roles and responsibilities, and learn how to communicate effectively in team settings. Chiropractors are equipped to provide first-rate, evidence-based care in hospital or other integrated settings, being prepared to discuss scientific literature from a position of authority, collaborating with researchers to advance health care knowledge, and readiness to take advantage of leadership opportunities when they arise. The chiropractic profession and programs encourage efforts to recruit students from underserved and minority communities and promote new graduates to pursue interdisciplinary postgraduate training opportunities.

Micheala Edwards, DC, American Black Chiropractic Association, United States. Chiropractors are recognized as an ideal example in health and wellness. The public is searching for more natural approaches to gaining control of their health and wellness; which includes options offered by using Chiropractic care first. Chiropractors participate as governmental and public health leaders. Chiropractic programs grow with the recognition that the chiropractic profession offers a vital career option.

William K. Foshee, DC, Private Practice, United States. Chiropractors continue to work for improved patient access to conservative care for musculoskeletal health needs across the world. The chiropractic profession is positioned to change patient outcomes, increase awareness of how chiropractors can reduce burdens on medical personnel and systems, improve the lives of chiropractic patients, and decrease overall health care spending. The integration of chiropractors into medical care delivery systems offers current and future chiropractors an opportunity to contribute more than ever before. Chiropractic training prepares doctors of chiropractic to be well-qualified experts in the diagnosis and treatment of musculoskeletal conditions, rehabilitation principles, and whole-person health. Chiropractors engage in evidence-informed collaboration and innovation related to the science of pain and rehabilitation services. Chiropractors lead efforts to regulate chiropractic care to protect patients and to allow their health care providers to deliver patient-centered care within the full scope permitted through regional legislation.

Christine Goertz, DC, PhD, Duke University School of Medicine, United States. Chiropractors are valued members of interdisciplinary teams, taking a whole-health or whole-person perspective in the diagnosis of health conditions, with an emphasis on the treatment of musculoskeletal disorders. Chiropractors work closely with other health care providers, including primary medical physicians, medical specialists, and complementary and integrative health

practitioners, to align patient care with high quality guidelines.⁵³ Treatment approaches include patient education and reassurance, self-care advice, exercise recommendations, and evidence-based manual therapies, including chiropractic manipulation. Chiropractors use current scientific guidelines and are actively engaged in monitoring patient progress using unbiased measures of patient satisfaction and standardized patient reported outcomes tools, incorporating this information into patient care plans and quality improvement initiatives.

Charles Henderson, DC, PhD, Consultant, United States. Chiropractors are engaged in integrative and multidisciplinary healthcare at all levels. Chiropractors are valued members of hospital staff, military base healthcare facilities, and private multidisciplinary clinics, in addition to serving as faculty in mainstream healthcare training programs throughout the world. Chiropractic licensure laws are introduced in countries that do not currently license chiropractors. Chiropractors are engaged in research as principal investigators and coinvestigators in large, multisite, multidisciplinary studies.

Roger Hynes, DC, Palmer College of Chiropractic, Davenport, United States. Chiropractors provide patients with effective, non-invasive, and holistic approaches to healthcare. The Chiropractic profession emphasizes that the true locus of health comes from within, as we are a self-healing, self-regulating organism controlled directly or indirectly by the nervous system. Chiropractors focus on removing impediments to healing through natural means. Chiropractic expands as a remarkably safe, economical healthcare system. Chiropractors cooperate with other health care professions for the benefit of their patients. For many patients, Chiropractors fill the role of the patient's principal doctor. Assessing a patient's health status and determining the best form of intervention continues to be well within the abilities of chiropractic practitioners and is a professional responsibility to their patients.

Valerie Johnson, DC, Veterans Administration Greater Los Angeles Healthcare System, United States. Chiropractors hold an important place in the landscape of healthcare. Chiropractors use future technology to diagnose patients more accurately and efficiently, detecting patterns in symptoms that might have gone unnoticed. Chiropractors access the latest research and treatment methods, fostering a strong bond between practitioners and patients through education and understanding of the unique needs of a growing diverse patient population, historically underrepresented in healthcare. Although they use technology and artificial intelligence to help their patients, Chiropractors provide irreplaceable human touch and hands-on expertise and empathy, which no machine can ever replicate. Chiropractors flourish by refining their skills and deepening their connections with patients, creating a world where the best of both human touch and technology come together for a more compassionate and comprehensive healthcare experience.

Lisa Killinger, DC, Palmer College of Chiropractic, Davenport, United States. Chiropractors are part of the mainstream health care role, particularly in the care of musculoskeletal and back pain. Chiropractors are recognized as spine care experts, and medical guidelines reflect and recognize this important role. Chiropractors fill an urgent need for health-care in rural and health professional shortage areas. Doctors of Chiropractic contribute substantially to health promotion and prevention and to public health.

Karen Konarski-Hart, DC, MS, Private Practice, United States. Chiropractors work within partnerships, affiliations, inter-professional referrals, and with other mainstream health care providers. Chiropractic Physicians work as peers to provide seamless discourse and treatment of patients. Some doctors of chiropractic fill roles as primary contact providers and engage in specialty practices (eg, sports, geriatrics, pediatrics). Other chiropractors practice as experts in wellness healthcare (nutrition, fitness, mind/body) since patients look for more natural healing alternatives. Chiropractors aspire to rise to the highest standards (education, research, skill) related to the role they provide to the public. Chiropractors are cross-trained to broaden their skills and engage in interprofessional dialogues.

Deborah Kopansky-Giles, DC, MSc, Canadian Memorial Chiropractic College, Canada. Chiropractors are highly skilled, evidence-informed, neuromusculoskeletal health experts who are fully competent to collaborate and integrate into primary care teams and mainstream health programs. They are sought-after interdisciplinary team members who reflect the diversity of the population and meet the needs of the people they serve. Chiropractors have access to advanced imaging, relevant laboratory tests, and specialists for referral, and their services are included in universal health care systems.

Matthew Kowalski, DC, Osher Center for Integrative Medicine at Harvard Medical School and Brigham and Women's Hospital, United States. Chiropractors have an increasing presence and role in integrated, multi-professional healthcare systems (eg, interdisciplinary care teams, hospitals, public health centers), and, at the same time, the backbone of the chiropractic profession (ie, private practitioners) remains strong. Through the assistance of emerging technologies, Doctors of Chiropractic coach their patients and contribute to the patient's overall health and well-being through multifaceted, evidence-informed, wellness-care approaches. Manual therapies remain a core tenet of chiropractic, which administers care focused on spinal disorders, headaches, and non-operative musculoskeletal conditions. An infrastructure allows Doctors of Chiropractic to pursue career tracks in advanced integrative clinical care, research, and policy. Chiropractic educational institutions support diverse career options by attracting, identifying, and coaching potential candidates. Doctors of Chiropractic continue to make advancements that influence public policy, health insurance, and healthcare administration.

Craig Little, DC, Med, EdD, Council on Chiropractic Education, United States. Chiropractors reflect diversity and are representative of the public that they serve. They are prepared to serve as competent, caring, patient-centered, and ethical Doctors of Chiropractic who are qualified to provide independent, quality, patient-focused care to individuals of all ages and genders. Chiropractors are prepared to work in inter-professional teams and to communicate respectfully and effectively to patients of diverse social, cultural, and linguistic backgrounds in a manner that recognizes, affirms, and protects the dignity of individuals, families, and communities. Chiropractors maintain primacy on the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment /manipulation. Chiropractors have great competency in evidence-informed diagnosis, supported by information gathered from the history, examination, diagnostic studies, and relevant scientific literature to inform patient care.

Sherry McAllister, DC, MEd, Foundation for Chiropractic Progress, United States. Chiropractors serve as primary care providers and continue to contribute to the body of knowledge about how chiropractic care plays a role in overall health and well-being. Chiropractors are found in multiple environments, which showcase prevention, enhancing health, drug-free pain care and collaborating with partners on a global level.

John Mrozek, DC, MEd, EdD, Texas Chiropractic College, United States. Chiropractors are fully integrated and participating members of the health professions offering chiropractic services within the healthcare framework, which includes access to healthcare delivery systems and research resources. Chiropractors serve the public as primary contact practitioners, offering patient services within a diverse, fair, inclusive, and equitable healthcare environment.

Don Nixdorf, DC, Private Practice, Canada. Chiropractic doctors provide care for spine and spine-related conditions, which are among the most common causes of pain and disability that has a substantial socio-economic burden. Chiropractic doctors are the foremost experts for serving as the public's primary contact for prevention and treatment of spine and spine-related conditions, including contributions to health policy planning and implementation.

L. David Peeace, DC, Private Practice, Canada. Chiropractors serve the demands of increasing utilization. Chiropractors are integrated as multidisciplinary care, and a team approach to patient care is the norm. Chiropractic care is based on the best evidence and treatment plan algorithms assisted with technology and artificial intelligence. Chiropractors provide musculoskeletal care through hands-on care as well as providing patient-focused attention for which chiropractic is well known. Chiropractors advocate for the best health outcomes for patients through wellness-based approaches of exercise, ergonomics, and nutrition.

Cynthia Peterson, RN, DC, MMedEd, European Council on Chiropractic Education and Councils on Chiropractic Education International, Canada. Chiropractors are excellent diagnosticians for neuromusculoskeletal conditions and are competent to

diagnose conditions that need further medical referral. Chiropractors apply evidence-based, patient-centered treatments for their patients and work together with other health care professionals in the best interests of patients. Chiropractors strive to remain current in the research evidence for the diagnosis and treatment of neuromusculoskeletal conditions throughout their careers. Chiropractors are integrated within multidisciplinary medical/health care settings.

Kristina L. Petrocco-Napuli, MS, DC, DHPE, Logan University, United States. Chiropractors are evidence-informed, confident in practice, competent in providing person-centered care, and communicate effectively with other professionals. Chiropractors are keenly aware of patient outcomes and the need to monitor and identify key performance indicators in practice. Chiropractors fulfill many roles ranging from those of practitioners, researchers, educators, to those practicing in unique specialties.

Reed Phillips, DC, PhD, NCMIC Foundation, United States. Doctors of Chiropractic serve in many capacities: private practitioner, solo practice; private practitioner group practice with fellow chiropractors, provider in multi-disciplinary practice; primary care provider in an underserved area; primary spine care specialist in spine care center private/hospital; provider in a military or veteran's hospital; educator/administrator/research in a university setting public or private.

Gregory Snow, DC, Palmer College of Chiropractic West, United States. The chiropractic profession has made significant inroads into the mainstream healthcare system, and the research of chiropractic's inclusion has established its value, effectiveness, cost-effectiveness, and safety. Chiropractors serve their community through their private practices. At the same time, there is an expansion of their collaboration, communication, and cross-referral with other health care providers. Doctors of Chiropractic work as integrated and necessary providers in all aspects of health care delivery in both public and private healthcare settings. Chiropractic's inclusion in mainstream healthcare helps to reduce barriers to access for the socioeconomically disadvantaged and other marginalized groups. Chiropractors join other leaders in influencing and setting policy that provides services for the betterment of patient outcomes. Chiropractors have established their role as the experts in manual therapies while at the same time being a part of mainstream healthcare.

Anne Sorrentino, DC, Private Practice, United States. Chiropractors receive referrals from other health care providers, medical management is shared, and patients are well-informed. Patients seek chiropractic care for non-invasive options and non-drug methods in their search for health. Chiropractors have advanced skills and practice across state lines.

Yi Kai Wong, BSc(Chiro), MScPH, Association of Chiropractic Malaysia, Malaysia. Chiropractors are highly trained and skilled health care professionals who are well-versed in the latest scientific research and technological advancements in the field of Chiropractic. They work collaboratively with other healthcare providers to provide patients with holistic

and personalized care. Chiropractors place a strong emphasis on preventative care and wellness, working with patients to develop individualized treatment plans that focus on addressing the root causes of their health issues rather than just treating their symptoms. Their treatment plans incorporate nutrition, exercise, and other lifestyle changes.

Christopher Yelverton, MTech(Chiro), PhD, University of Johannesburg, South Africa. The chiropractic profession focuses on high-level research and becomes a leader on an international level regarding information related to manual therapy and conservative management of musculoskeletal conditions. Chiropractic care is accessible at various levels of healthcare and to all sectors of society. Chiropractic leaders are established within areas of impact in healthcare, policy, and education, demonstrating the ability of the chiropractic profession to purposefully contribute to these areas. Chiropractors are engaged in advisory groups, political positions, advanced academic positions, public health initiatives, and other areas that facilitate positive influence on the larger healthcare landscape.

Kenneth J Young, DC, MAppSc, PhD, University of Central Lancashire, United Kingdom. Collaboration increases among health professions, with more chiropractors in multidisciplinary practices and, in some countries, working as part of national healthcare systems. Chiropractors gain in many realms, with instances of having hospital privileges and sitting on policy-setting committees. Commitment to evidence-based practice and science earns respect from colleagues in other health care professions.

In summary, these envisioning statements by the individual authors provide a diverse yet comprehensive picture from the view of thought leaders. Combined, these themes are represented in a model that describes the various roles that chiropractors may provide (Fig 6).

DISCUSSION

Narrative investigation provides insight into what members of a profession value and what roles its members may fulfill in society. The intersection between the values of the present and visions of the future may contribute to a more coherent view of the chiropractic profession. We found concordance between the envisioning statements and the Chiropractic Day recommendations. Thus, by comparing present values and vision for the future, we see that these concepts are aligned. This agreement suggests a logical validity based on the congruence of these concepts for the chiropractic profession. These core concepts and this novel model may have utility during dialogues about identity, applications regarding chiropractic in policy, practice, education, and research, and building positive relationships and collaborations.

Prior efforts to describe the future of chiropractic have come primarily from external sources with singular perspectives. Some of these writings have described the potential

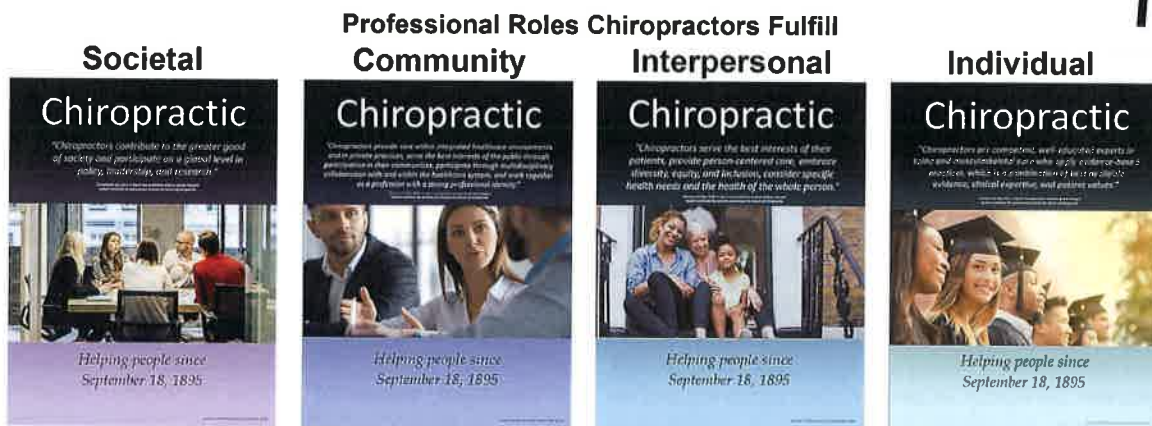


Fig 6. A visual representation of the roles that chiropractors provide. These and other images are available in the supplemental file to use as fliers or handouts to celebrate Chiropractic Day ([Supplemental file](#)).

future of chiropractic from a sociological view as an entity that must navigate its marginal place within the dominant and mainstream medical model of care.^{26,28} Some have approached chiropractic with criticism and skepticism,⁵⁴⁻⁵⁶ and others with curiosity, with an attempt to understand its success in drawing the public's favor.⁵⁷⁻⁵⁹ Although external views are important to contemplate, the profession is ultimately responsible for understanding its own problems and improving its conditions to forge the best path into the future.

As far as we are aware, this is the first study of its kind to investigate vision statements from experts within the profession applying a model (ie, social-ecological framework) to describe the future of the chiropractic profession. There are some interesting observations that can be interpreted from the resulting model, which is the thematic overlap between the answers to the 2 questions grounding this study. The common themes represented in the hierarchical levels of the social-ecological model demonstrate the complex relationships regarding the chiropractic profession. Society and community relationships are the most encompassing, which emphasizes that chiropractors serve their patients but are also participants in the greater environment outside of their practices.

To envision the future, one must use the working knowledge of our history and the current day. Thus, perceptions from the past and present blend together, resulting in how someone may view the future. Past vision statements may enlighten us about the trajectory of the profession's path and reveal hopes for what we may become. For example, consider the statement, "I desire to see every Chiropractor an earnest student of the science and thoroughly equipped to practice this art in a manner that will at once bring credit upon himself and honor and renown upon the science he represents."⁶⁰ This statement was written in 1910 by Daniel David Palmer, the founder of the chiropractic profession.⁶⁰ Although written over 110 years ago, there is congruence between this historical statement and the themes in the

comments in the present study. In the present study, we found that there continue to be aspirations that chiropractors are grounded in the profession's art and science, that they continue to learn, and that they are to be honorable stewards in representing the profession.^{61,62}

One frequent theme noticed throughout the authors' responses was the mention of the inclusion of and access to chiropractic services within the mainstream health care system. Today, these statements may seem strange since many people expect to have direct access to chiropractic care. Some would assume that chiropractic is a health care service that has been shown to be effective, safe, and cost-effective,⁶³⁻⁸⁷ would be accessible. However, patients have not always had access to chiropractic care either directly in the private sector or through the established healthcare system. To understand possible reasons behind the heightened awareness of inclusion, we must consider recent historical events as these impact how we interpret the results of the current study.

Chiropractic began at the turn of the 20th century in the United States at a time when organized medicine was establishing its dominance and monopoly over healthcare through the direction of the American Medical Association (AMA).^{8,9,14} In order to survive, chiropractic developed and thrived as a separate and distinct profession outside of the business of organized medicine. In the 1920s, chiropractors were primarily located in only 14 states in the United States due to limited legislation that would allow the legal practice of chiropractic.¹⁰ Around this time, chiropractic leaders organized to defend chiropractic from the attacks of organized medicine and worked to establish the legal right to practice chiropractic. By 1974, the last state in the United States finally legalized the practice of chiropractic. Over many decades, chiropractors worked together to improve education, establish licensure, develop professional qualifying examinations, participate in advancing knowledge through research, and engage in working with other disciplines for the benefit of their patients.^{11,24,88,89} With the profession's

expansion over the past century, chiropractic care became more accessible and recognized.

However, in spite of the gain in chiropractic care availability, there continued to be political and professional conflicts that stifled the growth of the profession. For chiropractors in the United States, this negative and restrictive environment changed with a 1987 landmark decision from Judge Susan Getzendanner regarding the *Wilk v American Medical Association*⁹⁰ lawsuit. The decision recognized that the AMA and other medical organizations had pursued an illegal boycott against the chiropractic profession.¹³ Following this legal decision, many of the barriers that prevented American medical doctors or faculty at universities from working with chiropractors slowly dissolved. Although some of the damaging social remnants caused by decades of the AMA's boycott and negative propaganda remain, these obstacles are slowly being overcome through collaboration and professional relationships. Similar occurrences of opposing pressures from established organized medicine against chiropractic were experienced during the emergence of the chiropractic profession in other world regions as well, including Australia, Canada, New Zealand, and the United Kingdom.⁹¹⁻⁹⁷

Thus, from a historical and experiential perspective, it is possible that respondents' comments in the present study, which emphasized that chiropractic should be included in the health care system, may have been influenced by these past events. The current expansion and acceptance of chiropractic services within health care may set the foundation for a greater focus on access to care. This understanding may help to facilitate a greater focus on what roles chiropractors may successfully fulfill.

Chiropractic Today

In the present day, chiropractors serve their patients and the public, especially in the areas of spinal and musculoskeletal health.⁷⁶ These descriptions of the chiropractic profession are defined by sources both internal and external to the profession (see table in Appendix B). Chiropractic typically includes the biopsychosocial model of care⁹⁸ and is supported by research and best evidence,⁹⁹⁻¹¹² which provides patients with an appealing means to achieve health in these areas.

One may question if there is a need for chiropractic since there are other available health care professions. We suggest that there is a great need based on population health. Within the global burden of disease, the contributions of spine conditions, including back and neck pain, are large.¹¹³⁻¹¹⁶ Thus, there is a tremendous need for first contact, portal of entry, and primary-level health care providers who have training with an emphasis on spine and neuromusculoskeletal care.¹¹⁷⁻¹²⁰ Chiropractors fill this role by providing conservative care for spine and neuromusculoskeletal disorders. Beyond back and neck pain, chiropractors can contribute to health care in many additional ways to support spine, musculoskeletal, and overall

health, such as through health education, promotion, injury prevention, and rehabilitation.^{98,121-124} Since chiropractic is a profession of many members and interests, it has the capacity to fill a variety of roles depending on the needs of the community.⁹⁸

Chiropractic offers a unique approach to health and healthcare to the public. Trends in healthcare are moving away from paternalistic, biomedical constructs to more person-centered and whole-health models.⁹⁸ The chiropractic approach to health has traditionally included these concepts, so whole-person care is a natural fit for the profession.^{63,125,126} Thus, chiropractic is well-positioned to contribute to these efforts now and into the future.

Chiropractors are well-trained health care professionals, some of whom are already working collaboratively within integrated settings.^{124,127-141} As more opportunities open for the inclusion of chiropractic care within the healthcare systems, more patients will have access to chiropractic care that is integrated with their other health needs. The demonstrations of chiropractors working within integrated medical settings have been successful, and chiropractors have achieved success working in these capacities.^{73,101,124,126-129,131,135,140,142}

How we think about celebrating the chiropractic profession in the present reveals what we value as important about the profession. Within our study's findings about how to celebrate Chiropractic Day, we see similar themes that match the future vision for the profession. Recommendations include that we should value the rich and important history of the chiropractic profession. There are recommendations that we should celebrate patients and patient care. There are recommendations that we should help and inform our communities and the public about health-related topics and that we should support our chiropractic programs and professional interests. Common themes show the breadth and depth of the characteristics of chiropractors and their relationships with patients, other providers, and their communities. As each person has their own personal way of practicing and celebrating, these recommendations also provide a range from which people can pick which way is best for them to celebrate chiropractic.

Next Steps for the Chiropractic Profession

The comprehensive model provided in this study may help us to reflect upon the profession's current state and consider what we would like to see our profession become. However, when considering the statements and the model presented in this paper and comparing them to current events, one might argue that the future of chiropractic is already here. This may suggest that a huge leap is not required to make these visions of the future become reality in the present.

What can we do with this knowledge? Possible next steps could be to obtain more input from additional stakeholders (ie, patients, providers, payors, policy-makers) about the profession's envisioned role, what their congruence might be,

and what the next steps might be to support these directions. Some actions could be addressed at the individual practitioner level, and other actions need a concerted effort from local, national, and even global chiropractic entities. For the many vision statements about the roles that chiropractors are currently fulfilling, we could consider how to maintain or improve these positions. For the roles that are emerging, we could consider what can be done to educate and train chiropractic students and practitioners to fill these roles better. The model from this study provides an excellent platform on which to address how to move forward.

Limitations

The limitations of this study include that the information is from a purposive sample of stakeholders. The sampling was intentionally focused on gathering input from authors representing a wide range of thought. Although the majority of the profession was represented, there may be areas at the extremes that were not represented. As well, the input from those who were invited but declined to participate was not included.

The surveys were completed by those who have professional interests in chiropractic; therefore, their views are likely biased to be pro-chiropractic. This study did not investigate the viewpoints of stakeholders who are outside of chiropractic, such as patients, health care providers from other professions, payors, or policy-makers, since that was not the focus of this study. We did not include chiropractic students because we desired to obtain the perspectives of those people currently in or effecting change within the profession. The authors recognize the limitation that each world region has unique regulations as well as social and cultural considerations for what roles chiropractors may fulfill.

As with all professions, there is a diversity of practices and philosophies. We recognize that not all chiropractors may think in the same manner. Thus, there may be opinions that fall outside of these core concepts. As well, each profession has its own set of members whose behaviors and thoughts fall outside of the norms or ethical expectations of the profession and may represent extreme views on either side. However, we feel that those are the exceptions and not the rule. In the current paper, we aimed to represent the majority of viewpoints in chiropractic and an ideal future for the chiropractic profession. Certainly, not all concepts, practices, and professional trappings of the present should be brought into the future, but care should be exercised to appreciate the virtues of today.

During the analysis of the responses, we identified the social-ecological framework to be a good fit for the data that were collected. It is possible that there are other models or approaches that we could have used that may have ended up with different conclusions. There are many ways to explore professional viewpoints and values, and we encourage others to explore these concepts in a scientific and systematic manner.

FUTURE STUDIES

There is a variety of additional studies that could be generated from these findings. For example, future studies could include a comparison of how past efforts may compare with envisioning statements. As well, a comparative analysis of the framework used in other professions or what other health professions may have used the social-ecological model may provide additional perspective and context. Another study using similar methods could query those who are not chiropractic experts, such as students, laypeople, or other professionals, and compare those results with those of the present study. Another study may compare terminology used by chiropractors in studies in the past with current responses to identify what changes have occurred in the lexicon.

CONCLUSION

The chiropractic profession has an array of intrinsic values and provides services to patients and the public. This study provides insights into the roles that future chiropractors may fulfill through the perceptions of a broad range of chiropractic thought leaders from various backgrounds, philosophies, diversity characteristics, and world regions. Values, as represented by recommendations about how to celebrate Chiropractic Day in the present, were congruent with the future visions of chiropractors. These viewpoints are represented within a social-ecological framework, which provides a foundation for the profession to consider as a model as we engage in dialogues about the chiropractic profession's future. This model may provide a blueprint for chiropractic leaders and stakeholders to work collectively around the globe.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.echu.2023.08.001.

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chiropractic in policy, practice, education, and research, and building positive relationships and collaborations.

CONTRIBUTORSHIP INFORMATION

Concept development (provided idea for the research): C.D.J.

Design (planned the methods to generate the results): C.D.J.

Supervision (oversight, organization and implementation): C.D.J.

Data collection/processing (experiments, organization, or reporting data): C.D.J.

Analysis/interpretation (analysis, evaluation, presentation of results): C.D.J., B.N.G.

Literature search (performed the literature search): C.D.J., B.N.G.

Writing (responsible for writing a substantive part of the manuscript): C.D.J., B.N.G., M.A., L.A.W., R.B., D.B., G.W.C., W.C., K.L.D.S., D.D., C.D., M.E., W.K.F., C.G., C.H., R.H., V.J., L.K., K.K.H., D.K.G., M.K., C.L., S.M., J.M., D.N., L.D.P., C.P., K.P.N., R.P., G.S., A.S., Y.K.W., C.Y., K.J.Y.

Critical review (revised manuscript for intellectual content): C.D.J., B.N.G., M.A., L.A.W., R.B., D.B., G.W.C., W.C., K.L.D.S., D.D., C.D., M.E., W.K.F., C.G., C.H., R.H., V.J., L.K., K.K.H., D.K.G., M.K., C.L., S.M., J.M., D.N., L.D.P., C.P., K.P.N., R.P., G.S., A.S., Y.K.W., C.Y., K.J.Y.

Practical Applications

- Chiropractors are competent, well-educated experts in spine and musculoskeletal care who apply evidence-based practices.
- Chiropractors serve the best interests of their patients, provide person-centered care, embrace diversity, equity, and inclusion, and consider specific health needs and the health of the whole person.
- Chiropractors provide and serve the best interests of the public through participation in their communities, participate through multidisciplinary collaboration with and within the health care system, and work together as a profession with a strong professional identity.
- Chiropractors contribute to the greater good of society and participate on a global level in policy, leadership, and research.
- These findings may have utility during dialogues about identity, applications regarding

APPENDIX A

Recommendations for how to celebrate Chiropractic Day. Presented in alphabetical order by author's last name.

Mustafa Agaoglu

- Look back to our history, be proud of the founding fathers, and be proud of all the contributing generations of chiropractors to the development of the much more contemporary understanding of the principles and practices. As Robert Heinlein said, "A generation which ignores history has no past and no future."
- Celebrate our history in our clinics, institutions, with our patients through various activities.
- Share what chiropractic is currently doing with our allied and other healthcare-providing colleagues.

Lyndon Amorin-Woods

- Use Chiropractic Day as an opportunity to look forward as well as back.
- Celebrate people in the profession who have risen and challenged themselves to benefit the common good of both the profession and their community.
- Recognize those in the profession who have pushed the boundaries of defining what a traditional chiropractor looks like.
- Celebrate Diversity as a path toward Equity and Inclusion for the chiropractic profession.

Richard Brown

- Emphasize the role of chiropractic as a trusted, modern, evidence-based health service that whilst acknowledging its history is focused more strongly on a bright future of ensuring high quality education, and defined expertise in spinal and musculoskeletal care.
- Focus on seizing opportunities that are present as the emerging evidence increasingly supports the role of chiropractors in tackling the global burden of spinal pain and disability, particularly as it relates to low- and middle-income countries.

David Byfield

- Celebrate the commitment and dedication of all the academics, educators, researchers, clinicians, and politicians who have contributed to the growth and current status of the profession on a global scale.

- Celebrate how such a small profession has made such progress over such a short period celebrating this positive direction.
- Celebrate the success that the chiropractic profession has made particularly in the areas of legislation and professional regulation to secure growth and influence.
- Celebrate our past for historical purposes and recognize the shift to future development particularly in research, research collaboration, and educational consistency.
- Celebrate the progress made in educational delivery at university level and the number of new programs embedded in higher education.

Gerard W. Clum

- Read the book “Contain and Eliminate” by Wolinsky
- Read the history of the respective chiropractic educational programs
- Donate to support research, education, public relations for the profession
- Reach out to your alma mater and ask how you can be of help
- Take the time to record your life as a chiropractor—even if only for your sake
- Say a prayer for he or she that helped you on your path to become a chiropractor

Waleska Crespo

- Raise awareness about spinal health and the benefits of chiropractic care
- Encourage people to seek chiropractic treatment for musculoskeletal pain and other conditions
- Host a community event, such as a health fair or spinal screening, to bring awareness of spinal health and the benefits of chiropractic care
- Volunteer time and expertise to help those in need on Chiropractic Day
- Offer ergonomic support in the workplace, field, or home activities for optimal function
- Engage with other healthcare professionals and organizations to promote spinal health and chiropractic care.

Kendrah L Da Silva

- Engage with people in their communities
- Educate medical doctors as to the evidence-based education and practice of chiropractic through in-person presentations or social media platforms
- Strive to use evidence-based practices, which will demonstrate to each patient the value this profession can bring to their lives

Dawn Dane

- Share information about the profession, which may include quality research or infographics about what chiropractors do

- Aim to help stakeholders better understand about the great things chiropractors can contribute to general health and well-being

Clinton Daniels

- Read a peer-reviewed article
- Join and engage in a professional organization
- Collaborate with a colleague on a case report or research project
- Contact local representatives to support efforts of professional chiropractic associations

Micheala Edwards

- Celebrate through education of the profession
- Celebrate patients and practice members

William K Foshee

- Invest in collective work using: time, treasure, and talent.
- Support legislative efforts
- Raise funds for scholarships
- Increase the profession’s opportunities to reduce barriers to care and education through the lens of equity

Christine Goertz

- Implement evidence-based guidelines for low back pain in practice (eg, the American College of Physicians).
- Educate chiropractors, other clinicians and patients on what the guideline recommends and how chiropractors are at the front lines in providing guideline-concordant care

Charles Henderson

- Embrace the uniqueness of the chiropractic philosophical perspective and at the same time consider developing research findings as well as practice experience since this perspective can make a meaningful and complementary contribution to the existing healthcare delivery system world-wide

Roger Hynes

- Take another chiropractor in your area out to lunch. It should be a chiropractor whom they perceive to have a different practice style or philosophical or political affiliations. Although you might not agree on everything, find common ground - the outcomes can be impressive when chiropractors find a common cause to rally behind.

Valerie Johnson

- Celebrate our patients from the rich tapestry of diverse backgrounds

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- Learn more about how technology can ensure that everyone, regardless of their origin, receives the right care they deserve

Lisa Killinger

- Send out a notice about Chiropractic Day that includes important facts about chiropractic from evidence-based sources
- Encourage state and local leaders such as governors, mayors, to make an official proclamation related to Chiropractic Day
- Encourage chiropractic organizations to create a series of public service announcements to air on television or radio
- Encourage chiropractic college leaders, through their marketing teams, to send out a press release and invite the media to Chiropractic Day events they are putting on at the college

Karen Konarski-Hart

- Acknowledge our positive history and achievements
- Showcase the importance of chiropractic inclusion and its implications
- Produce an online video or podcast that doctors could make available
- Encourage all chiropractors in an area participate in joint activities like state declarations, advertisements, sport or fitness sponsorship

Deborah Kopansky-Giles

- Coordinate patient advocacy events to empower people to advocate for their health and to motivate policy makers to improve access to chiropractic services
- Focus on healthy and active patients (people), families, communities

Matthew Kowalski

- Contact local political leaders (Mayors, Town Administrators) and request local acknowledgement of Chiropractic Day.
- Raise awareness through social media broadcasts.
- Make a contribution to support chiropractic education and research initiatives (eg, NCMIC Foundation or other foundations).
- Thank patients for making this day possible.
- Take a moment and reflect on the many lives you have profoundly helped.

Craig Little

- Communicate with peers in a spirit of intraprofessional collaboration
- Promote respect as well as mutual tolerance of differences chiropractors may have within the profession

Sherry McAllister

- Engage in a social media campaign where Chiropractors take pictures celebrating the day with a statement of why chiropractic is such a fabulous profession (eg, ideas at Foundation for Chiropractic Progress)

John Mrozek

- Celebrate the past and describe how we contribute to alleviating patient suffering through providing quality care and research

Don Nixdorf

- Identify and raise awareness in clinics and social media about the education, research, and clinical outcomes of chiropractic spine treatment
- To celebrate Chiropractic Day, as well as every day, chiropractors can increase awareness of practice based evidence and identify the most relevant criteria of evidence-based research that contributes to improving public health

L David Peeace

- Celebrate chiropractic on behalf of our patients
- Provide a virtual online statement via whatever social network we belong to demonstrate our celebration of our profession

Cynthia Peterson

- Provide free evidence-based leaflets/handouts about common conditions presenting to chiropractors
- Offer free lectures on the profession, taking into consideration the rules and regulations governing the profession in their country

Kristina L Petrocco-Napuli

- Reflect on what our founder and others have done to advance the profession and serve the public
- Consider how you may continue to carry the momentum of the profession forward
- Find an opportunity to serve your community on this day, thus giving back to those that surround you and the things that you do as a professional

Reed Phillips

- Make a donation to a worthy, needy cause in the chiropractic profession (eg, NCMIC Foundation or others)

Greg Snow

- Celebrate with your patients at your offices in whatever manner seems meaningful to you
- Appreciate those who have contributed to where you are today and take a moment to express your gratitude

- Join your state and national associations, and others (eg, F4CP) to support them in their legislative and public relations efforts to expand access to chiropractic services

Anne Sorrentino

- Make Chiropractic Day a weeklong celebration
- Highlight chiropractic in an email to patients, such as benefits of chiropractic care and some historical information

Yi Kai Wong

- Organize events (such as Chiropractic Day/Month) or educational seminars to raise awareness about the benefits of chiropractic care
- Produce social media content or videos showcasing the benefits of chiropractic care and its positive impact on people's lives
- Reach out to local communities and offer free health screenings or other health-related services to promote health and wellness

Christopher Yelverton

- Increase public exposure for the chiropractic profession, both individually and through professional associations
- Focus on highlighting the benefits of chiropractic care and the evidence-based nature of the profession to improve overall access to chiropractic care and enhance public understanding of the profession's direction and approach

Kenneth J Young

- Take a quiet moment and remember why we chose to become health care professionals.
- Look back at the oath/pledge that we took upon graduation and consider the principles in it. Great status in society is given to health care professionals, but only in exchange for great responsibility.
- Reflect on considering patients first, setting aside personal and professional gain. Then get back to work. If we help our patients do better, we will all do better.

APPENDIX B. TABLE OF EXAMPLE DEFINITIONS OF CHIROPRACTIC FROM SOURCES THAT ARE INTERNAL AND EXTERNAL TO THE CHIROPRACTIC PROFESSION

Internal or External to Chiropractic	Entity	Website	Statement about Chiropractic
Internal	World Federation of Chiropractic	wfc.org	"Definition of Chiropractic: A health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation."
Internal	Chiropractic Future	Chiropracticfuture.org	"Professional Identity Statement: Doctors of Chiropractic are essential health care providers who assist the body's natural ability to heal. They are experts in evaluating, diagnosing, and managing many neurologic, muscular, skeletal, and other conditions. Chiropractors provide safe and effective care, focused on improving function and optimizing quality of life. Chiropractors are trusted members of health care teams that work with patients to achieve their goals, through every stage of life."
External	National Health Service (United Kingdom)	https://www.nhs.uk/	"Chiropractic is a treatment where a practitioner called a chiropractor uses their hands to help relieve problems with the bones, muscles and joints."
External	Government of Canada	https://ised-isde.canada.ca/app/ixb/cis/summary-sommaire/62131	"These practitioners provide diagnostic and therapeutic treatment of neuro-musculoskeletal and related disorders through the manipulation and adjustment of the spinal column and extremities."
External	Australian Government, Department of Health	https://hwd.health.gov.au/resources/publications/fact-sheet-alld-chiropractors-2017.pdf	"Chiropractors diagnose and treat back pain and disorders of the musculoskeletal system. Chiropractic treatments may include manipulation, massage or advice about movement."

(continued)

APPENDIX B (CONTINUED)

Internal or External to Chiropractic	Entity	Website	Statement about Chiropractic
External	National Institutes of Health, National Center for Complementary and Integrative Health	https://www.nccih.nih.gov/health/chiropractic-in-depth	“Chiropractic is a licensed health care profession that emphasizes the body’s ability to heal itself. Treatment typically involves manual therapy, often including spinal manipulation. Other forms of treatment, such as exercise and nutritional counseling, may be used as well.” and “Chiropractors approach patient care in a manner similar to that used in conventional medicine. They interview the patient, obtain a detailed health history, perform an examination, do tests, and develop a working diagnosis. They then develop a management plan, start treatment, and monitor the patient’s progress. Chiropractors often treat problems related to the musculoskeletal system.”
External	Bureau of Labor Statistics, United States Department of Labor	https://www.bls.gov/ooh/healthcare/chiropractors.htm	“Chiropractors perform manual therapy to help patients with back and neck pain. Chiropractors evaluate and treat patients’ neuromusculoskeletal system, which includes nerves, bones, muscles, ligaments, and tendons. They use spinal adjustments and manipulation, as well as other clinical interventions, to manage patients’ health concerns, such as back and neck pain. Duties. Chiropractors typically do the following: Review a patient’s medical history and listen to their concerns Perform a physical examination to analyze the patient’s posture, spine, and reflexes Provide neuromusculoskeletal therapy, which involves adjusting a patient’s spinal column and other joints Give additional treatments, such as applying heat or cold to a patient’s injured areas Advise patients on health and lifestyle issues, such as exercise and nutrition Refer patients to other healthcare professionals if needed Chiropractors treat a variety of problems related to the neuromusculoskeletal system. They focus on pain in the back, neck, and joints and how relieving this pain can improve patients’ overall health. The goal is to improve the body’s motion and function. In diagnosing a patient’s condition, chiropractors often use both external and internal assessments. For example, a chiropractor may observe the patient’s range of motion related to shoulder pain and then follow up with x rays to provide more detailed information. Some chiropractors treat patients using procedures such as massage therapy, rehabilitative exercise, and electrical muscle stimulation in addition to spinal adjustments and manipulation. They also may apply supports, such as braces or tape, to treat patients and relieve pain. In addition to operating a general chiropractic practice, chiropractors may specialize in areas such as sports, neurology, or nutrition. Chiropractors who are self-employed or work in private practice may have additional responsibilities that include marketing their business, hiring staff, and keeping records.”

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DIALOGUE

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CPSO's Modernization of Governance Changed Through By-Law

Changes include new model for elections

Need to Know: As part of the College's work to modernize governance, it has conducted a comprehensive review and rewrite of its by-laws with the goal of improving clarity, and ensuring a strong, resilient governance model.

The College's Board of Directors (previously Council – see name change below) has approved a set of governance modernization initiatives to be effected through by-laws. The changes include a new election model for province-wide elections, in place of district elections, with candidates reviewed and nominated by a Governance and Nominating Committee through a competency, skills and diversity-based process, including geographic representation. In addition to making the governance changes, all of the by-laws have been revised for drafting improvements,

process improvements, streamlining and clarification.

The first election under the new model is expected to be held in 2025.

To make the by-laws easier to access and reference, all of the standalone by-laws have been amalgamated into the new by-law. At this time, the General By-law, Fees and Remuneration By-law and the Declared Emergency By-law have been incorporated into the same document (with the exception noted below.).

The Register and Member Information By-laws, approved at September's Board meeting, will not be included in the

Most of the governance modernization initiatives will need to be implemented over time, once the necessary preparatory steps have been taken

amalgamated by-laws until those amendments are all in effect in 2024. In the meantime, the register and member information by-law provisions in the current General By-law will be a standalone by-law.

The by-laws approved at the December meeting came into effect upon the Board's approval, except as noted below. Most of the governance modernization initiatives will be implemented over time, once the necessary preparatory steps have been taken. Accordingly, many of the by-law changes addressing these initiatives will not take effect until a future date to be determined by the Board.

Below is a high-level summary of the key changes. To read about the changes in greater detail, please refer to the Board meeting notes posted on the website.

Governance Terminology

The changes promote clarity by aligning CPSO's governance terminology with conventional terms more commonly used and understood by the public and other corporations and organizations. In addition, the language has been made more gender inclusive.

- Council → Board of Directors (the Board)
- President → Board Chair
- Vice-President → Board Vice-Chair
- Council members/councillors → Directors
 - Public Directors
 - Elected Directors
 - Academic Directors
- Members → Registrants
- Annual General Meeting → Annual Organizational Meeting

New Election Model: Competency-Based Elections

The new election model is expected to be in effect in 2025. One component of this change would see the implementation of

a process for determining candidates for election to the Board based on their competencies, skills and diversity attributes, including geography representation, with the goal of achieving a balanced Board composed of skilled, qualified directors who also reflect the diversity of Ontario's population and the practice of medicine.

A Board Profile will be established and periodically updated which reflects the desired competencies, skills and diversity attributes (including practice settings and geography) for Board Directors. The Governance and Nominating Committee will assess the competencies, skills and diversity attributes of election candidates based on the Board Profile.

New Election Model: Province-Wide Elections

The other election model change would replace district elections with province-wide elections. A regular election will be held annually for approximately one-third of the elected Board seats (i.e. based on expiry of three-year terms). Under this model, all members are eligible to vote for any of the candidates in every election.

Note- Elections for 2024 will continue with the electoral district model.

Academic Representation

This change would see a total of three Academic Directors sit on the Board, and selected based on their competencies, skills, and diversity attributes in line with the Board Profile.. Currently, each of the six medical schools have an academic representative on the Board (although only three are voting members).

Eligibility Criteria for Board Directors and Committee Members

Eligibility criteria are threshold require-

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These new and revised criteria are intended to achieve a Board and committees whose members satisfy more stringent eligibility criteria.

ments that a Registrant must satisfy to be eligible to stand for election as an Elected Director, be appointed as an Academic Director or be appointed to a committee. These new and revised criteria are intended to achieve a Board and committees whose members satisfy more stringent eligibility criteria.

Eligibility criteria are separate and distinct from the competencies, skills and diversity attributes in the Board Profile that will be used to assess which of the candidates for Director or committee positions who have met the eligibility criteria are qualified to stand for election or be appointed to the Board or a committee.

For a full list of the criteria, please refer to Board meeting materials which are available on the website. A partial list of the new criteria includes:

- Registrant has not had a finding of professional misconduct or incompetence by the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) or finding of incapacity by Fitness to Practise Committee, unless the finding has been removed from the Register under the Code s. 23(11).
- Registrant is not subject to an interim order by Inquiries, Complaints and Reports Committee (ICRC) under the Code.
- Registrant has not had a Specified Continuing Education or Remedial Program (SCERP) ordered in the five years before the date of the election or appointment.
- Registrant has not been cautioned in the five years


before the date of the election or appointment.

- Candidate has no findings of guilt or outstanding charges under the *Health Insurance Act (Ontario)*, the *Criminal Code of Canada* or the *Controlled Drugs or Substances Act (Canada)* or under any comparable legislation or criminal laws of another jurisdiction.
- Registrant is in compliance with continuing professional development requirements under the *Medicine Act*.
- Candidate is not an undischarged bankrupt (i.e. member is subject to a bankruptcy process that has not been completed).

Grounds for Disqualification of Board Directors and Committee Members

Grounds for disqualifying Board Directors and committee members are divided into two categories:

- a) Grounds that would automatically result in disqualification.
- b) Grounds where the Board may exercise its discretion to disqualify the member.

The revised disqualification criteria were approved to maintain a Board and committees composed of Directors and committee members, respectively, who continue to meet more stringent criteria. For a full list of the disqualification criteria, please refer to Board meeting materials. 

5A. Eligibility Criteria for Board Directors and Committee Members

Goals:

1. Achieve a Board consisting of Directors that satisfy more stringent eligibility criteria.
2. Achieve committees composed of CPSO members who satisfy more stringent eligibility criteria.

Note:

- Eligibility criteria are threshold requirements that a College member must satisfy to be **eligible** to stand for election as an Elected Director or be appointed as an Academic Director. They are mandatory. GNC, together with CPSO staff, will review eligibility.
- Eligibility criteria are separate and distinct from the competencies, skills, attributes and diversity that will be listed in the Board Profile/Matrix. College members are expected to have some, but not all, of the competencies skills, attributes and diversity to be **qualified** to be a Director, to be determined by GNC using its judgment and discretion.

Proposal: The following chart sets out the eligibility criteria that CPSO members will have to meet to be eligible to stand for election as a Director or be appointed as a Director or a member of a CPSO committee.

- The eligibility criteria apply to both Directors and committee members unless indicated otherwise (in Application column in following chart).
- Note the eligibility criteria do not apply to public members (whether as Directors or committee members).
- Some of the eligibility criteria already apply under the current By-laws. The criteria are marked as Existing, Revised or New.
- The eligibility criteria listed below are summarized and are not the exact language in the By-laws.

1. Do you support the eligibility criteria for Board Directors and committee members, as proposed?

1554

1555

Eligibility Criteria	Status	Application (applies to Directors and Committee members unless indicated otherwise)
For Elected Directors, while elections are held by district: The member practises medicine in the electoral district where they are nominated or if not in practice, resides in that electoral district.	Existing	Elected Directors
For Elected Directors, once elections are held province-wide: The member principally practises medicine in Ontario or if not in practice, resides in Ontario.	Revised	Elected Directors
For Committee members: The member principally practises medicine in Ontario, or if not in practice, resides in Ontario. Current By-laws: The member practises medicine in Ontario or resides in Ontario.	Revised	Committee members
For Academic Directors: The member is on the academic staff of an Ontario university medical faculty.	Existing	Academic Directors
Member is not in default of payment of any fee payable to CPSO.	Existing	
Physician Assistants are not eligible to be a Board Director (once PA legislation comes into effect).	New	Directors
Member is not (and has not been for one year) a director or officer of OMA, CMPA or certain other organizations.	Existing	Directors
Member does not hold (and has not held for one year) a position with an organization that would create a conflict of interest by having competing fiduciary obligations to the organization and CPSO.	Existing	Directors
Member does not hold (and has not held for one year) an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College.	New	Directors
In the case of a Director, the member is not (and has not been for five years) an employee of CPSO.	Existing	Directors
In the case of a non-Director committee member, the member is not an employee of CPSO.	New	Committee members
Member has filed a completed conflict of interest declaration form.	Existing	Directors
Member has completed the CPSO orientation program.	Existing	Directors
<u>Member is not, and has not ever been, in litigation against CPSO and/or CPSO Directors, officers, employees (not including judicial review or appeals of disciplinary or other regulatory decisions).</u>	New	

1556

Eligibility Criteria	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Anti-nepotism clause: member is not a spouse or other specified relative of a CPSO employee or in the case of a Director, another Director.	New	
Member has never been disqualified from the Board or a committee or has not resigned from the Board or a committee where there are reasonable grounds to believe the resignation is related to a proposed disqualification. Current By-laws: Only applies to disqualification or resignation in the last 5 years.	Revised	Directors
Except for administrative suspensions, member's certificate of registration has never been revoked or suspended. Member's certificate of registration has not been suspended for an administrative suspension (i.e. for failure to complete annual renewal) in the last six years. Current By-laws: Member's certificate of registration has not been revoked or suspended in the last six years.	Revised	
Member's certificate of registration is not subject to a term, condition or limitation (other than a "standard" one prescribed by regulation or imposed by Registration Committee pursuant to a CPSO registration policy). Revised to add reference to the Registration Committee and registration policy for completeness and clarity.	Revised	
Member is not the subject of a disciplinary or incapacity proceeding.	Existing	
Member does not exceed applicable term limits. For Directors, the member can serve the full 3 year term on the Board.	Existing	
<u>Member has not had a finding of professional misconduct or incompetence by OPSDT or finding of incapacity by Fitness to Practise Committee, unless the finding has been removed from the Register under the Code s. 23(11).</u>	New	

Eligibility Criteria	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Member is not subject to an interim order by ICRC under the Code.	New	
Member has not had a SCERP ordered in the past five years.	New	
Member has not been cautioned in the past five years.	New	
Member has no findings of guilt or outstanding charges under the Health Insurance Act (Ontario), the Criminal Code of Canada or the Controlled Drugs or Substances Act (Canada).	New	
Member is in compliance with continuing professional development requirements.	New	
Member is not an undischarged bankrupt (i.e. member is subject to a bankruptcy process that has not been completed).	New	
Member has not been found to be incapable of managing property under Substitute Decisions Act (Ontario) or Mental Health Act (Ontario).	New	
Member has not been declared incapable by any court in Canada or elsewhere.	New	

1557

5B. Grounds for Disqualification of Board Directors and Committee Members

Goals:

1. Maintain a Board consisting of Directors that continue to meet more stringent criteria.
2. Maintain committees composed of CPSO members who continue to meet more stringent criteria.

Proposal: The following chart sets out the grounds for disqualifying Board Directors and committee members. They are divided into two categories:

- a) Grounds that would automatically result in disqualification.
 - b) Grounds where the Board may exercise its discretion to disqualify the member.
- The disqualification grounds apply to both Directors and committee members unless indicated otherwise (in Application column in chart below).
 - The disqualification grounds and process do not apply to public members (whether as Directors or committee members).
 - Some of the disqualification grounds already apply under the current By-laws. The grounds are marked as Existing, Revised or New. The categories of automatic and discretionary grounds are new.
 - The disqualification grounds listed below are summarized and are not the exact language in the By-laws.

1. Do you support the grounds for disqualification of Board Directors and committee members, as proposed?

1559

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Automatic	For Elected Directors, while elections are held by district: The Elected Director ceases to practice medicine or reside in their electoral district.	Existing	Elected Directors
Automatic	For Elected Directors, once elections are held province-wide: The Elected Director ceases to principally practice medicine in Ontario or reside in Ontario.	Revised	Elected Directors
Automatic	For Committee members: The member ceases to principally practice medicine in Ontario or reside in Ontario.	Revised	Committee members
Automatic	For Academic Directors: The Academic Director ceases to be on the academic staff of an Ontario university medical faculty.	Existing	Academic Directors
Automatic	Director becomes a director or officer of OMA, CMPA or certain other organizations.	Existing	Directors
Automatic	Anti-nepotism clause: Member becomes a spouse or other specified relative of a CPSO employee or in the case of a Director, another Director.	New	
Automatic	Member becomes an adverse party to litigation against CPSO and/or CPSO Directors, officers, employees (not including judicial review or appeals of disciplinary or other regulatory decisions).	New	
Automatic	Member's certificate of registration is revoked or suspended (including an administrative suspension, i.e. for failure to complete annual renewal).	New	
Automatic	Member's certificate of registration becomes subject to a term, condition or limitation (other than a "standard" one prescribed by regulation or imposed by Registration Committee pursuant to a CPSO registration policy). Revised to add reference to the Registration Committee and registration policy for completeness and clarity.	Revised	
Automatic	Member becomes the subject of any disciplinary or incapacity proceeding. Current By-laws: The member is suspended from serving on the Board or committees until the proceeding is finally completed, but is not actually disqualified. Since it typically takes a	New	

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
	long time for the proceeding to be completed, it is proposed that the member be disqualified instead. If there is no finding of professional misconduct etc., the member will no longer be prevented from standing for election or appointment to the Board or committee(s) due to the prior disqualification.		
Automatic	Member is found by OPSDT to have committed professional misconduct or be incompetent.	Existing	
Automatic	Member is found by Fitness to Practise Committee to be incapacitated.	Existing	
Automatic	Member becomes subject to an interim order by ICRC under the Code.	New	
Automatic	Member is required by ICRC to complete a SCERP.	New	
Automatic	Member is ordered to be cautioned.	New	
Automatic	Member is charged with an offence under the Health Insurance Act (Ontario), the Criminal Code of Canada or the Controlled Drugs or Substances Act (Canada). If the member is not found guilty of any of the charges when the criminal proceedings are completed, the member will no longer be prevented from standing for election or appointment to the Board or committee due to the prior disqualification.	New	
Automatic	Member is found guilty under the Health Insurance Act (Ontario), the Criminal Code of Canada or the Controlled Drugs or Substances Act (Canada).	New	
Automatic	Member is not in compliance with continuing professional development requirements.	New	
Automatic	Member becomes an undischarged bankrupt (i.e. member becomes subject to a bankruptcy process that has not been completed).	New	
Automatic	Member is found to be incapable of managing property under the Substitute Decisions Act (Ontario) or Mental Health Act (Ontario).	New	
Automatic	Member is declared incapable by any court in Canada or elsewhere.	New	
Board's Discretion	<ul style="list-style-type: none"> Director fails to attend three consecutive meetings of the Board. 	Revised	

1560

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
	<ul style="list-style-type: none"> • Director or Committee member fails to attend three consecutive meetings of which they are a member. (A Director would be subject to disqualification from the Board and the committee(s).) • Director or Committee member fails to attend a hearing or review panel for which they were selected. (A Director would be subject to disqualification from the Board and the committee(s).) <p>Current By-laws:</p> <ul style="list-style-type: none"> • The disqualification ground is for failure to attend “without cause”. Under the new proposal, any failure to attend 3 consecutive meetings would be subject to consideration by the Board for disqualification. • The third ground (failure to attend hearing or review panel) currently applies only to committee members. 		
Board’s Discretion	Member is in default of payment of any fee payable to CPSO for more than 30 days.	Existing	
Board’s Discretion	Member fails, in the Board’s opinion, to discharge their duties to the College (e.g. acted in conflict of interest, or in breach of CPSO By-law or governance policies).	Existing	
Board’s Discretion	Director holds a position which could cause the Director to be in a conflict of interest by virtue of having competing fiduciary obligations to both CPSO and another organization (except with an organization specified above that would result in automatic disqualification (e.g. OMA)).	Existing	Directors
Board’s Discretion	Member holds an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College.	New	Directors
Board’s Discretion	Director becomes an employee or holds a position of responsibility with an organization whose mandate conflicts with the mandate of CPSO.	New	Directors

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Board's Discretion	Director becomes an employee of CPSO.	New	Directors
Board's Discretion	Member did not satisfy one or more eligibility criteria at the date of election to the Board or appointment to the Board or a committee, and did not disclose this to CPSO or was untruthful or misled CPSO about it.	New	

PROPOSED CHANGES	QUESTIONS FOR DISCUSSION AND DECISION
<p>5C. Disqualification Process</p> <p>Goals:</p> <ol style="list-style-type: none"> Maintain a Board consisting of Directors that continue to meet more stringent criteria. Maintain committees composed of CPSO members who continue to meet more stringent criteria. <p>Process for Disqualification:</p> <p>Automatic Disqualification: If a ground for automatic disqualification occurs, the Director or committee member will be automatically disqualified as of the time the College learns of it. The Director or committee member will be advised. Automatic disqualification will not go to Council for approval or decision.</p> <p>Discretionary Disqualification of Directors: If a ground for discretionary disqualification occurs regarding a Director, the disqualification process in the current By-law will apply (with necessary amendments), namely:</p>	<p>No decision point. Explanatory</p>

- If the Executive Committee learns that a Director may meet one of the disqualification criteria, the Executive Committee determines if it warrants the Board's consideration.
- The Director is advised and given an opportunity to respond before the Executive Committee makes a decision to refer it to the Board.
- If the Executive Committee refers the matter to the Board, the member in question may make written or oral submissions to the Board at the meeting.
- Disqualification requires approval of a 2/3 majority of Directors present at the Board meeting.

Note that when a Director is disqualified from the Board (whether automatically or by decision of the Board), the member ceases to be both a Director and a member of any committees.

Discretionary Disqualification of Committee Members: If a ground for discretionary disqualification occurs regarding a committee member, the disqualification process will be similar to that for Directors, except that the disqualification only requires approval of 50% of the Directors present at the Board meeting.

ITEM 6.5

1564



News / Canada

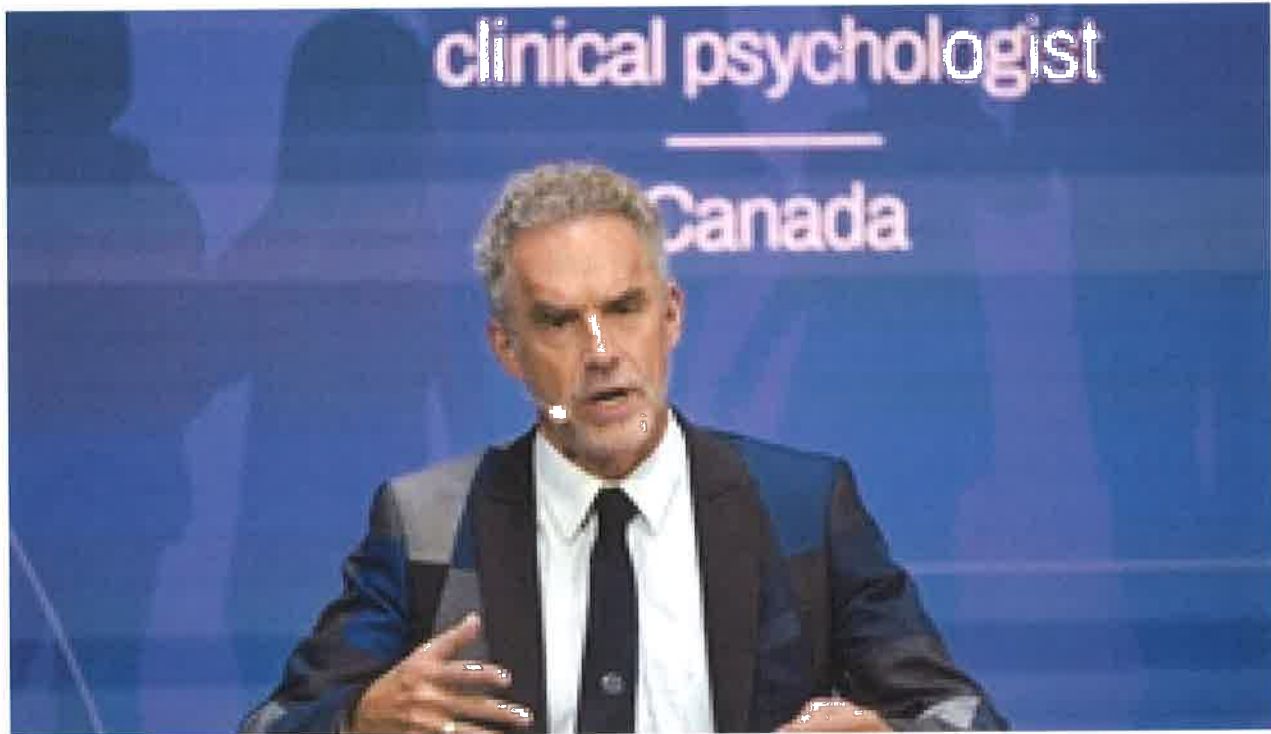
Exclusive: Jordan Peterson loses fight with psychology college over mandatory social media training

An Ontario court has dismissed Jordan Peterson's appeal of an earlier decision that sided with the College of Psychologists of Ontario

Tyler Dawson

Published Jan 16, 2024 • Last updated 1 hour ago • 4 minute read

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Jordan Peterson addresses the Demographic Summit in the Fine Arts Museum in Budapest on Sept. 14, 2023. PHOTO BY ATTILA KISBENEDEK/AFP VIA GETTY IMAGES

of Ontario from ordering him to undergo remedial social media training.

On Tuesday, a panel of three judges with the Ontario Court of Appeal dismissed Peterson’s motion for leave to appeal an earlier decision by the Ontario Divisional Court. No reasons were given, which is normal for the appeal court.

STORY CONTINUES BELOW

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1565

“A higher court in Canada has ruled that the Ontario College of Psychologists indeed has the right to sentence me to re-education camp. There are no other legal avenues open to me now,” Peterson wrote on X. “It’s capitulate to the petty bureaucrats and the addle-pated woke mob or lose my professional licence.”

1

Peterson said that the college had “won this round,” but the war is not over.

“There is nothing you can take from me that I’m unwilling to lose,” he wrote. “So watch out. Seriously. You’ve been warned.”

Howard Levitt, the lawyer who represented the controversial psychologist and best-selling author, said they are unable to appeal further. The Toronto employment lawyer and Financial Post columnist said he was surprised, given the international media attention Peterson’s case garnered, that the courts did not want to weigh in on the extent to which professional regulatory bodies can police members’ speech.

2

“Is there free speech in Canada? To what extent are the limits on free speech in Canada, to free speech which is not criminal or not tortious, not a violation of any law? To what extent are regulated professionals and regulated trades impacted in terms of what they can say in the public forum?” said Levitt. “These are important issues and Canada has been castigated broadly for the decision of the divisional court.”

3

In a separate post sent around the same time Tuesday evening, Peterson said that Canadians are under the “delusion” that there is free expression in the country.

4

“But rest assured, sleeping Canuck sheep: your Charter of Rights is a facade,” he wrote. “And you will be fleeced while you bleat.”



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“I think it’s going to be a licence to regulatory bodies to be more aggressive,” said Levitt.

Is there free speech in Canada?

In August, the Ontario Divisional Court said that the college was allowed to have Peterson undergo social media training.

“Requiring coaching following apparently unheeded advice seems a reasonable next step, proportionately balancing statutory objectives against Charter rights which are minimally impaired, if they are impaired at all, by the (college’s decision to require coaching),” says the [18-page court decision](#).

Peterson had sought to have the August ruling overturned by going to the appeal court.

RECOMMENDED FROM EDITORIAL



Jordan Peterson can be ordered to undergo social media training, Ontario court rules

The legal battle dates back more than two years.

Over the course of 2022, the college — which governs the conduct of psychologists practising in Ontario — received a number of complaints about Peterson’s online behaviour. The concerns included his tweets about a plus-sized Sports Illustrated model, whom he said was “[not beautiful](#)” and Elliot Page’s gender transition, who he said “had her breasts removed by a criminal physician.” There were also complaints about his views on climate change and “aggressive” conduct towards Gerald Butts, Prime Minister Justin Trudeau’s former principal secretary.

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In January 2023, Peterson [posted a document](#) online detailing several of the complaints against him.

In response to the complaints, the college investigated, and ordered Peterson to undertake media training, at his own expense, or risk the suspension of his licence to practice in Ontario.

Peterson, who is also a professor emeritus of psychology at the University of Toronto, put his practice on hold in 2017 but is still a licensed psychologist.

maintained that his speech was political, and outside the purview of the college's authority and that he had his own team in place to monitor his conduct.

"I have already undertaken the remediation of my actions in a manner very much akin to what has been suggested by the (Inquiries, Complaints and Reports Committee) and have done so in an exceptionally thorough and equally exceptionally public and transparent manner," Peterson wrote to the college.

1567

Peterson's comments did not run afoul of any Canadian laws.

Rather, they were found to have contravened specific rules that exist for psychologists, a regulated profession.

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"When individuals join a regulated profession, they do not lose their Charter right to freedom of expression," says the ruling by the Ontario Divisional Court from August. "At the same time, however, they take on obligations and must abide by the rules of their regulatory body that may limit their freedom of expression."

"The order is not disciplinary and does not prevent Dr. Peterson from expressing himself on controversial topics."

Peterson has yet to comment publicly on the dismissal of his appeal.

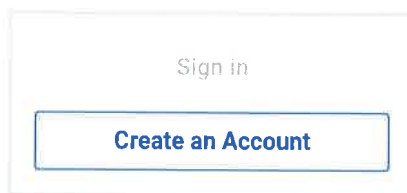
- [Jordan Peterson can be ordered to undergo social media training, Ontario court rules](#)
- [Jordan Peterson asks Ontario court to review disciplinary proceedings that violate free speech](#)

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NP Comment

Jordan Peterson: Bureaucrats will rue the day they tried to shut me up

The petty tyrants at the College of Psychologists of Ontario have no right to force me into re-education

Jordan Peterson

Published Jan 17, 2024 • Last updated 1 hour ago • 9 minute read

599 Comments



Jordan Peterson

In November 2022, the administrative board that regulates the conduct of psychologists (and much more than that, it

duration, at my expense, with my learning not evaluated by any standard method but subject to the opinion of those charged with, profiting by and exploiting my forced studentship. I took those decision-makers forthwith to court, and lost. The decision of the Ontario College of Psychologists was upheld. I then appealed, to a higher court. On January 16, 2024, that appeal was rejected. There were no reasons provided.

STORY CONTINUES BELOW

1569

This means that my legal options have been exhausted. Thus, I face two choices. I can comply, when the College goes ahead with its determination to require my re-education, dutifully attend whatever bloody classes their DEI-enthusiastic “social media experts” (whatever those are) determine to inflict upon, confess the sins of my classic liberal/conservative or even Judeo-Christian political, philosophical and theological commitments, repent and silence myself — or even become a standard-bearer for the faux-compassionate woke cause, at least publicly. Alternatively, I can tell my would-be masters to go directly to the hell they are so rapidly gathering around themselves and everyone else, lose my right to practice or even to describe myself as a psychologist, and suffer the consequences on the reputation front:

“Canadian psychologist Jordan B Peterson, disgrace to his profession, forfeits his formal licence, in consequence of his crimes.”

And what exactly were those crimes? — because there’s the rub or, at least, one of them. This is where the reader should pay careful attention, Canadian or otherwise, because this is what lies ahead in the West, given the course our leaders and their still-blind and deaf followers are charting. It should be hard for anyone considering this situation to believe that I am playing straight with the facts, if they have any of their own opinions or values whatsoever — because if what I have done and said constitutes the equivalent of a professional crime, you can be sure that your own head is full of like transgressions, regardless of your political stance, and your own tongue therefore likely to spill the beans.

STORY CONTINUES BELOW

I criticized three Canadian political leaders: a councilwoman in Canada’s capital, Ottawa, for what I regarded and still regard as her disgraceful behavior during the Canadian Trucker Convoy; Justin Trudeau’s former principal secretary, Gerald Butts, a man who resigned from one of the highest positions within the office of the former amidst a scandal that had enveloped the teflon-coated Liberal administration; and the woke poster boy and shining narcissist himself, Canada’s Prime Minister, a man who has done more to destroy my country than anyone else, in reality and reputation, nationally and internationally (and that includes his father, who was no shirker in that regard).

I pointed out the shortcomings of the idiot costly self-aggrandizing virtue-signaling demoralizing lie of the power-mad

I voiced my objections to the politically-correct insistence that morbid obesity be regarded as the equivalent to the highest standards of athletic beauty, and I took a certain Hollywood actress or actor to task because that same person (oh tortuous grammatical niceties) used its platform to parade the advantages of double mastectomies when performed on the bodies of perfectly healthy young women.

1570



Platformed

This newsletter tackles hot topics with boldness, verve and wit. (Subscriber-exclusive edition on Fridays)

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I regret none of these actions. I would say exactly the same things again. Furthermore, I believe that time has been kind to my decisions: the reality of the idiocy that I pointed to then, whose reality was then denied by most, has become something increasingly apparent to an increasingly majority of people in the interim.

I should point out, too, that these crimes were reported on [the publicly accessible Ontario College of Psychologist website informer page](#) not by anyone who had ever been a beneficiary of my professional services, or any people that knew them, or any of the people directly criticized, or by anyone who knew them, or even (in the main) by citizens of Ontario, my home province, or Canada. They were instead brought to the attention of the “authorities” by activists in other countries, many of whom also lied in writing, claiming that they were in fact clients of mine. About a dozen of such people reported me — this in contrast, by the way, to the millions or now even tens of millions of people who have found the work I have done and the stances I have taken of clear psychological benefit, and who have said so, buying my books, watching my lectures and even directly informing the College of their favorable judgment.

STORY CONTINUES BELOW

What does this all mean for me? Frankly, very little, practically speaking. I have options, in my fortunate and privileged position. I am no longer financially dependent on my practice, which I had to fold up in 2017, in the wake of the first scandals that emerged around me. I am independently wealthy. I am also not dependent even on my formal status as a psychologist. This makes me very unlike my colleagues and fellow professionals, for whom threat to their licence is an intolerable threat to livelihood, reputation and family stability, financial and otherwise. I could even move to the U.S.,

increasing number of Canadians have determined to do.

By far the easiest thing for me to do personally, therefore, is to say to the College “do your worst, you petty tyrants,” and let the cards fall where they will. I could even report, in detail, publicly (very publicly) on the re-education process, as I most certainly will do, if I decide to go that route. I could take the inevitable reputational hit mentioned previously, and continue going about my happy and profitable business. I have positioned myself very carefully, knowing all this was coming, accepting its inevitability, so that I wasn’t even particularly upset when the news came down. My personal security and desires, however, are not the point, and they haven’t been, right from the beginning. Here’s the point:

STORY CONTINUES BELOW

1571

Canadians, mark my words: Your much-vaunted Charter of Rights isn’t worth the paper it’s printed on, as one of its last remaining signatories has been continually striving to indicate. Your right to free speech is essentially non-existent, as evidenced by the court decisions we are now considering. You have almost no real rights to property. Your rights to mobility can be taken away without consequence at any moment, as they were very recently. You can all-too-easily become the indentured servant of anyone you dare to hire. Your tax load is going to continue to increase, and rapidly. Your economy is predicted to be the worst performing of any developing country for the next three decades – and that failure will be trumpeted, positively, as the “degrowth” necessary to save the planet (thus so conveniently providing those who, like Trudeau, have no interest in monetary policy to parade their ignorance and Machiavellian idiocy as a positive virtue: “I’m saving the planet” is a get-out-of jail free card for any and all crimes and justification for a grab for power the likes of which we have never seen. The failure of my appeal means that your professionals – engineers, physicians, lawyers and teachers, among others – are now required by administrative fiat to conceal what they really think and believe (which is precisely the truth you most truly need from them) lest they run afoul of the administrative minions who have now been granted full sway over their tongues and pens.

STORY CONTINUES BELOW

RECOMMENDED FROM EDITORIAL



Bruce Pardy: Jordan Peterson against the tyranny of the administrative state

The Supreme Court has already determined this: hence the failure of my appeal. Regulatory boards in Canada are not

“proportionately” mean, practically speaking? It means any way they choose, unless you have the courage, time and resources to object. Fighting these pathetic demons has already cost me weeks of work and close to a million dollars. Are you, fellow Canadian professionals, feeling up to that task? I thought not — and have seen very little evidence of courage or ability from you on that front. So we can just imagine where that will leave the typical Canadian, who dares to speak his or her mind. Finally, and furthermore: the infringement on your rights — all your rights — can and will be justified by the courts if the action that does so promotes “charter values” guaranteed and promoted nowhere in the fundamental legal structure that makes up Canada — and those have become precisely the diversity, equity, inclusivity, group-rights conceptualization of humanity and vengeful quasi-Marxist but worse victim-victimizer narrative that all goes to make up the progressive ideals of the carnivorous sheep who now rule this sad and blind land.

STORY CONTINUES BELOW

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Are you listening, Canadians? If you refuse to abide by rules so radically leftist that they would have been and were in fact eschewed until recently by the outright socialist Canadian New Democratic Party your opinions have now become outright illegal. Present them, even think about them, at your peril. And if you think I’m exaggerating, or beating my own drum, for reasons of my own, ask yourself this: what in the world is in it for me, in so doing? I could at any moment and so easily end my association with my increasingly mad profession, as I have the universities who so recently showed their disgrace in Washington, DC (I’m talking about you, presidents of MIT, Harvard and UPenn), and go about my perfectly functional life, without the burden of scrapping with idiots — without even the necessity of facing the full reality of the political idiocy and willful blindness that now makes up the Canadian scene.

But I think I’ll fight a little longer. Bring it on, you bloody pikers: take your next steps, bureaucrats: write me, and tell me how exactly we are to conduct my re-education. I’ll play along, find out exactly what you will do, now that you’ve been emboldened to do whatever it is that the darkest resentful demons lurking in your evil little low-level administrative hearts most truly desire, even to your own detriment. I’ll see how burdensome playing your pathetic game becomes, and I will publicize every single bit of it. And, if I get tired of it, which seems highly likely, I’ll hand over the bloody licence I am increasingly embarrassed in any case to possess and let you continue journeying oh-so-morally to the dismal, fearful, pessimistic, moralizing, petty, butter-won’t-melt in our mouths hellish straits that you envision as the paradise best fit for your fellow citizens, yourselves and your children.

STORY CONTINUES BELOW

You have won the battle, minions of the deep state, faceless-for-now but not for long bureaucrat-authoritarians, but you haven’t won the war. And here is a warning, too, as is only fair: So far I have been constrained in my response to your pushing and prodding and overlord-nagging by the requirement not to compromise my efforts on the legal side. But

But we're going to perform that dance on the international stage, with all that light shining on your machinations, and you may well come to rue the day you attempted to take possession of my tongue.

National Post



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COMMENTS

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JOIN THE CONVERSATION

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ITEM 6.6

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION



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Prioritizing Board Time – Part 2

by Rebecca Durcan
January 2024 - No. 286

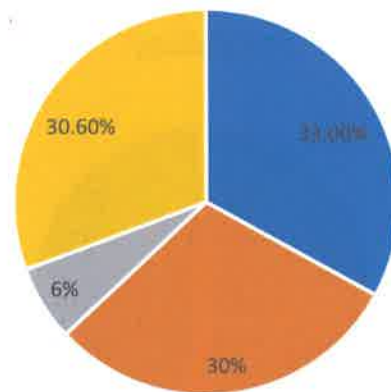
In the last issue of Grey Areas, we analyzed the allocation of the attention by Boards of Directors of regulators within four categories:

1. Public Protection
2. Governance
3. Education of the Board, and
4. Board-Level Operations.

By categorizing the publicly available pages of Board meeting materials, we noted the average allocation of Board attention as set out in the next column.

In this article we will examine more closely the allocation within the three main categories: public protection, governance, and operations. Readers are encouraged to review, again, the limitations in our review discussed in Part 1 of this series to place the precision of the information below into context.

Allocation of Board Meeting Attention

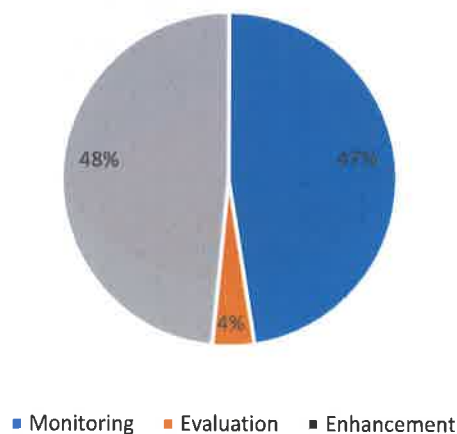


■ Public Protection ■ Governance
■ Education ■ Board-Level Operations

Public Protection

For the public protection category, we examined how much Board attention was devoted to monitoring, evaluating, and enhancing the protection of the public. Monitoring includes activities such as receiving reports from regulatory committees (e.g., registration, complaints, discipline) and statistical breakdowns (e.g., the number of complaints, the type of complaints, the disposition of complaints, and the time taken to dispose of a complaint). Evaluating includes activities such as measuring regulatory activities against a target (e.g., how many applications for registration exceeded the timeliness objective) and external evaluations of effectiveness, typically done by consultants. Enhancing protections includes activities such as revising a standard or policy designed to guide the profession and the public about proper practice. We did not evaluate the wisdom of any enhancing activities, including where safeguards (such as certification of registrants' advanced skills) were removed as no longer being necessary. The average within each category is as follows:

Allocation of Public Protection Activities



The most noticeable feature is that very little attention appears to have been devoted to the evaluation of the effectiveness of the organization's regulatory activities. We recognize that the 4% figure may understate the situation somewhat. It is possible that monitoring reports lead to evaluative discussions at the Board table. For example, a Board member might ask why the backlog of complaints and discipline matters is growing. Also, most health regulators (which formed 26 of the 30 regulators who published their Board meeting materials) generally consider their College Performance Measurement Framework report at the beginning of the year (our review was conducted for meetings generally occurring in the fall). Further, briefing materials on enhancement decisions might sometimes have topic-specific evaluative materials embedded in them (e.g., research as to why the current standard or policy is ineffective or unnecessary).

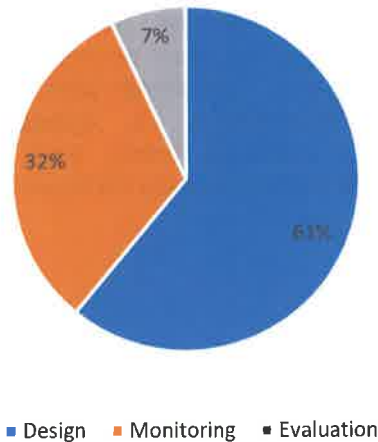
Evaluative data is notoriously difficult to gather. Nevertheless, despite these limitations, Boards of regulators may wish to develop additional evaluative tools in order to better fulfill their public protection role.

Governance

For the governance category we examined how much Board attention was devoted to monitoring, evaluating, and designing its governance approach. Monitoring includes activities such as receiving reports from its non-regulatory committees (e.g., an executive committee or a finance and audit committee), considering Board election plans, and reviewing the conflict of interest declarations by Board members. Evaluating includes activities such as self-evaluation surveys on the effectiveness of the previous Board meeting and reports from external experts on a regulator's governance approach. Designing includes activities such as developing or amending by-laws and policies on the roles and responsibilities of staff, committees, and Board members.

Several regulators are also developing competency-based descriptions for selection to the Board and its committees, which would fall into the design category. The average in each category is as follows:

Allocation of Governance Activities



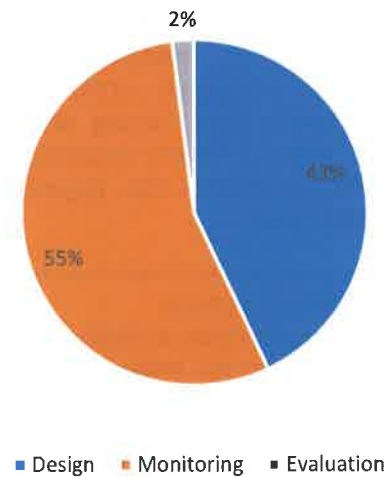
The allocation of time to the design category is quite high, constituting almost two-thirds of governance activities. As noted, many health regulators are actively revising their governance by-laws and policies because of the Ministry of Health's push for governance modernization, including enhancing competency-based selection processes, for Board and committee members.

While still relatively low, the evaluation of governance category is almost double what it is for public protection. There are several possible explanations for this higher proportion. Many regulators now conduct a self evaluation survey for each Board meeting and several regulators are currently undergoing external governance reviews.

Board-Level Operations

For the operations category we examined how much Board attention was devoted to monitoring, evaluating, and designing the organization's operations. Monitoring includes activities such as ensuring the accuracy and implementation of Board meeting minutes, scrutinizing progress to meeting the operational (as opposed to public protection) strategic priorities of the organization (e.g., addressing the risk of an IT or privacy breach), reviewing financial statements, and receiving operational reports from the Registrar/CEO. Evaluating includes activities such as risk management assessments of the risks to the organization (as opposed to risks to the public). Designing includes activities such as developing or amending operational policies, preparing budgets, setting registration fees, and choosing an auditor. The average in each category is as follows:

Allocation of Board-Level Operational Activities



It seems appropriate for the majority of a Board's attention on operations to be spent on monitoring and evaluating. Most operational design should be spearheaded by the Registrar/CEO, with suitable exceptions such as approving the regulator's

budget and appointing the auditor. There was a wide variation amongst regulators as to the amount of attention devoted to operational design. Some devoted more than a third of their entire Council meeting attention to designing operational policies. Indeed, one Council devoted more than half of their attention to reviewing and approving operational policies. If that is a persistent pattern, then the Board might be viewed as being distracted from what should be its top priority which is protecting the public.

Again, on average only 2% of attention was devoted to evaluating operations. Regulators might strive to develop dashboards that provide, at a glance, information on whether various aspects of operations meet the organization's targets. Examples might relate to the proportion of inquiries that receive a defined timely response, whether a new EDI page is receiving the anticipated hits, and customer satisfaction surveys. Indeed, a dashboard on how much time the Board devoted to public protection, governance, and operations compared to the Board's target allocation could be a useful reminder for each Board meeting. Evaluative activities could help focus Board attention to priority operational matters. Reviewing external assessments (e.g., of the security of the organization's data) would also be an appropriate level of Board involvement (as opposed to designing the organization's privacy policy itself).

Conclusion

In addition to measuring the allocation of Board attention to public protection, governance, and operational activities, regulators might consider measuring Board attention within each category. The subcategories of monitoring, evaluation, and design/enhancement can be helpful. Regulators might set targets suitable to their context and goals. For example, increasing attention to enhancing public protection activities might be seen as more valuable than designing operational policies. As a general observation, it appears that evaluative activities within each of the categories could generally be improved.

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This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

1578

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Uncompassionate Regulation

by Anastasia-Maria Hountalas

February 2024 - No. 287

Regulators are increasingly moving towards “compassionate regulation”. [These initiatives](#) sometimes follow instances of self-harm by registrants facing complaints, investigation, and discipline.

A recent [Coroner's Inquest report](#) in the United Kingdom has highlighted the need to apply compassionate regulation principles to inspections. While the concepts sometimes overlap, true inspections tend to be different from misconduct processes and quality assurance assessments.

Unlike misconduct processes, inspections and quality assurance assessments are often initiated in the absence of a specific concern. They are typically conducted pursuant to a schedule or even randomly. Sometimes their frequency is influenced by risk data.

However, unlike quality assurance assessments, inspections are often compliance-driven rather than a collaborative, confidential, continuous improvement process.

Inspections generally apply detailed, and often fairly objective, criteria to assess whether a registrant or facility is compliant with specific requirements. The result is a report and, often, a score, along with notification of any corrective steps that must be completed. Increasingly, regulators are expected to publicly post the results of inspections on their website. Regulators sometimes also require registrants and facilities to post a copy of the report in their work premises.

In the UK, the Office for Standards in Education, Children's Services and Skills (Ofsted) conducts inspections of programs that provide education and skills services, such as through schools, to children. Recently a Coroner issued a report on the death by suicide of a school principal, Ruth Perry, following an Ofsted inspection. A summary of the tragic facts reads as follows:

This was the first Ofsted inspection that Caversham Primary School ('CPS') had had for 13 years. There was previously a policy which meant

that schools which had been rated outstanding were not inspected in line with usual timescales....

CPS underwent an Ofsted inspection on the 15th and 16th of November 2022, after receiving a phone call to notify them of this at 1pm on 14th November 2022. Ruth's mental health deteriorated significantly during and after the inspection. She displayed suicidal ideation and planning a few days after the inspection. She sought mental health support, but felt unable to discuss the likely outcome of the inspection in any detail. Ruth had no relevant past mental health history. The records and evidence set out very clearly what the cause of her mental health deterioration was. She took her own life on 8th January 2023.

The Coroner concluded it was "likely that the Ofsted inspection contributed more than minimally to Ruth Perry's mental health deterioration and death."

The Coroner expressed the following concerns about the inspection process:

1. The score of "inadequate" applied, without differentiation, to schools with easily remedial safeguarding concerns (which was the case for CPS) and to a school that was "dreadful in all respects".
2. Parts of the inspection "were conducted in a manner which lacked fairness, respect and sensitivity."
3. There was also no "clear path to raise concerns during an inspection if these cannot be resolved directly with the lead inspector."
4. "There was no written policy, regarding management of school leader anxiety during inspections." Nor was there training of inspectors on this concern.

5. Ofsted's policies did not provide for pausing an inspection "for reason of school leader distress."
6. The Ofsted confidentiality requirements were interpreted by Ruth Perry as preventing her from obtaining the support she needed.
7. In terms of publicly posting inspection outcomes, "Transparency and ease of message to parents is not currently weighed against teacher welfare."
8. The delay in finalizing the report, and its publication, aggravated the situation.
9. Ofsted did not have a mechanism for reviewing and learning from inspection challenges.
10. The municipality overseeing the school provided insufficient support to Ruth Perry.

The Coroner stated that both Ofsted and the municipality should take action "to prevent future deaths".

Ofsted announced that it would pause future inspections until it implemented a comprehensive and ongoing training program for inspectors.

The Coroner's observations and recommendations tie in closely with compassionate regulation initiatives associated with complaints, investigations, and discipline processes. These include improved and less legalistic communications (especially at the beginning and at the end of the process), training to recognize and respond to wellness concerns, having specialized staff available to intervene when wellness concerns arise, offering support services to registrants, and improved timeliness.

Some of the recommendations are unique including those relating to the wording and publication of the outcomes and not imposing confidentiality expectations that prevent a registrant from obtaining support.

In evaluating these recommendations, regulators, generally, must balance competing considerations. Take, for example, the suggestion that the regulator should consider the circumstances of the registrant in any publication of results. While this has value where the registrant is experiencing distress, regulators are legitimately wary of “negotiating” the content of publication with registrants. Experience has taught that such discussions can be protracted and difficult. Consensus is sometimes impossible to achieve. Further, members of the public might perceive that they are not receiving the “straight goods”. For that reason, some regulators refuse to “bargain” on the wording of publication.

Of course, even the issue of registrant input on the wording of the publication is not an all or nothing proposition. Regulators could provide one opportunity to registrants to make submissions on the content of the publication, while keeping the final decision with the regulator.

The Coroner did not specifically address the tricky issue of how inspection results are communicated. This is not surprising as that issue may be beyond the expertise of most Coroners. Having the inspector provide information about the outcome right at the end of the inspection has the advantage of immediacy. Minor issues can be explained verbally, in the form of informal and constructive feedback and questions can be

answered. This might be a suitable approach where any deficiencies are relatively minor and the criteria to be met are relatively objective.

On the other hand, there are several disadvantages to the inspector providing the results immediately. The manner and content of communication would likely not be consistent across inspectors. There would be no verification and clarification of results by an independent person or committee beforehand to reduce subjectivity and promote consistency across inspections. The interaction could become confrontational. Non-inspection information, from the regulators’ files would generally not be considered (and could not be if it was withheld from the inspector with the aim of enhancing their objectivity). An opportunity for considered submissions by the registrant after the results were already provided could seem like the outcome has already been prejudged.

For these latter reasons, it might be preferable not to communicate preliminary results immediately, at least where there are more serious concerns.

This tragic incident demonstrates that compassionate regulation should not be limited to the complaints, investigation, and discipline process.

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**HEALTH AND SAFETY PROTOCOLS FOR HYBRID
(IN-PERSON/VIRTUAL) COUNCIL AND COMMITTEE
MEETINGS**

Approved by Council: June 22, 2022

Amended: September 9, 2022, November 24, 2022, April 19, 2023

PROTOCOLS

CCO will follow health and safety protocols to reduce risks for Council and committee members and staff, in accordance with regulations, directives and guidance from the Ontario Government, Ministry of Health and Chief Medical Officer

These protocols will continue to be reviewed as regulations, directives and guidance continue to evolve.

The following protocols shall be followed for attendance of Council or committee members at in-person/hybrid CCO Council meetings:

- Council and committee members are encouraged to attend Council meetings in person where practicable and possible.
- Council or committee members shall notify CCO in advance whether they are attending a Council or committee meeting in-person or attending remotely via virtual platform.
- Council or committee members who attend a CCO Council or committee meeting in person shall within 24 hours of the meeting:
 - self screen for infectious diseases <https://www.ontario.ca/self-assessment/> and not attend if they screen positive for symptoms consistent with COVID-19.
- Council or committee members shall be respectful of individuals' comfort levels, including practices related to mask wearing, hand hygiene and physical distancing.
- CCO will comply with any rules and regulations of any venue that hosts a CCO Council or committee meeting, if a meeting takes place outside of the CCO office.

The CCO Council room has transparent partitions that could be placed in a manner to separate in-person participants, HEPA filters running, and hand sanitizer readily available.

Council Member Terms as of January 12, 2024 ¹

ITEM 6.8

Name	District	Date First Elected/Appointed	Date Re-elected/Reappointed	Date of Expiry of Current Term
<u>Elected Members</u>				
Dr. Michael Gauthier	3 (Central East)	April 2022	NA	April 2025
Dr. Kyle Grice	4 (Central)	April 2021	April 2022	April 2025
Dr. Jarrod Goldin	7 (Academic)	April 2021	April 2023	April 2026
Dr. Colin Goudreau	6 (Western)	April 2020	April 2023	April 2026
Dr. Sarah Green	5 (Central West)	April 2020	April 2023	April 2026
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
Dr. Angelo Santin	1 (Northern)	April 2021	NA	April 2024
Dr. Julia Viscomi	4 (Central)	April 2021	NA	April 2024
<u>Appointed Members ²</u>				
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. 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				

¹ Please advise Ms Rose Bustria a.s.a.p. if you are aware of any discrepancies.

² CCO requires at least 6 public members to be properly constituted.