

COLLEGE OF CHIROPRACTORS OF ONTARIO



**ELECTRONIC INFORMATION PACKAGE FOR
COUNCIL ORIENTATION/ELECTIONS MEETING (PUBLIC)
WEDNESDAY, APRIL 17, 2024 – 8:30 A.M. – 1 P.M.**

RHPA

Duties and Objects of Colleges

Duty of College

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

Objects of College

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

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

Duty

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



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

MISSION

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

VISION

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

VALUES

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

STRATEGIC OBJECTIVES

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

Developed at the strategic planning session: September 2017

**CCO CODE OF CONDUCT FOR CURRENT AND
FORMER 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



COUNCIL MEETING (In Person) ^{1 2}

Orientation/Elections

Wednesday, April 17, 2024 (8:30 a.m. – 1:00 p.m.) ³

Attendees

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

Invited Guests

Ms Sandra Matushenko, SML Law (Scrutineer, if required)

AGENDA ^{4 5}

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
	CALL TO ORDER AND LAND ACKNOWLEDGMENT ^{7 8}	Welcome	Green/ Kariunas	High

¹ Council members to advise Ms Rose Bustria, Executive Assistant, at the earliest opportunity if they are unable to attend in person but will be attending virtually.

² Guests to advise Ms Bustria at the earliest opportunity if they would like to attend either in person or virtually (space is limited for in person attendances).

³ Subject to Council's direction.

⁴ Information which is included for background or context (i.e., not requiring Council action or directly relevant to the work of the Nominating Working Group (NWG)) is shaded in grey.

⁵ 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).

⁶ Subject to Council's direction.

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

⁸ **Land acknowledgment**

Let us acknowledge that in our meeting space today, we gather on the Treaty Lands and Territory of the Mississaugas of the Credit First Nation as well as the traditional territory of the Haudenosaunee and the

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
	1. Main Agenda	Adopt	Council	<u>High</u>
	1.1 Conflict of Interest	Review/ Declare any real or perceived conflicts of interest as agenda item reached ⁹	Council	<u>High</u>
	2. Nominating Committee (NC) Report re: Recommendations for Committee Composition April 2024 – April 2025	Report	Green	<u>High</u>
10	2.1 Memorandum from Nominating Committee (NC) dated April 9, 2024 with Committee Composition Recommendations Chart	Approve	Council	<u>High</u>
20	2.2 Summary Notes of the NC dated April 3, 2023 (draft)	Background/ Context		
	<i>Considerations</i>			
24	2.3 Competencies for Council and Committee Members and Peer Assessors (September 8, 2023)			
41	2.4 Council and Committee Members Interest in Committees Chart (blank, showing composition of each committee)			

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.

⁹ 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.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
43	2.5 Committee Conflicts Chart (April 17, 2023)			
44	2.6 P-011: Conflict of Interest for Council, Non-Council Committee Members and Council Appointed Members (“Committee Members”)			
48	2.7 By-law 7: Elections (Within Council)			
54	2.8 By-law 11: Committee Composition			
56	2.9 By-law 12: Appointment of Non-Council Members			
58	2.10 By-law 18: Appointment of Non-Chiropractic Committee Members			
59	2.11 Policy P-046: Core Discipline Committee			
60	2.12 Extract from Executive Committee Meeting Minutes – August 11, 2023			
61	2.13 Summary Chart of Terms of Council and Committee Members on CCO Committees			
	3. Expressions of Interest and Preferences			
64	3.1 Summary Chart of Council and Committee Members Interest including interest in Executive Officer and Chair Positions			
	<i>Expressions of Interest and Preferences by Council Members</i>			
	<i>Public Members</i>			
67	3.2 Ms Anuli Ausbeth-Ajagu			
	3.3 Mr. Robert Chopowick ¹⁰			
75	3.4 Mr. Gagandeep Dhanda			
79	3.5 Ms Zoe Kariunas			
86	3.6 Mr. Shawn Southern			
91	3.7 Mr. Scott Stewart			
	<i>Elected Members</i>			
96	3.8 Dr. Michael Gauthier			
104	3.9 Dr. Jarrod Goldin			
114	3.10 Dr. Colin Goudreau			
126	3.11 Dr. Sarah Green			

¹⁰ Not received.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
131	3.12 Dr. Kyle Grice			
139	3.13 Dr. Paul Groulx			
142	3.14 Dr. Dennis Mizel			
161	3.15 Dr. Angelo Santin			
166	3.16 Dr. Julia Viscomi			
	<i>Expressions of Interest for Non-Council Committee Member Positions ¹¹</i>			
178	3.17 Dr. Liz Anderson-Peacock			
185	3.18 Dr. Michelle Campbell			
190	3.19 Dr. Lezlee Detzler			
195	3.20 Dr. Brian Dower			
201	3.21 Dr. Colleen Pattrick			
211	3.22 Dr. Pip Penrose			
215	3.23 Dr. Janine Taylor			
221	3.24 Dr. Keith Thomson			
229	3.25 Dr. Murray Townsend			
233	3.26 Dr. Matt Tribe			
	<i>Expression of Interest for Council Appointed Member Positions</i>			
238	3.27 Mr. Robert MacKay			
241	3.28 Note from Dr. Daniela Arciero			
	4. Elections			
	<i>Election of Executive Officers (who will serve on the Executive Committee)</i>			
	4.1 President			
	4.2 Vice-President			
	4.3 Treasurer			
	<i>Election of Committees (excluding Chairs)</i>	Elect	Council	High
	4.4 Executive Committee			
	4.5 Inquiries, Complaints and Reports Committee			
243	4.6 Core Discipline Committee ¹²			
	4.7 Core Fitness to Practise Committee			
	4.8 Patient Relations Committee			
	4.9 Quality Assurance Committee			
	4.10 Registration Committee			

¹¹ Dr. Daniela Arciero has reached the nine consecutive year maximum and is not eligible for a reappointment for these elections.

¹² All members of Council are potentially members of a discipline or fitness to practice panel.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
	4.11 Election of Chairs (excluding Executive Committee) ¹³	Elect	Council	High
244	4.12 Committee Mandates			
	5. Background/Context Documents	Primarily FYI		
246	5.1 Communications to Council dated March 22, 2024 and March 25, 2024			
248	5.2 I-019: Policy on Nomination and Election Procedures for Committee Positions			
250	5.3 Committee Composition Chart as of December 31, 2023 (current)			
252	5.4 Communication to Noncouncil and Council Appointed Members dated March 5, 2024			
255	5.5 List of Peer Assessors as of April 1, 2024			
257	5.6 DEI Plan approved April 20, 2022			
265	5.7 DEI Progress Report dated June 2023			
269	5.8 CV of Sandra Matushenko			
	<i>Policies/Guidelines</i>	Verbal Report	Willson	Medium
272	5.9 I-001: Meeting Guidelines			
274	5.10 I-009: Procedures for Attending Events/Functions			
275	5.11 I-010: Procedures for Attending Educational Sessions/Professional Development Programs			
277	5.12 I-011: Procedures for the Peer and Practice Assessment of Committee Members ¹⁴			

¹³ Committee Chairs to include on agenda for their first meeting: development of work plan, review of terms of reference, review of standards, policies and guidelines and scheduling of meeting dates for the balance of the term (to April 2025). Generally, committees meet approximately every 4 – 6 weeks before Council meetings to allow time for any recommendations to be prepared for Council’s review.

¹⁴ Please contact Dr. Katherine Tibor to be peer assessed if you have not already been peer assessed recently.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
278	5.13 I-012: Reimbursement of Reasonable Expenses and Per Diems with Per Diem and Expenses Claim Statement for Elected Council, Non-Council Committee Members and Council Appointed Members ¹⁵			
282	5.14 I-013: Procedures for Speaking Engagements for Council Members			
284	5.15 I-014; Procedures for Striking and Dissolving Sub-Committees			
287	5.16 I-016: Guidelines for Observers at Council Meetings			
289	5.17 I-017: Procurement of Goods and/or Services			
292	5.18 I-018: Minutes for CCO Meetings			
293	5.19 I-020: Contingency Reserve Fund			
294	5.20 I-021: Guidance for Committee Chairs			
297	5.21 IG-001: Procedures for Use of Email for CCO Business			
	6. Orientation/Regulatory Governance Update	Present/ Review	Matushenko/ Council	Medium
	<i>Governance</i>			
299	6.1 BC Health Regulatory College Amalgamation I Summer 2023 Update			
302	6.2 SML Regulation Pro Blog dated October 18, 2023 re: legislative reform			
306	6.3 News article dated February 2024 entitled <i>Dramatic reform could be coming to let patients know of doctor misconduct</i>			

¹⁵ Public member claims are governed by the Public Appointments Unit, Ministry of Health.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
311	6.4 Extract from <i>A report and recommendations on governance</i> for the College of Dental Hygienists of Ontario (February 2024) and the Ontario College of Social Workers and Social Service Workers (May 2022) by Cayton and Williams – A Checklist for Regulatory Boards			
	<i>Grey Areas – Approaches to Complaints and Discipline</i>			
314	6.5 The Evolution of Screening Complaints (July 2023)			
317	6.6 Addressing Gender-Based Violence (September 2023)			
	<i>Grey Areas – Policy Making</i>			
320	6.7 The Legal Value of a Sound Policy-Making Process (April 2023)			
323	6.8 Prioritizing Board Time (December 2023)			
327	6.9 Prioritizing Board Time – Part 2 (January 2024)			
	<i>Grey Areas – Performance Measurement</i>			
331	6.10 Measuring Regulatory Performance Part 1: Recurring Features (December 2022)			
334	6.11 Measuring Regulatory Performance Part 2 – Less Common Features (January 2023)			
337	6.12 College Performance Measurement Framework (CPMF) MOH Document Summary			
	7. Review and Return of Forms ¹⁶	Review and Return Forms to CCO	Council	High
359	7.1 CCO Code of Conduct			
361	7.2 Confidentiality Undertaking			

¹⁶ All Council members are required on an annual basis to review, sign and return these documents asap to Rose Bustria, Executive Assistant. If you have not already done so, please submit your criminal records check.

Page No.	ITEM	Action Required	Action By	Priority Level ⁶
365	7.3 I-015: Zero Tolerance for Abuse, Neglect and Harassment			
368	7.4 Elected Member Undertaking			
	ADJOURNMENT			

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

Executive Committee Meeting Dates to December 2024

Year	Date	Time	Event	Location
2024	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	Thursday, June 13	6:00 p.m.	Presidents' Dinner ¹⁷	Morton's ¹⁸
	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 ¹⁹
	Friday, September 13	1:00 p.m. – 4:30 p.m.	Meeting	Millcroft Inn and Spa ²⁰
	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	Sassafras ²¹

¹⁷ For current and former BDC and CCO Presidents.

¹⁸ Morton's Steakhouse,
4 Avenue Road, Toronto ON M5R 2E8
(416) 925-0648
www.mortons.com

¹⁹ The Royal Sonesta, Toronto, Yorkville,
220 Bloor Street West, Toronto, Ontario M5S 1T8
416-960-5200
<https://www.sonesta.com/royal-sonesta/on/toronto/yorkville>

²⁰ Millcroft Inn and Spa,
55 John Street, Alton, Ontario, L7K 0C4
519-941-8111
1-800-383-3976
[Millcroft Inn & Spa | Spa Retreat in the Hills of Caledon, ON \(vintage-hotels.com\)](http://Millcroft Inn & Spa | Spa Retreat in the Hills of Caledon, ON (vintage-hotels.com))

²¹ Sassafras,
100 Cumberland Street, Toronto, Ontario, M5R 1A6
416-964-2222
www.sassafras.ca

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

Council and Committee Members Interest in Committees for April 2024 – April 2025

March 28, 2024

Council/ Committee Member	Executive (4 E, 3 A)	Inquiries, Complaints and Reports (2 E, 2 A, 1 NC)	Quality Assurance (2 E, 2 A, 1 NC)	Patient Relations (1 E, 2 A, 2 NC)	Registration (2 A, 2 E)	Discipline (Core) (2 E, 2 A, 3 NC)	Fitness to Practise (Core) (2 E, 1 A)
Non-Council							
Dr. Elizabeth Anderson-Peacock							
Dr. Michelle Campbell ¹							
Dr. Lezlee Detzler							
Dr. Brian Dower							
Dr. Colleen Pattrick							
Dr. Pip Penrose							
Dr. Janine Taylor ²							
Dr. Keith Thomson							
Dr. G. Murray Townsend							
Dr. Matt Tribe							
Non-Chiropractic							
Mr. Robert MacKay							

¹ Also a peer assessor.

² A peer assessor until April 2024.

ITEM 2.5

College of Chiropractors of Ontario Internal Elections – Committee Conflicts
Version Date: April 17, 2023

Conflict	Degree or Description of Conflict	Discussion
ICRC and Core Discipline	Serious ¹	ICRC refers cases to this committee for neutral adjudication, so chair and core members should not overlap.
ICRC and Core Fitness to Practise	Serious	ICRC refers cases to this committee for neutral adjudication, so chair and core members should not overlap.
ICRC and Quality Assurance	Moderate ²	QA refers matters to the ICRC, knows privileged information, and the ICRC is a small committee with little capacity to disqualify members.
ICRC and Advertising	Moderate	The same advertising issue may come before committees and the ICRC is a small committee.
PRC and ICRC	Moderate	The same advertising issue may come up become both committees and the ICRC is small committee with little capacity to disqualify members
Registration and faculty of accredited chiropractic college	Moderate ³	Many applicants are former students of faculty. Faculty member's employer may have an interest in and public position on many policy issues facing the RC (for example, Legislation and Ethics Examination or Provisional Certificates of Registration).

¹ Serious conflicts should be avoided. Otherwise appearance of bias challenges will be frequent and having panel members recuse themselves will be difficult.

² Moderate conflicts should be reduced. For example, the chair of one committee should not serve on the other. Overlapping membership should be minimal.

³ Members of the faculty of accredited chiropractic colleges can often bring expertise and knowledge to other committees such as Quality Assurance, the ICRC and Exec.

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

Policy P-011

Executive Committee

Approved by Council: February 18, 1995

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

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

INTENT

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

DESCRIPTION OF POLICY

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

Reporting and Responding to a Potential Conflict of Interest

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

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

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

An elected or appointed member of Council or committee member who becomes aware of any unreported potential conflict of interest shall immediately advise the President and Registrar, or if the potential breach involves the President, advise the Vice President and Registrar

Reporting of Conflict in Minutes

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

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

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

- further or promote any activity, service or product in which the member of Council or a committee (or any member of their immediate family, employer or affiliated organization) has a financial interest;
- obtain, by virtue of their position on Council or a committee, any benefit, privilege, money, appointment, employment or any other personal gain¹;
- be employed (either full-time or part-time) by any chiropractic association/society, other health profession council or association, or other organization that may be in conflict with the mandate of CCO (this excludes a teaching position at any chiropractic educational institution or the facilitation/presentation of a seminar, conference or workshop for which a per diem and/or expenses will be paid);
- campaign publicly for or on behalf of any person, other than themselves:
 - o in any election to CCO Council; or
 - o in any other political election in Ontario.

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

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

¹ Excluding a CCO per diem and reimbursement of expenses.

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

Conflicts of Interest Arising from Affiliations with other Organizations

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

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

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

Conflicts of Interest Arising from Other Activities

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

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

- give a presentation or participate in a working group or task force for an affiliated organization;
- communicate with an affiliated organization on matters related to CCO, without the authorization of CCO;
- communicate to the public, including on social media
 - on matters or opinions related to CCO without the authorization of CCO, or
 - messages inconsistent with CCO's mandate; or
- engage in legal proceedings against CCO.

Conflicts of Interest Involving Inquiries, Complaints and Reports Process

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

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

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

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

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

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

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

Conclusion

The reputation and high standards of the Council must be protected. Therefore, members of Council will avoid and/or report to Council any situation that could lead to a real or apparent conflict of interest which exists or may arise.

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 (came into effect February 23, 2024), February 23, 2024 (subject to approval of minutes April 16, 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.

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- 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 and shall participate in the Nominating 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.

- 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, may vote after all others have voted.

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 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 (came into effect February 23, 2024), February 23, 2024 (subject to approval of minutes on April 16, 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, to include but not be limited to a Nominating Committee. 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 (came into effect 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 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.

CORE DISCIPLINE COMMITTEE

Policy P-046

Discipline Committee

Approved: April 16, 2004

Amended: November 30, 2012

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

Intent

To identify a core discipline committee.

Description of Policy

Pursuant to CCO's by-laws, the Discipline Committee is composed of every member of Council and two members of the College who are not members of Council. Every member of Council is potentially a member of a discipline panel.

Pursuant to this policy, in or about April of every year when elections to committees are made, CCO will elect a core Discipline Committee composed of:

- two members of Council who are members of the College;
- two members of Council appointed to the Council by the Lieutenant Governor in Council; and
- two or more members of the College who are not members of Council.

ITEM 4.6

CORE DISCIPLINE COMMITTEE

Policy P-046

Discipline Committee

Approved: April 16, 2004

Amended: November 30, 2012

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

Intent

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Description of Policy

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Pursuant to this policy, in or about April of every year when elections to committees are made, CCO will elect a core Discipline Committee composed of:

- two members of Council who are members of the College;
- two members of Council appointed to the Council by the Lieutenant Governor in Council; and
- two or more members of the College who are not members of Council.

Committee Mandates

Version: April 1, 2024

Executive Committee 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

ICRC 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.

Core Discipline 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.

Core Fitness to Practise 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.

Patient Relations 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*

Quality Assurance 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.

Registration 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.

From: Joel Friedman
Sent: Monday, March 25, 2024 8:31 AM
To: Jo-Ann Willson; Sarah Green
Subject: RE: Completion of Committee Preferences for Nominating Committee

Good Morning,

In addition to completing the form with your committee preferences, it would be helpful to the Nominating Committee (NC) to know if you are interested in being nominated for an Executive Officer or Chair position. Although the NC will not include recommendations for Executive Officer or Chair positions, you need to be considered for the relevant committee with the NC is preparing its recommendations.

Thank you.

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
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: Friday, March 22, 2024 1:03 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>; Sarah Green <drsarahgreen1@gmail.com>
Subject: Completion of Committee Preferences for Nominating Committee

Good Afternoon,

This communication is being forwarded to all Council members.

In preparation for the Council Elections meeting scheduled for Wednesday, April 17, 2024, please complete the attached committee selection chart, which is a fillable form, and return your form to Mr. Joel Friedman at jfriedman@cco.on.ca no later than **Thursday, March 28, 2024 at 12:00 noon**. Please note that once established, committees choose the dates and times of meetings during regular business hours (Monday to Friday, 8:00 – 5:00).

The Executive discussed the advisability of establishing an Advertising Committee at its meeting on March 22, 2024, and is not recommending the establishment of an Advertising Committee for the term commencing April 2024. The Executive and Quality Assurance Committees will review the existing advertising provisions (standard of practice, policy, guideline and protocol) and will recommend any suggested revisions to Council pending Council's broader discussion and strategy decision concerning how best to address members' communications with the public including advertising and social media.

Please note that Council members' completed forms will be included in the April 17, 2024 Council information package, so that the information is available to all Council members along with the recommendations for candidates for each committee position.

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Also, attached for your reference are:

- Internal Policy I-019: Policy on Nomination and Election Procedures for Committee Positions,
- Competencies for Council and Committee Members and Peer Assessors,
- Current Committee Composition Chart, and
- Internal Elections - Committee Conflicts Chart

Please note, in accordance with Internal Policy I-019, "The Nominating Committee shall prepare, to the extent feasible, recommendations for candidates for each position, with the exception of executive officers and chairs of statutory and non-statutory committees..."; therefore, positions for executive officers and chairs of statutory and non-statutory committees will not be recommended to Council. Rather, nominations and elections for these positions will be conducted at the April 17, 2024 Council meeting.

Thank you for your prompt response.

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
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**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)****Reviewed by Executive March 22, 2024, to be recommended to Council: April 16, 2024**

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~~ recommendations for 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~~ list 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~~ list of candidates 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.

**COLLEGE OF CHIROPRACTORS OF ONTARIO
COMMITTEE COMPOSITION CHART**

250**COUNCIL MEMBERS****Elected Members**

Dr. Sarah Green, *President*
 Dr. Dennis Mizel, *Vice President*
 Dr. Michael Gauthier
 Dr. Jarrod Goldin
 Dr. Colin Goudreau
 Dr. Kyle Grice
 Dr. Paul Groulx
 Dr. Angelo Santin
 Dr. Julia Viscomi

Appointed Members

Mr. Shawn Southern, *Treasurer*
 Ms Anuli Ausbeth-Ajagu
 Mr. Robert Chopowick
 Mr. Gagandeep Dhanda
 Ms Zoe Kariunas
 Mr. Scott Stewart

STATUTORY COMMITTEES UNDER THE REGULATED HEALTH PROFESSIONS ACT, 1991 (as of
 November 23, 2023)

Executive

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
 Mr. Joel Friedman, *staff support*
 Ms Jo-Ann Willson, *staff support*

Fitness to Practise

Dr. Kyle Grice, *Chair*
 Ms Anuli Ausbeth-Ajagu
 Dr. Angelo Santin
 Ms Jo-Ann Willson, *staff support*

Inquiries, Complaints & Reports

Dr. Michael Gauthier, *Chair*
 Mr. Gagandeep Dhanda
 Dr. Julia Viscomi
 Mr. Scott Stewart
 Dr. Michelle Campbell, *non-Council*¹
 Ms Kelly Malcolm, *staff support*
 Ms Christine McKeown, *staff support*
 Ms Tina Perryman, *staff support*

Patient Relations

Ms Zoe Kariunas, *Chair*
 Ms Anuli Ausbeth-Ajagu
 Dr. Kyle Grice
 Dr. Colleen Pattrick, *non-Council*
 Dr. Pip Penrose, *non-Council*
 Mr. Joel Friedman, *staff support*
 Ms Jo-Ann Willson, *staff support*

Core Discipline²

Dr. Dennis Mizel, *Chair*
 Mr. Robert Chopowick
 Dr. Angelo Santin
 Mr. Shawn Southern
 Dr. Lezlee Detzler, *non-Council*
 Dr. G. Murray Townsend, *non-Council*
 Dr. Matt Tribe, *non-Council*
 Dr. Daniela Arciero, *Alternate*
 Mr. Rob MacKay, *Council appointed member*
 Ms Jo-Ann Willson, *staff support*

Quality Assurance

Dr. Paul Groulx, *Chair*
 Dr. Kyle Grice
 Ms Zoe Kariunas
 Mr. Shawn Southern
 Dr. Elizabeth Anderson-Peacock, *non-Council*
 Mr. Joel Friedman, *staff support*
 Dr. Katherine Tibor, *staff support*
 Ms. Jo-Ann Willson, *staff support*

Registration

Dr. Julia Viscomi, *Chair*
 Mr. Robert Chopowick
 Mr. Gagandeep Dhanda
 Dr. Angelo Santin
 Ms Madeline Cheng, *staff support*
 Ms Jo-Ann Willson, *staff support*
 Mr. Joel Friedman, *staff support*

¹ Also a peer assessor.

² All members of Council are potentially members of a Discipline or Fitness to Practise panel.

NON-STATUTORY COMMITTEE

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Advertising

Dr. Colin Goudreau, *Chair*
Mr. Gagandeep Dhandra
Dr. Jarrod Goldin
Dr. Janine Taylor, *non-Council*³
Mr. Joel Friedman, *staff support*

STAFF MEMBERS

Reception		100
Ms Rose Bustria	Executive Assistant	101
Mr. Darwin Visperas	Assistant Registration Coordinator	102
Ms Tina Perryman	Manager, Inquiries, Complaints & Reports	103
Mr. Joel Friedman	Deputy Registrar	104
Ms Anda Vopni	Financial Officer	105
Ms Kelly Malcolm	Investigator	109
Ms Christine McKeown	Inquiries, Complaints & Reports Officer	110
Ms Jo-Ann Willson	Registrar and General Counsel	111
Ms Madeline Cheng	Registration Coordinator	113
Mr. Jonathan Hernandez	Administrative Assistant (QA)	125
Ms Hazel Moon	Administrative Assistant (ICRC)	128
Dr. Katherine Tibor	Director of Professional Practice	130 or 106

³ Also a peer assessor.

Subject:

Continued Service on CCO's Committees for April 2024 - April 2025

On Tue, Mar 5, 2024 at 6:58 AM Jo-Ann Willson <jpwillson@cco.on.ca> wrote:

Good morning!

This communication is being forwarded to all CCO noncouncil and council appointed members and committee chairs.

On April 17, 2024, CCO Council will be composing the committees of the college for the April 2024 to April 2025 term. Would you please advise no later than Friday, March 29, 2024, if you will be seeking a reappointment to a committee, which committee you are most interested in, and how many years you have served on a CCO committee. Please also include if you serve in any other capacity at CCO i.e. peer assessor, investigator, mentor for discipline etc. Attach your most recent CV.

CCO Council meetings are open to the public, and you are welcome to attend in person. Please advise Rose Bustria if you would like to attend any Council meeting. Attending virtually continues to be an option for guests.

CCO relies on the work of many members of the profession to ensure it can continue to carry out its public interest role and mandate, and to earn and maintain public trust. Thank you very much for each of your contributions. There has been significant work accomplished throughout the past term by all committees. Many of you may not have been prepared for the number of pages you would have to read or the number of days you would be required to be away from your practice and/or life and family. Hopefully you enjoyed the interactions with colleagues and found the discussions, policy decisions and training interesting.

You are of course welcome to attend CCO's 2023 AGM which has been scheduled for Friday, June 14, 2024 at the Barclay Room, Royal Sonesta, Yorkville (220 Bloor Street West). Note – we had to change some Council meeting dates to avoid the hotel black out dates arising from Taylor Swift concerts, so please check the CCO website for the most up to date information.

Thank you again for your enthusiasm and commitment to CCO and its role in regulating the profession in the public interest!

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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:

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March 6, 2024

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General

CCO's statutory mandate to regulate chiropractic in the public interest is enhanced by having competent, qualified individuals to serve on committees. As part of CCO's College Performance Measurement Framework action plan, Council has approved a list of [core competencies for all Council and committee members and peer assessors](#). The election and appointment of committee members usually takes place in April of every year. Committee Compositions are identified in CCO's [By-law 11: Committee Composition](#).

Non-Council Committee Members

CCO has non council committee members positions available to CCO Members pursuant to the by-laws as follows:

- ICRC (1)
- Discipline (3)
- Patient Relations (2)
- QA (1)
- Advertising (1)

In making appointments to these committees, Council is required to consider the provisions of [By-law 12: Appointment of Non-Council Members](#).

Individuals with Specialized Knowledge, Skills or Expertise (Subject Experts)

Consistent with the practices of many other regulators, [CCO by-laws](#) will permit Council to appoint individuals who are not public members of Council or CCO members to be a committee member if the individual has specialized knowledge, skills or expertise which would facilitate the work of a specific committee.

Action

If you are interested in serving as a non-council committee member or you have specialized knowledge, skills or expertise that would facilitate the work of a CCO committee, please forward your expression of expertise to cco.info@cco.on.ca no later than March 28, 2024 so the information may be compiled for Council's consideration. Include your curriculum vitae along outlining your relevant experience, skills and competencies along with the name of the committee(s) on which you are interested in serving.

Thank you!

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

The College Performance Measurement Framework (CPMF) has included areas of reporting that reference Diversity, Equity and Inclusion (DEI). As a result, CCO has undertaken an audit of current DEI practices to identify gaps and make recommendations for short- and long-term goals for DEI.

BACKGROUND

There are three areas of CPMF reporting that relate to DEI:

1. Ongoing training provided to Council and committee members informed by evolving public expectations including Diversity, Equity and Inclusion.
2. Council code of conduct and conflict of interest policies that reflects emerging initiatives (e.g. Diversity, Equity and Inclusion).
3. The College has a Diversity, Equity and Inclusion Plan (DEI) plan. The DEI plan is reflected in Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff). The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.

As a result of the new reporting requirements, CCO is in the process of developing a DEI plan. To do that, we have examined the policies, procedures, and practices of CCO currently, to determine where we have strengths, where we have weaknesses and areas that are on the right track yet require further development.

In the section below, we have identified some ways in which DEI has been incorporated. We believe it is important to highlight some of the initiatives and efforts that CCO has already undertaken, and which reflect the commitment of CCO towards diversity, equity and inclusion.

IMPLEMENTATION OF DEI, TO DATE

Guideline G-001: Communication with Patients (February 6, 2018)

- Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary
- Members are to talk directly to a patient when working with an interpreter or any support staff

Guideline G-009: Code of Ethics (February 26, 2020 - came into effect April 15, 2020)

- Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability

Guideline G-011: Accommodation of Human Rights and Disabilities (September 15, 2016)

- To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected;
- To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to:
 - provide health care services without discrimination; and
 - accommodate patients who may face barriers to accessing care

Policy P-057: Accessibility Policy (November 30, 2017)

- The College of Chiropractors of Ontario (CCO) is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services.

Competencies for Council and Committee Members (November 25, 2021)

- The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Council and committee members should demonstrate a commitment to diversity and inclusion.

Committee Specific DEI Efforts

- The newly developed Risk Assessment Framework for the ICRC is based on the principle of transparency, fairness, accountability.
- As part of the Return to Practice, following a discipline suspension, members can select a mentor of their choosing.

Partnership of Care - Patient's Charter of Rights and Responsibilities (April 26, 2017)

- Available in nine (9) languages.

Peer Assessor Workshop, 2022

- Each year, CCO hosts a Peer Assessor Workshop whereby assessors are briefed on new and/or updated standards, policies, and guidelines, as well as learn about current CCO initiatives.
- During the last workshop, which was held on January 29, 2022, assessors were briefly introduced to DEI in relation to white privilege and race. Also, assessors were notified of the requirements made during a recent discipline hearing. As soon as the member is to return to practice, they are to enter a mentoring program approved of by the Registrar with a CCO member in good standing who has been approved of in advance by the Registrar. The mentor will review and evaluate the member's practice and billings and provide written reports to the Registrar at a frequency determined by the Registrar.

Self-Assessment 2.0

- The Quality Assurance Committee is currently working on a new self-assessment tool for its professional members, set to be launched at the beginning of the next CE cycle. With this tool, members will be asked to reflect on what steps they have taken and plan to take to incorporate DEI training as part of their continued education.

Training/Consultations

- CCO's staff have attended DEI workshops hosted by CNAR, HPRO and CCA.

- Staff also attended in-house fire training to ensure that in the event of a fire, staff understood their fire plan obligations to those with various accessibility/mobility issues.

Office Design


- CCO consulted with a third-party to ensure its current premises is physically accessible to those requiring barrier free environments.

RECOMMENDATIONS FOR FUTURE DEVELOPMENT

After completing an audit of CCO’s current DEI efforts, and conducted interviews, we have created a plan inclusive of Short-term and Longer-term recommendations.

Short-term (0-6 months)

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

		<ul style="list-style-type: none"> • Include the Canadian Native Flag and LGBTQ+ Flag alongside the Canadian or Ontario Flag, if/when they are used. 
WRITTEN COMMUNICATION		<ul style="list-style-type: none"> • Review the Conflict of Interest and Code of Conduct with a DEI lens. • Remove cisgender pronouns (e.g. “he/she”) and replace with nonbinary pronouns (e.g. “they/them”) • Remove traditional marriage titles (Ms./ Mr./ Miss) when referring to Public Council Member. • Expand Partnership of Care document to reference expectation of DEI.
COUNCIL and COMMITTEE MEMBER		<ul style="list-style-type: none"> • Provide a recommendation to the public appointments office to consider appointing a French speaking public member to Council. • Include the following general direction to the Discipline Committee Chair: <ul style="list-style-type: none"> • When selecting panels for discipline hearings, the Discipline Committee Chair is encouraged to consider the skills and abilities of all potential panel members and to reflect CCO’s commitment to Diversity, Equity and Inclusion wherever practicable. All adjudicators must continue to meet the core requirements of impartiality, independence and integrity. • Include an optional, open ended question on applications, for non-council committee members to answer: <ul style="list-style-type: none"> • “CCO is committed to Diversity, Equity and Inclusion – please include any information you feel comfortable disclosing that would be relevant to CCO’s consideration of your application”. • Include a mandatory question on applications for non-council committee members to answer: <ul style="list-style-type: none"> • “Are you bilingual in both of Canada’s Official Languages (English and French)?”

Long-term (6-12 months)

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

Other DEI suggestions to consider:

- Provide one paid working day per year for each staff member to spend volunteering at a charity of their choice.
- Organize a staff outing to prepare and serve a meal at Covenant House, sort food at Daily Bread Food Bank, etc.¹

INTERVIEWS**Anuli Ausbeth-Ajagu, CCO Public Council Member, Chair of Patient Relations, and Member of the ICRC**

Anuli Ausbeth-Ajagu has a varied and fascinating career – she is a certified Human Resource Leader, Professor and Author, an Ordained Minister, among many other things. She founded the organization, Youth and Gender Network (YGN), that serves as a platform for empowerment, inspiration, advocacy and development of womenfolk and youths in Nigeria. YGN has organized several national youth summits as part of its effort to developing the capacity of the future leaders and promoting peaceful coexistence and nation building. YGN has consistently made remarkable changes in the Nigerian nation as bridge builders, positive change agents, and development advocates. As an author, Anuli promotes the rights of African woman, and highlights the oppression and discrimination that exists in Nigeria. Since its publication, Anuli’s book continues to be a resource in numerous schools. Anuli is starting her Doctorate of Business Administration at Royal Roads University, where she hopes to research black-owned business to determine whether there are systemic challenges for racial minorities to own a successful business in Canada. The focus of her doctorate is on the gaps to success and the cause of those gaps and her goal is to create qualitative Canadian research that can be leveraged in the future by a variety of users.

Markus de Domenico - CCO Public Council Member and Member of the Discipline Committee

Markus de Domenico has been a Trustee with the Toronto Catholic District School Board (TCDSB) since 2018. During his time as Trustee, the Board implemented the raising of the Pride flag and Pride Month, for the first time in June 2021. As one of the largest publicly funded Catholic school boards, TCDSB asked themselves, “What is in the best interest of the students?” when it comes to LGBTQ2S+ issues.

¹ In some instances, there is an associated cost to an event like this.

Their answer was to be welcoming and accepting of *all* its members, as well as providing education about the LGBTQ2S+ community. For this reason, the Board of Trustees agreed that it was ethically and morally necessary for the Board to accept the human rights of all people, while still acknowledging everyone's personal experience with God.

Jarrold Goldin - CCO Council Member and Chair of the Advertising Committee

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

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

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

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

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

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

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

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

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

Kelly Malcolm – Staff Member and Investigator

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

ADDITIONAL INFORMATION

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

Indigenous awareness and cultural sensitivity	Bear Standing Tall and Association https://www.bearstandingtall.com/ <ul style="list-style-type: none"> • Toronto-based company dedicated to “creating bridge between Indigenous and Non-Indigenous nations”
	Native Canadian Centre of Toronto https://ncct.on.ca/ <ul style="list-style-type: none"> • Toronto-based organization that hosts a variety of workshops and activities based on Indigenous teachings and traditions
LGBTQ2S+ awareness and educational	Sherbourne Health https://sherbourne.on.ca/ <ul style="list-style-type: none"> • Toronto-based health care clinic that serves many groups, including LGBTQ2S+ community
	Mr. Robert MacKay <ul style="list-style-type: none"> • With further guidance from CCO regarding its needs, Mr. MacKay has offered to provide CCO with contacts of those may be able to conduct seminars based on LGBTQ2S+ issues, as well as other topics surrounding DEI
Abilities Awareness	Abilities Centre LEAD Canada™ Abilities Centre Whitby <ul style="list-style-type: none"> • An internationally renowned, innovative community hub that offers a program, LEAD (Leading Equitable and Accessible Delivery) to help organizations understand and embrace inclusion and accessibility into strategic planning, daily operations, programming, and organizational culture

It might also be worth reaching out to other Colleges who are further along in their DEI journey (i.e. College of Nurses of Ontario) and who may be able to provide recommendations for DEI Consultants who are familiar with the world of Health Regulators.

ITEM 5.7

**College of Chiropractors of Ontario's DEI Audit and Recommendations
Progress Report of the Approved DEI PLAN
June 2023**

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The College Performance Measurement Framework (CPMF) included areas of reporting that referenced Diversity, Equity and Inclusion (DEI). As a result, CCO undertook an audit of current DEI practices to identify gaps and make recommendations for short- and long-term goals for DEI and created a DEI Plan that was approved by Council on April 20, 2022.

In keeping with CCO's commitment to DEI, a review of the 2022 DEI Plan was conducted to ensure forward momentum with achieving the goals outlined in the 2022 DEI Plan, the results of which are included in this Progress Report of the Approved DEI Plan.

Short-Term Goals (0-6 months)

<p>STANDARDS OF PRACTICE, POLICIES, AND GUIDELINES</p>	<p>LANGUAGE</p> <p>Completed:</p> <ul style="list-style-type: none"> - Each committee continues to review all applicable standards of practice, policies, and guidelines utilizing a DEI lens. - In 2022, <i>S-002: Record Keeping</i> was amended, with the removal of "gender" as a requirement for record keeping. Members are now required to obtain "demographic information as necessary". <p>Recommended:</p> <ul style="list-style-type: none"> - It is recommended that Council seek advice from Communications Experts regarding the proper usage of pronouns ("they/them" vs. "he/him/she/her") and titles (Mr./Mrs. vs. Mx) for forms of communication by CCO.
	<p>HANDOUTS</p> <p>Completed:</p> <ul style="list-style-type: none"> - Upon request, CCO is able to provide documents using Adobe Acrobat PDF formatting so that individuals can allow zoom in/increase the font, as necessary. This format is also compatible with screen readers or audio devices/software. - CCO is able to send copies of PowerPoint slides in high contrast, upon request.
<p>TRAINING</p>	<p>Completed:</p> <ul style="list-style-type: none"> - CCO incorporated DEI training during its 2022 Strategic Planning and will continue this training during its next Strategic Planning.

DEI COMMITTEE	<p>Completed:</p> <ul style="list-style-type: none"> - CCO staff comprises of three (3) DEI Ambassadors. <p>Recommended:</p> <ul style="list-style-type: none"> - Council may wish to discuss the need for a DEI Committee and if so, should consider core competencies, lived experiences, etc.
AWARENESS	<p>Completed:</p> <ul style="list-style-type: none"> - CCO has added a land acknowledgement on its website and states this acknowledgement at the start of each Council meeting. <u>College of Chiropractors of Ontario (cco.on.ca)</u> - CCO staff continues to increase their cultural and social awareness with ongoing "lunch and learn" sessions. A DEI calendar has been acquired to help increase awareness of various significance.
WRITTEN COMMUNICATION	<p>Completed:</p> <ul style="list-style-type: none"> - CCO is cognizant of the need to utilize language that is "people first", strength-based, and does so with its communication with its members and the public. - The Conflict of Interest and Code of Conduct documents have been reviewed through a DEI lens. <p>Recommended:</p> <ul style="list-style-type: none"> - It is recommended that Council seek advice from Communications Experts regarding the proper usage of pronouns ("they/them" vs. "he/him/she/her") and titles (Mr./Mrs. vs. Mx) for forms of communication by CCO. This may also include the usage of preferred pronouns within one's email signature. - QA Committee/Council may wish to consider amending the <i>Partnership of Care</i> to reflect members' and patients' responsibilities with respect to DEI.
COUNCIL AND COMMITTEE MEMBERS	<p>Completed:</p> <ul style="list-style-type: none"> - Council's Core Competencies reflect the need for members to maintain competencies regarding DEI. <p>Recommended:</p> <ul style="list-style-type: none"> - Council may wish to consider the requirement that one Council member be French speaking. This individual may also be a member of the Discipline Committee to allow for the option of conducting hearings in French.

Long-term Goals (6-12 months)

<p>MEETINGS/HEARINGS</p>	<p>Completed:</p> <ul style="list-style-type: none"> - Council meetings are hybrid. For those attending in person, microphones are utilized to help with audio. Hardcopy and electronic packages can be modified for those who require an accommodation for vision. For those attending online, CCO utilizes a 360-degree camera, microphone, and speaker system to improve the virtual experience. - If necessary, Council is able to acquire an interpreter for meetings/hearings. - Council meetings begin with a land acknowledgement. <p>Recommended:</p> <ul style="list-style-type: none"> - Council may wish to consider the option of having a closed caption option for those attending virtually.
<p>WEBSITE</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> - Council may wish to consider upgrading its website to accommodate those with impaired vision (i.e. the option to view the website in high contrast or convert the text to audio). - Council may wish to review the website to ensure that the language can be understood by general public.

Other Initiatives/Ideas:

<p>PEER AND PRACTICE ASSESSMENTS</p>	<p>Completed:</p> <ul style="list-style-type: none"> - Members may have their assessments conducted in French, upon request.
<p>PEER MENTORING</p>	<p>Completed:</p> <ul style="list-style-type: none"> - Members who are to participate in this program are given the opportunity to choose their mentor. - Members may have their mentoring conducted in French, upon request.
<p>COMMUNITY</p>	<p>Completed:</p> <ul style="list-style-type: none"> - CCO office has installed lighting to project, from the north and east facing windows, a variety of colours to the community – i.e., the colours of the Pride Flag will be projected during the Pride Parade. - In support of an inclusive workplace, inquiries are being made to hire a differently abled person to assist with the meal serving and cleanup at Council and Committee meetings.

	<p>Suggested:</p> <ul style="list-style-type: none">- Organize a staff and council volunteering event – i.e., prepare and serve a meal at Covenant House or St. Thomas' Church, sort food at Daily Bread Food Bank, etc.¹
RESOURCE LIBRARY	<p>Suggested:</p> <ul style="list-style-type: none">- Create a web portal or section of the website dedicated to DEI. This could include a resource page for members to access DEI papers, information, etc.

¹ In some instances, there is an associated cost to an event like this.

MEETING GUIDELINES



CCO Internal Policy: I-001

Executive Committee

Approved by Council: May 24, 1996

Amended: November 15, 1996, August 16, 1997

Re-Affirmed: September 15, 2018

Amended: November 26, 2020 (Came into Effect February 26, 2021)

INTENT

To clarify claiming of per diems and expenses and to ensure that all claims are considered/reviewed fairly and equally.

POLICY

Whenever possible, the following procedures are to be followed regarding CCO meetings.

PROCEDURES

Definition of a "Meeting"

A meeting of a statutory or non-statutory committee of the whole to conduct the affairs of the CCO held at the CCO (or in some rare instances, at another location). The meeting must have an Agenda and Minutes (filed with the Registrar).

A meeting of two or more member of a Committee to complete a task or prepare a report etc., will also be considered for remuneration, however, the meeting must have an Agenda and Minutes (filed with the Registrar) and be directly related to a task or direction given in the Minutes of a meeting of the Committee of the whole.

Conference calls, and electronic meetings held through video conferencing, shall also meet the above criteria to be considered for remuneration.

Meetings with Staff

When a Committee Chair needs to meet with a member or members of the staff at the CCO office, the following conditions shall apply (both for the purposes of remuneration and for scheduling of time etc.):

- the meeting shall be arranged in advance with the Registrar;
- the meeting must be directly related to the affairs of the College and/or a task direction given in the Minutes of the Committee of the whole;
- the meeting must have an Agenda and Minutes (filed with the Registrar); and

- any other meeting with staff (committee member) shall be arranged through the Committee Chair and follow the above guidelines.

Duration of Meetings

Whenever possible, all business of the College will be conducted during regular business hours, Monday through Friday, 8 am to 5 pm.

There should be reasonableness in claiming half per-diems for meetings of less than three hours duration.

Time spent may be prorated on an hourly basis up to the three hour period for half claims etc. For example, a one and a half hour meeting should be held and added to another short duration meeting (i.e., another one hour meeting) before the half per diem claim is submitted.

Similarly, all conference calls, and electronic meeting held through video conferencing, and other brief "payable periods" should be accumulated until a reasonable per diem claim is submitted.

Preparation Time

It is intended to be claimed for time spent in preparation for meetings (reviewing all documents for the meeting, preparing position papers, reports, agendas etc.).

Staff Support for Committee Work (Agendas, Reports, Minutes, Research, Information, etc.)

When a Committee requires staff support:

- the request shall be made by the Committee Chair, through the Registrar;
- the request must be presented well in advance, in a legible format; and
- information on what is required and accompanying documents or outlines should also be submitted to assist the staff in completing the work required.

PROCEDURES FOR ATTENDING EVENTS/FUNCTIONS**CCO Internal Policy: I-009****Executive Committee****Approved by Council: February 19, 2008****Re-affirmed: September 15, 2018**

INTENT

To provide clarification to council members and staff on approved practices for attending events and functions as representatives of CCO:

POLICY

Council members and staff of CCO are often invited as representatives of CCO to political fundraisers, charitable functions and other events. Selection of representatives shall be made in the following manner:

PROCEDURES**Selecting CCO Representatives**

The president and registrar have the discretion to approve how many and which council members and staff will attend a specific event/function.

Whenever possible:

- Where CCO is invited to attend an event or function, there shall be an equal representation among elected council members, public council members and staff. The number of representatives will be based on the presence required at the event/function.
- CCO representatives shall be invited to attend a specific event/function based on their knowledge base and special expertise as it relates to the event/function.
- where an event/function is relevant to a specific CCO committee and/or working group, representatives shall be invited to attend based on their participation as chair and/or member of that committee and/or working group.
- CCO representatives shall be invited to attend an event/function based on their geographical proximity to the event/function.

Expenses

Once approved, CCO shall reimburse the member for reasonable expenses in attending the event consistent with CCO's budget.

**PROCEDURES FOR ATTENDING
EDUCATIONAL SESSIONS/PROFESSIONAL
DEVELOPMENT PROGRAMS**

**CCO Internal Policy: I-010
Executive Committee
Approved by Council: February 19, 2008
Re-affirmed: September 15, 2018**

INTENT

To provide clarification to council members on approved practices for attending educational sessions/professional development programs related to their duties and responsibilities as council members of CCO:

POLICIES

Council members often attend educational sessions/professional development programs related to their duties and responsibilities as council members of CCO.

Where a council member wishes to attend such a program, the following procedures shall be followed:

PROCEDURES**Written Request**

The council member shall make a written request to the registrar describing the program he/she wishes to attend and why this program is directly related to his/her duties and responsibilities as a council member of CCO.

The president and registrar have the discretion to determine whether an educational session/professional development program is directly related to the council member's duties and responsibilities as a council member of CCO.

Report to Council/Committees

Following attendance at an educational session/professional development program, the council member shall report to Council and/or any relevant committee(s), written or orally as appropriate, what was taught at the program.

Expenses

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Once approved, CCO shall reimburse the member for reasonable expenses in attending the educational session/professional development program consistent with CCO's budget.

PROCEDURES FOR THE PEER AND PRACTICE ASSESSMENT OF COMMITTEE MEMBERS



CCO Internal Policy: I-011

Executive Committee

Approved by Council: December 11, 2008

Amended: September 15, 2018

Intent

To ensure that all CCO committee members have been peer and practice assessed. For the purpose of this policy, “committee members” means elected council members and non-council members of statutory and non-statutory committees, and “Peer and Practice Assessment” mean Peer and Practice Assessment 1.0, 2.0 and any future iterations of the peer and practice assessment program.

Policy

The Quality Assurance (QA) Committee of CCO developed the Peer and Practice Assessment Program to enhance members’ learning opportunities and ensure their compliance with CCO’s regulations, standards of practice, policies and guidelines.

Committee members are expected to have thorough knowledge of CCO’s regulations, standards of practice, policies and guidelines, as they are involved in the development of policy, review of complaints and adjudication of discipline hearings. For this reason, it is in the public interest that all committee members be peer and practice assessed in a timely manner.

Procedures

Committee members, who have not previously been peer and practice assessed, shall be assessed during the next cycle of peer and practice assessments following their election to Council or a committee.

Committee members who have not previously been peer and practice assessed shall sign an undertaking at the first council meeting following election to Council or a committee, or as soon thereafter as practicable, that they will volunteer to be assessed during the next cycle of peer and practice assessments.

REIMBURSEMENT OF REASONABLE EXPENSES AND PER DIEMS**CCO Internal Policy I-012****Executive Committee****Approved by Council: December 11, 2008****Amended: September 24, 2009, September 21, 2010, September 22, 2011, February 14, 2012, February 28, 2017, November 29, 2018, November 26, 2020 (came into effect February 26, 2021), September 10, 2021 (came into effect November 25, 2021), September 9, 2022 (came into effect November 24, 2022), September 8, 2023 (came into effect immediately)**

INTENT

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

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

For the purpose of this policy:

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

POLICY

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

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

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

General and Miscellaneous Expenses

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

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

Receipts shall be attached to the expense claim form.

Communication Expenses

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

Accommodation Expenses

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

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

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

Travel Expenses

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

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

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

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

Meal Expenses

Reasonable meal expenses:

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

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

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

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

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

PROCEDURES

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

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

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

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

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

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

PROCEDURES FOR SPEAKING ENGAGEMENTS FOR COUNCIL MEMBERS



**CCO Internal Policy: I-013
Executive Committee
Approved by Council: February 19, 2009
Re-affirmed: September 15, 2018**

INTENT

To provide clarification to members of Council on approved practices concerning public speaking engagements as representatives of CCO:

POLICY

Members of Council may be invited or may choose to speak at various conferences and events. Attendance at these events will be in one of two capacities, as representatives of CCO or in some other capacity, including as private members of the chiropractic profession.

Where a member of Council participates in a speaking engagement as a representative of CCO, the following procedures shall be followed:

PROCEDURES

Written Request

All requests for representatives speaking on behalf of CCO must be made in writing to the registrar. If a member of Council receives a personal invitation or chooses to speak as a representative of CCO at an event, function or conference, he/she shall make a written request to the registrar.

The request shall include details of the speaking engagement, including, but not limited to, the date, time, place, topic and anticipated length of presentation.

The president and registrar have the discretion to decide whether a speaking engagement falls within the scope of CCO.

If it is determined that a speaking engagement falls within the scope of CCO, the member's speaking engagement will be as a representative of CCO.

If it is determined that a speaking engagement falls outside the scope of CCO, the member's speaking engagement will be in some other capacity, including as a private member of the chiropractic profession, and not as a representative of CCO.

Attendance at Speaking Engagement

When speaking as a representative of CCO, council members are expected to advocate existing CCO policies and standards and refrain from offering personal opinions.

If a member of Council speaks in Ontario as a private member of the chiropractic profession and/or not as a representative of CCO on a subject related to chiropractic, regulation, or any other topic that may be reasonably associated with CCO, he/she shall:

- take reasonable steps to clearly communicate to his/her audience that he/she is not representing CCO and that the information, opinions and views communicated in the speaking engagement do not necessarily represent those of CCO and do not constitute legal advice; and
- take reasonable steps to refrain from representing himself/herself as a CCO council member in any written communication piece relating to the speaking engagement, except as part of his/her *curriculum vitae*

Per Diems and Expenses

Where a member of Council speaks as a representative of CCO, the member may make a claim for appropriate per diem and expenses, consistent with CCO's budget. When making a claim for appropriate per diem and expenses, council members must disclose to the registrar any honorarium, per diem or expense payment received as part of the speaking engagement.

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;

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- may include one or more non-council member;
- shall include one ore 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.

GUIDELINES FOR OBSERVERS AT COUNCIL MEETINGS**CCO Internal Policy I-016****Executive Committee****Approved by Council: September 15, 2016****Amended: April 26, 2017****Re-affirmed: September 15, 2018**

INTENT

To provide guidelines for observers and guests at CCO Council meetings.

POLICY

1. Meetings of the Council of the College of Chiropractors of Ontario are open to the public for purposes of to ensure transparency and openness regarding the decision-making process regarding the governance of the profession of chiropractic in the interests of the public. This is subject to the capacity limits of the meeting space. Members and the public may observe all proceedings except those noted under the *Regulated Health Professions Act, 1991 (RHPA)* as being more suitably held in-camera (members of the public and often staff are excluded). Observers are not permitted to participate in meeting procedures or to lobby Council members or staff during breaks.
2. Any member of the public wishing to attend a Council meeting may do so provided his/her attendance is in accord with the following. Public observers are expected to:
 - Sit or stand in an area designated by the Council for public observers;
 - Not take part in any issue under debate by the Council;
 - Not speak to any member of Council while an issue is being debated or is slated to be debated;
 - Exit the council meeting during any *in-camera* sessions; and
 - Maintain dignity and decorum during the Council meeting; any disruptions caused by a public observer can result in removal.
3. Public observers are requested to ensure they arrive on time for the commencement of the Council meeting and any other recommencements thereafter. If the meeting is at capacity, the individual will be denied entry or re-entry into the meeting.
4. To guarantee admittance, an individual can email the College and reserve a spot up to one week prior to the commencement of the meeting. If your reservation is unable to be secured because capacity has been filled, you will be notified by the College. If you are unable to attend a meeting, we ask that you notify our office to cancel your reservation.

5. If you are not able to secure a reservation, you are welcome to come to the meeting location in the event that there are last minute cancellations. However, we cannot guarantee that seating will be available.

6. Individuals attending as observers are requested to:
 - Turn off any electronic device ringers;
 - Refrain from recording proceedings by any means, including taking of photographs, video recordings, voice recordings or any other means;
 - Be quiet during the meeting and not engage in conversation, discussion or any disruptive behavior;
 - Refrain from addressing Council, speaking to, or giving or passing notes, documents or information to Council members while the meeting is in process;
 - Refrain from lobbying Council members during the meeting and/or during breaks;
 - Understand and respect that observers are not allowed to participate in debate of any matter before the Council;
 - Respect the authority of the presiding officer; and
 - Take their seats in the area designated to observers.

PROCUREMENT OF GOODS AND/OR SERVICES

CCO Internal Policy I-021

Executive Committee

Approved in Principle: November 28, 2019

Approved by Executive Committee: June 17, 2020

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



INTENT

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

OBJECTIVES

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

POLICIES AND PROCEDURES

Competitive Procurement Process

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

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

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

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

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

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

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

Non-Competitive Procurement Process

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

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

Renewing Agreements with Outside Vendors

Consideration of the renewal of agreements with outside vendors includes:

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

Confidentiality

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

Conflict of Interest

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

Summary of Approval Requirements¹

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

LEGISLATIVE CONTEXT

This policy should be read in conjunction with:

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

¹ By-law 4: Banking and Finance

MINUTES FOR CCO MEETINGS**CCO Internal Policy: I-018****Executive Committee****Approved by Council: February 26, 2021 (came into effect April 14, 2021)**

INTENT

To clarify policies and procedures for the taking and maintaining of minutes for meetings of CCO Council, statutory and non-statutory committees, sub-committees and working groups (“meetings”). Meetings may be in-person or through a virtual platform or teleconference and must have an agenda and minutes.

POLICIES AND PROCEDURES

Minutes shall be taken and retained for all meeting conducted by CCO. Minutes shall include the following information:

- The names of all individuals present at the meeting, including committee members, staff and guests;
- The names of all individuals absent from the meeting or who have sent regrets for not attending the meeting;
- The date, starting time and end time of the meeting;
- All agenda items of the meeting;
- A record of all motions, directions and actions at the meeting. Motions shall include the motion, the mover and seconder and whether the motion was carried or defeated; and
- A record of adjournment of the meeting.

The minutes of a meeting are not considered official until approved by a majority of the Council, statutory or non-statutory committee, sub-committee or working group at the next meeting of that group. A draft version of the minutes shall be maintained until such a time that the minutes are approved. Official minutes are to be maintained in hard copy or electronic copy by CCO.

Minutes of statutory or non-statutory committees, sub-committees or working groups are confidential. Minutes of CCO Council meetings, with the exception of those related to in-camera agenda items, are available to the public and are posted on CCO’s website, once approved.

CONTINGENCY RESERVE FUND



CCO Internal Policy I-020

Executive Committee

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

POLICY STATEMENT

The College shall establish and maintain a Contingency Reserve Fund to ensure that adequate funds are set aside to cover variable and/or unforeseen costs and expenditures.

PROCEDURE

The purpose of the policy is to internally restrict funds to provide for extraordinary expenditures that exceed or fall outside the provisions of the College's operating budget or to fund the College's obligations in extreme circumstances as determined and approved by the Council including the event that the College ceases to exist as a statutory body corporate.

The amount to be maintained in this fund is not less than six (6) months of operating expenditures or such greater amount as may be determined by the Council. The six months of operating expenditures will be calculated using expenditures in the most current approved budget.

In the event of dissolution of Council, these funds are to be used only upon approval of a person or entity legally authorized to oversee the financial affairs of the College.

Any change (whether by way of addition or reduction) to the amount placed in the Contingency Reserve Fund shall be approved by the Council.

Guidance for Committee Chairs



CCO Internal Policy I-022
Executive Committee
Approved by Council: April 19, 2023

INTENT

To provide guidance for committee chairs on the duties, powers, responsibilities and procedures for acting as a committee chair.

DUTIES AND POWERS OF COMMITTEE CHAIRS

[By-law 7.30](#) outlines the duties and powers of the chairs of each committee, as follows:

- (a) facilitating the activities of the committee and reporting to Council;
- (b) chairing meetings of the committee;
- (c) participating in the preparation of agendas of the meetings of the committee;
- (d) taking all reasonable steps to ensure that directions of the committee are implemented;
- (e) acting as a liaison between the Council or Executive Committee and the committee;
- (f) reporting to the Executive Committee upon reasonable request by the Executive;
- (g) reporting in writing to the Council at the meetings of Council on the activities of the committee for the preceding year;
- (h) preparing a work plan for the subsequent year, which includes all budgetary requirements for the committee, by November 1 of each and every year, or by such other time as directed by Council;
- (i) ensuring the activities of the committee are conducted in a fiscally responsible manner within approved budgetary restraints; and
- (j) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.

PROCEDURES

Appointment as Chair and First Meeting

The committee chair should take the following actions upon appointment as a chair:

- The committee chair should review the duties and powers of the chair in By-law 7.30 and participate in any educational opportunities and orientation provided by CCO.
- The committee chair should communicate with the staff member(s) who supports the committee to:
 - Discuss the role, mandate and objectives of the committee, any ongoing procedures and business of the committee, and the scheduling of the first meeting of the committee.

- Formulate the agenda of the first meeting of the committee, which will include an introduction and orientation to the committee and a review of the legislative context, terms of reference, regulations, standards of practice, policies and guidelines of the committee. The introduction and orientation to the committee may be conducted by CCO staff and/or any outside legal counsel, consultants, and/or facilitators to CCO.
- At the first meeting of the committee, the chair should facilitate the following, in cooperation with the staff support and any outside legal counsel, consultants and/or facilitators:
 - Introduction and welcome of members and staff of the committee.
 - Introduction and orientation to the committee, including the legislative context, terms of reference, mandate, objectives, procedures and ongoing business of the committee.
 - Review of the regulations, standards of practice, policies and guidelines of the Committee.
 - Development of a workplan for the year, which includes identification for amendment of specific regulations, standards of practice, policies and guidelines of the committee, and other initiatives and projects consistent with the committee mandate.
 - Scheduling of meetings of the committee and other events of the committee (e.g., workshops) for the year.

Duties of the Chair for Subsequent Meetings

As part of exercising their duties as committee chair, as identified in By-law 7.30, a chair should perform the following:

- Communicate and meet regularly with the staff support of the committee to formulate agendas and draft reports to Council.
- Call the meeting to order.
- Call for any declarations of conflict of interest of committee members with any of the agenda items.
- Call for approval of the agenda of the meeting and the minutes of the previous meeting.
- Introduce agenda items, including a description, action item and background materials associated with the agenda item.
- Facilitate discussion associated with the agenda item. This may include encouraging committee members to speak to the agenda item and calling on staff to provide any background context and information to the agenda item. If a motion is required for an action item, call for a mover and seconder for the motion, and encourage discussion to be focused on speaking in favour or against the motion. Following discussion, the chair should call for a vote of the committee members.
- Summarize any action items coming from an agenda item.

- Adjourn the meeting once the agenda items are completed or the meeting as reached its conclusion.
- Work with the staff support of the committee to develop a written report to Council, including any recommendations, reporting of committee work and materials to be included as part of the report.
- In presenting the committee report to Council, the chair should focus on presenting and interpreting the key recommendations and points of the report, rather than reading the report.

PROCEDURES FOR USE OF EMAIL FOR CCO BUSINESS

CCO Internal Guideline: IG-001**Executive Committee****Approved by Council: November 29, 2018****Amended: November 26, 2020 (came into effect February 26, 2021), June 22, 2022
(came into effect September 9, 2022)**

**INTENT**

To outline the policies and procedures of approved practices for email communications related to CCO business for council and committee members.

POLICY AND PROCEDURES

Council and committees communicate by email on various matters related to the business of CCO, including but not limited to, circulation, feedback and approval of documents, scheduling meetings and events, distribution of council and committee materials and media inquiries. The following policies outline the expectations of CCO regarding email communication:

- It is the expectation of CCO that all council and committee members have access to a personal and confidential email address for CCO business;
- If a council or committee member or staff are soliciting a response or feedback to an email, the sender of the email shall specify the following:
 - To whom the reply is to be sent, including whether the response should be “reply to sender” or “reply all”;
 - By what date and time a response is to be sent;
 - Subject line indications, such as “FYI” or “Urgent” to specify the nature of the email; and
 - Details of what is expected in the response.

If the sender does not specify these details, a response should be provided in a reasonable manner and time frame, depending on the circumstances and nature of the email communication. A council or committee member should communicate with the sender directly if they have any questions or concerns about a response to an email.

- A Council or committee member shall keep all email communications confidential within CCO and confidential within a CCO committee, except as directed by CCO Council or a committee.
- There is a reasonable expectation that response to email will be made promptly, in a manner that is consistent with the priorities of CCO business and/or in a timeframe identified in the email.

- If a council or committee member is to be away from their email for a time period of longer than three days, they shall notify the President and the Registrar and General Counsel by email.
- Between Council and committee meetings, the President and/or Registrar and General Counsel may direct specific urgent matters to be distributed to Council or committee members.

BC Health Regulatory College Amalgamation I Summer 2023 Update

- [September 26, 2023](#)
- [9:30 am](#)
- [News](#)

Over the Summer, we worked closely with the [10 other amalgamating colleges](#), the Ministry of Health and consultants in planning efforts for amalgamation by the end of [June 2024](#). Whilst we've been busy, we are committed to sharing information as it becomes available and wanted to share the following key updates:

Amalgamation Background

The Ministry of Health has confirmed that amalgamations of the following existing colleges will happen by June 28, 2024:

The creation of a new college through the amalgamation of:

- College of Chiropractors of BC
- College of Massage Therapists of BC
- College of Naturopathic Physicians of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

The creation of a new college through the amalgamation of:

- College of Dietitians of BC
- College of Occupational Therapists of BC
- College of Optometrists of BC
- College of Opticians of BC
- College of Physical Therapists of BC
- College of Psychologists of BC
- College of Speech and Hearing Health Professionals of BC

- We have a plan in place to identify, decide and deliver on critical priorities for our new multi-professional regulatory college. In the interim, we are committed to ‘business as usual’ service delivery throughout this amalgamation process and beyond.
- In July, the Ministry of Health officially appointed Allan Seckel K.C., pursuant to S.25.05(04) of the [Health Professions Act \(HPA\)](#), to lead the upcoming regulatory college amalgamation. Allan has a diverse background spanning public service, private legal practice and work in the not-for-profit sector in B.C. and brings expertise and guidance to amalgamation efforts.

With his appointment, Allan assumes the powers of the college boards for matters directly relating to the amalgamation. His appointment allows us the benefit of a clear decision-maker with respect to amalgamation-related decisions, and he is working closely with current college boards to make these decisions with alignment and in a timely manner.

- The important services for registration, renewals, complaints, discipline, and quality assurance set out by the HPA remain our current college responsibility. The amalgamation appointment does not have any impact on the processes you rely on today. If there are changes, we will be swift to communicate them to you.
- In August, we undertook a recommendation process to propose names for the two new multi-profession regulators to the Ministry of Health. Using this input, we look forward to the Ministry of Health’s final decision for our new college names.

The progress made so far has defined the amalgamation plan inclusive of specific activities we will complete to prepare for amalgamation. Allan’s appointment is an important step in moving this process forward, providing a single escalation point to guide decisions.

Next Steps

From September 2023, we will continue with our amalgamation activities as planned. Amalgamation-specific updates were provided to the Board earlier this month. The College will

continue to provide timely information and relevant updates on topics as details become available.

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Updates about amalgamation will be posted on this News page and the "[Modernizing Health Profession Regulation](#)"



October 18, 2023

Julie Maciura

Legislative reform for the regulation of professions in Canada seems to be gathering pace. Some of the themes contained in British Columbia's *Health Professions and Occupations Act* are contained in Nova Scotia's Bill 323, the *Regulated Health Professions Act*. The Nova Scotia [government indicated](#) that the legislation incorporates some of the legislative reforms occurring in other provinces.

Some of the features of Bill 323 include the following:

Structure and Objects

- The Bill creates a single umbrella statute for the regulation of all health professions.
- The Bill enables the government to create or amalgamate health regulators through regulation, rather than by enacting statutes.

- The Bill explicitly defines the public interest served by health regulators, with the first object being protection the public from harm.

Governance

- The Bill sets out a governance structure with small boards of directors (7 to 11 people), about half of whom are public members. The professional members do not necessarily have to be elected by the profession. Also, eligibility requirements can be set for the professional members of the Board. Board members will generally not serve on statutory committees. While the default process for picking public members is government appointment, there is the possibility of a separate, likely competency-based, selection process where enabling regulations are made.
- The Bill contemplates the possible establishment of joint committee panels with other regulators (e.g., those dealing with complaints or discipline where multiple registrants from different professions are involved).

Oversight

- The Board can establish most of the regulatory processes through by-laws. However, the government can require modifications to most of these regulatory activities through regulation or, in many cases, by a simple direction issued by the government.
- The government can establish a quality assurance program for the performance of the regulators and make the results of such a program, including any assessment, public. The government also has the authority to audit a regulator and appoint an administrator for them.

- The government can request information from regulators for human resource planning and management. Regulators are also expected to engage in and report on equity initiatives.

Regulatory Activities

- The Bill requires regulators to operate a continuing competence program. For some regulators this will involve practice reviews.
- Each regulator is required to include specified information on the public register, the content of which can be expanded by the government. The Bill also contemplates the creation of a public portal from which all registers can be accessed.
- Registrants have a broad mandatory reporting requirement for any professional misconduct, incompetence, conduct unbecoming (in their private lives), incapacity, or any other conduct by other registrants that constitutes a danger to the public.
- Registrants practising outside of the province who face regulatory action there (including a complaint) must disclose that action to the regulator and cannot practice in Nova Scotia without first receiving authorization from the regulator.
- The complaints process is detailed and comprehensive. The regulator can give advice to the registrant, the complainant, or third parties. The regulator can also offer a caution or, with the consent of the registrant, administer a reprimand or impose restrictions without first going to discipline.

Other Provisions of Interest

- The Bill sets out the minimum information that must be posted on the regulator's website including the results of any performance reviews of the regulator.

- Nothing in the proposed legislation prohibits employees from engaging in a lawful strike. This provision might create challenges where a regulator wishes to scrutinize strike activities that jeopardize the health and safety of a patient.

Coming hot on the heels of British Columbia's *Health Professions and Occupations Act*, Bill 323 reflects a trend that other jurisdictions may very well emulate.

Analysis

Dramatic reform could be coming to let patients know of doctor misconduct

7.30 / By Emily Baker

Posted Wed 7 Feb 2024 at 1:59pm



Complaints about "boundary violations" to the Australian Health Practitioner Regulation Agency are on the rise. ([Flickr: Alex Proimos](#))

A gynaecologist accused of "troubling" behaviour was allowed to continue to practise — as long as he didn't sit in the same room as the people he treated.

A [psychologist who initiated a sexual relationship with a former client](#) who had just turned 18 was allowed to keep seeing patients after an 18-month suspension.

A [doctor who admitted to inappropriately touching a patient's vagina](#) was allowed to return to work on the condition he's not left alone with female patients older than 13.

These are real examples of Australia's system of medical regulation in action: one that claims to prioritise public safety, but often falls short of public expectations.

Data from the Australian Health Practitioner Regulation Agency (AHPRA) shows complaints about what it calls "boundary violations" are on the rise, increasing from 75 notifications in 2012-13 to 841 in 2022-23.

[Four Corners](#) aired an investigation into the regulatory system's response to sexual misconduct almost exactly one year ago. We found cases where doctors convicted of offences including possessing and distributing child exploitation material were still practising. We found situations where patients would have no idea if their doctor had previously been sanctioned for inappropriate, even criminal conduct.

It was difficult – impossible, in most matters dealt with outside of New South Wales – to find out why practitioners previously deemed an unacceptable risk to the public had been allowed to return to the treatment room because it is currently illegal for AHPRA to release this information. (NSW has a slightly different system.)

In the wake of our story, which included devastating testimony from patients, [AHPRA and state and territory health ministers pledged to examine whether the system was up to scratch.](#)



the nation's health ministers are looking at making reforms to the regulatory system. (Pixabay: [valelopar](#))

It's taken some time, but all health ministers, led by Victoria, are now consulting on potentially dramatic reform to address some of the issues highlighted in that Four Corners episode, [Do No Harm](#).

According to documents published on the Victorian government's Engage platform, the proposed changes could:

- Mean more information on a practitioner's registration when there are proven findings of sexual misconduct or sexual offences, with some exceptions (for example, if the practitioner has an impairment);
- Require a person who has had their registration revoked to apply to an independent tribunal for a reinstatement order before being allowed to return to practise, meaning more transparency around what is currently a secret process. This is already the process in NSW;
- Make it an offence for practitioners to seek a non-disclosure agreement from a patient that prevents them from making a complaint to the regulator.

In a statement, Victorian Health Minister Mary-Anne Thomas said: "Every Australian rightfully expects their doctor-patient relationships to be respectful, appropriate and above all else, strictly professional," Ms Thomas said.

"These reforms will aim to improve transparency for patients so they can make an informed choice when choosing which health practitioner is right for them."

An uncomfortable issue

There will be a diversity of views in response to the proposed changes.

Many tribunals are already sagging under heavy caseloads – adding to their work will inevitably worsen these waits. Health practitioners, the vast majority of whom are professional and trustworthy individuals, may resist further regulation and scrutiny from AHPRA, which released a report last year that found 16 doctors tragically suicided while under investigation. Professional boards already have the power to take swift (albeit temporary) action in situations where a practitioner is believed an unacceptable risk to the public.

This is a complex, delicate space, and a difficult issue to balance. Doctors, nurses and other health professionals have to be able to do their jobs without fear of being reported. Patients must be able to trust that the necessarily invasive requests made by their treating practitioners are purely professional.

So here's why we need to think about this uncomfortable issue. The patients I have spoken with, those who have been directly affected by these behaviours, are badly affected by what has happened. They almost uniformly struggle to seek healthcare after their experience, because their trust has been too severely breached. The impacts are lifelong and devastating – and often extend to that person's friends and family.

In a British Medical Journal special on sexual violence within the UK's NHS last year, orthopaedic surgeon Simon Fleming was firm: "We do not need any more surveys to see whether there is a problem – evidently there is. We do not need any vague general statements or more silence on the issue. We need decisive action."

Consultation on the proposed changes closes on February 19.

Contact 7.30

Do you know more about this story? Get in touch with Emily Baker at baker.emily@abc.net.au.

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Watch **7.30**, Mondays to Thursdays 7:30pm on [ABC iview](#) and ABC TV

**A report and recommendations on
improving governance**

prepared for the
College of Dental Hygienists of Ontario

Harry Cayton
Professional Regulation and Governance

Deanna Williams
Dundee Consulting Group Ltd

February 2024



Harry Cayton
*Professional Regulation and
Governance*

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A report and recommendations on improving governance

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Ontario College of Social Workers and Social Service Workers

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May 2022



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*Professional Regulation and
Governance*

Annex 1

A checklist for Regulatory Boards

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- Be clear about your purpose as a regulator; keep the public interest as your unremitting focus
- Set long-term aims and shorter-term objectives
- Agree how to deliver and monitor those aims and objectives
- Have competencies for board members whether elected or appointed and apply them to everyone through a selection or nominations process, induction, and regular appraisal
- Have a code of conduct for board members and enforce it
- Declare conflicts of interest, keep a register of interests, and ensure that decisions are not tainted by partiality or bias
- Behave with respect and courtesy towards board members and others
- Commit to corporate decision-making and to corporate responsibility for decisions made
- Appoint a competent CEO and trust them
- Ask for reports that include what you need to know not everything you might want to know
- Make clear decisions and follow-up on their implementation
- Provide the resources needed to deliver your objectives
- Make independence, fairness, and justice for the public and registrants the core values of registration and complaints and discipline
- Continue to keep the public interest as your unremitting focus

The Evolution of Screening Complaints

by Natasha Danson
July 2023 - No. 280

In the distant past, a complaints screening committee only decided whether a complaint warranted a discipline hearing. However, more than four decades ago, the courts urged regulators to use their screening committees to be more innovative to encourage registrants to enhance their performance: Re Matheson and College of Nurses of Ontario, 1980 CanLII 1614 (ON CA). Remedial measures, such as advice or cautions and voluntary undertakings, quickly took root.

The next step in the evolution of screening committee powers was to make remedial measures mandatory. For example, many statutes now enable a screening committee to require a registrant to appear in person for a “caution” or to direct the registrant to complete remedial measures without the registrant’s consent. Courts have viewed these provisions as remedial and determined that registrants are owed a lower level of procedural fairness. For example, in Greenwald v. Health Professions Appeal and Review Board, 2008 CanLII 63184 (ON SCDC), the Court said:

... a caution is one of the statutory powers given to the Complaints Committee. It is not punitive in nature; it is advisory or remedial in warning about border line conduct which is short of professional misconduct but which puts the physician and patients at risk. There is no finding of professional misconduct and the caution does not appear in any public record. We find that the caution administered here was not a reprimand.

In Banner v. College of Physicians and Surgeons of Ontario, 2012 ONSC 5547 (CanLII), a registrant was required to complete educational measures, mentorship with a colleague, and be re-assessed. The

Court held that the direction was authorized by the legislation and was not a form of discipline:

The applicant has made much of the punitive nature of the Committee’s requirements and their significant impact on him in terms of the costs of the preceptor and practice assessment and the detrimental impact on his reputation. However, the Committee is not a fact finding body, and it has not made a finding of professional misconduct. The requirements for a caution and further education are not recorded in the registry of the College (although they will appear temporarily on a Certificate of Professional Conduct until the requirements are satisfied).

The College has an important duty to serve and protect the public interest (Code, s. 3(2)). While the applicant may see the requirements as punitive, the caution and the educational requirements were imposed in the public interest, in an effort to avoid possible problems in the applicant’s practice in the future.

A mandatory remedial direction does not require a higher standard of explanatory reasons by the screening committee: Griffith v. Health Professions Appeal and Review Board, 2021 ONSC 5246 (CanLII).

More recently, some regulators have the option, or even the statutory obligation, to post remedial directions on the public register. Courts have, again, held that this development does not alter the fundamental nature of the screening committee’s role. For example, in Geris v. Ontario College of Pharmacists, 2020 ONSC 7437 (CanLII), the Court said:

It is true, as the applicant argues, that cautions and remedial orders regarding attendance at education programs are now placed on the

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public register. This was not the case when a number of the leading cases dealing with such orders were decided. However, the fact that the Legislature felt it would be in the public interest to make health disciplines bodies publish remedial orders of the kind issued by the ICRC in this case does not fundamentally alter the preventive, educational and remedial nature of such orders. I cannot agree that an entirely different approach must be taken now that remedial orders appear on the public register.

Courts have also conceded that screening committees have a limited fact-finding role in determining whether a remedial disposition would serve the public interest and would help ensure that registrants avoid problems in the future. For example, in [*Hamilton v. Health Professions Appeal and Review Board*](#), 2022 ONSC 3221 (CanLII), the Court found that it was within the role and expertise of the screening committee to impose remediation even when the registrant filed an expert report indicating that they had done nothing inappropriate.

That is not to say that there is no impact to the expanding role of screening committees. Recently, in [*Young v. College of Nurses of Ontario*](#), 2022 ONSC 6996 (CanLII), remedial directions were sent back for reconsideration because the reasons for decision of the screening committee failed to address concerns about delay and abuse of process raised by the registrants.

More recently, in [*Law Society of Newfoundland and Labrador v Buckingham*](#), 2023 NLCA 17 (CanLII), the highest court in Newfoundland and Labrador questioned some of the assumptions now taken for granted in Ontario. In that case, a lawyer was cautioned for making a public statement about the death of his client in jail “at the hands of” correctional officers. The regulator was concerned that the lawyer

did not, at the time the statement was made, have a sufficient basis for making such a serious assertion.

The lower court set aside the caution on the basis that the screening committee did not assess, or give reasons in response to, the lawyer’s defences that he had a basis for making the statement, that the statement was in response to public assertions that the death was the client’s fault, and that the statement was in the context of calling for an inquiry as to the circumstances of the death.

The significance of the case was evident from the intervention on the appeal by eight health profession regulators.

The Court noted the significance of adequate reasons by screening committees issuing remedial directions:

First, by their nature, counsels and cautions require explanation so that lawyers may understand what they have done wrong and not repeat the behavior. Second, the CAC [Complaints Authorization Committee] investigates allegations and forms opinions as to whether there are reasonable grounds to conclude that misconduct has occurred. It would be impossible to judge the sufficiency of an investigation or the reasonableness of the opinion without some explanation. Third, counsels and cautions can have significant consequences for lawyers, including impacts on career advancement and with respect to how the Law Society deals with future allegations or complaints against them. Finally, given that lawyers are required to respond to allegations against them, they would legitimately expect the CAC to not reject their response without explanation.

The Court also observed that, while the decision was published in an anonymized fashion, it would be clear that many people would be able to deduce the

lawyer's identity. Also, there was no restriction on the complainant publishing the decision with the lawyer's name.

The Court did not accept that the screening committee was purely investigative in nature. It noted:

... I would not characterize the CAC's role as always investigative. Although its work is primarily investigative, sometimes the CAC makes a final decision to resolve a complaint, subject only to judicial review. Making a decision to resolve a disputed matter is more of an adjudicative function than an investigative one.

Nor did the Court view the disposition as entirely remedial in nature:

Although both counsel and caution are generally remedial in nature, they are not exclusively so. Counsel and caution can have adverse consequences for a lawyer, which do not advance remediation.

Ultimately the Court was concerned, like the lower court, that the screening committee had not addressed the lawyer's response to the complaint or the freedom of expression issues the case raised.

Also, the screening committee did not explain the standard to which the lawyer was being held and why the lawyer had not met that standard. On this point, the Court was concerned that the lawyer had not been advised as to which specific provision the lawyer was said to have breached. In fact, the lawyer had been referred to two other provisions rather than the one ultimately relied upon by the screening committee.

The *Buckingham* decision may have little impact in other provinces with well-established jurisprudence on the role of screening committees. In addition, there were specific provisions in the enabling legislation for this regulator requiring reasonable grounds to believe

that lawyers had engaged in conduct deserving of sanction before issuing the caution. Most regulators do not have such limiting wording. Finally, the profession in issue is also relevant. Because of the duty of lawyers to be fearless advocates on behalf of their clients, an honest belief, even if unfounded, in their position is a defence. For many other professions, there must be a reasonable basis to support a statement before the professional status of the registrant can be used to make it.

Despite this, regulators should not assume that they can take any less care in issuing remedial directions based on the enhanced scope of screening committees.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Addressing Gender-Based Violence

by Rebecca Durcan
September 2023 - No. 282

While Canadian [politicians spar](#) over whether gender-based violence, particularly intimate partner violence (IPV), is an epidemic, regulators are assessing their role.

Regulators of professions, particularly in the [health](#) and [law enforcement](#) domains, treat IPV in a registrant's private life as serious professional misconduct. While important, questions arise as to whether regulators can and should do more.

In 2022, a Renfrew County inquest looked into the 2015 murders of three women, making [86 recommendations](#). None were directed specifically at regulators of professions (although some recommendations aimed at educating service providers to perpetrators or survivors of IPV apply to practitioners of some professions). However, some of the recommendations might be adapted by regulators when dealing with registrants with the potential, or reality, of gender-based violence, including the following:

- Using “a trauma-informed approach to interacting and dealing with survivors and perpetrators”;
- “Explore incorporating restorative justice and community-based approaches in dealing with appropriate IPV cases to ensure safety and best outcomes for survivors”;
- Sharing of information with law enforcement agencies in appropriate cases;
- Safety planning for survivors;
- Professional education and training for staff and investigators dealing with IPV matters, including risk assessment training, trauma-informed practices, indicators of IPV, and crisis management coaching;
- Guidance for registrants who support survivors or counsel, treat or otherwise intervene with perpetrators;
- Track and study decisions made in matters involving IPV for relevant information including on “longitudinal studies for recidivism, violence escalation, and future victims”; and
- Policies for monitoring and responding appropriately to non-compliance with terms, conditions, and limitations imposed on a

perpetrator, such as non-participation in counselling.

In contrast, the Nova Scotia Mass Casualty Commission [report](#) specifically addresses professional regulators. The Commission investigated Canada's worst-ever mass casualty crime spree that lasted 13 hours and resulted in 22 deaths.

The perpetrator was a dentist who had faced discipline for various billing and angry interactions with clients. During the process, the perpetrator also verbally attacked a member of the complaints screening committee and an expert witness who had filed a report critical of his work. Eventually there was a joint submission to the discipline panel that included a requirement to attend counselling, which he apparently completed. Unbeknownst to the regulator at the time, the perpetrator had engaged in a pattern of behaviour involving financial, emotional, and sexual abuse of several vulnerable and marginalized patients.

Many of the recommendations of the Commission related to police and emergency services. However, several recommendations relate to community entities that might have identified "red flags" and perhaps intervened to enhance community safety. Some of those recommendations are applicable to regulatory bodies. One, in particular, is directed specifically at regulatory bodies:

Recommendation C.19
PROACTIVE MONITORING BY
PROFESSIONAL LICENSING BODIES

The Commission recommends that
All professional licensing bodies should:

- (a) Monitor their members proactively to better ensure the safety and well-being of their licensees' clients/patients;
- (b) Through careful monitoring, track and proactively demand accountability when discernible patterns of

unethical or illegal behaviour are uncovered; and

- (c) Take steps to promote awareness of complaints mechanisms, including by requiring that licensees prominently display the Code of Ethics and information about the complaints process in their offices/clinic and online.

Implementation points:

- Practice audits and quality control systems can assist in proactive monitoring
- Professional licensing bodies should:
 - acknowledge that marginalized communities face barriers to reporting concerning behaviour; and
 - take steps to minimize these barriers through engagement with these communities.

In addition, recommendation V.14 states that:

(b) Non-governmental bodies, including learning institutions, professional and trade associations, and business, declare gender-based, intimate partner, and family violence to be an epidemic that warrants a meaningful and sustained society-wide response.

The Mass Casualty report ([vol. 4, p. 501](#)) also commented favourably on the [changes that the College of Nurses of Ontario has made](#) to address nurses who intentionally harm patients (which is not limited to gender-based violence) through raising awareness and developing a risk assessment process for complaints and reports.

The Commission did not, however, provide much guidance on how regulators can access external resources if they identify red flags.

Raising awareness of its role and providing alternative methods of communication

(besides a formal written letter of complaint) in a safe space is consistent with initiatives by several regulators in recent years. For example, in our July 2023 issue of Grey Areas we discuss efforts being made by regulators to engage with Indigenous communities as part of redressing anti-Indigenous racism.

These recommendations also tie in with risk-based regulation activities of many regulators. Identifying the most serious (as well as the most frequent) forms of harm to the public helps regulators focus on activities that matter. For example, enforcing compliance with continuous professional development requirements and advertising rules might be accorded lesser regulatory resources, even if they are not completely abandoned, compared to abuse and violence concerns. Risk-based regulation also contemplates a proactive and multi-pronged approach to these risks (e.g., identifying registrants at risk of causing harm and proactively engaging with them, often with supportive measures). Risk-based regulation also involves providing support to vulnerable registrants and complainants or witnesses.

These recommendations will have to contend with competing considerations. For example, the concept of gathering all available information to look for “red flags” is not entirely consistent with a regulator’s tendency to only rely on reliable and relevant evidence. For example, recently a tribunal held that complaints investigators can reasonably choose to not look at online internet ratings of registrants: [Complainant v.](#)

[College of Physicians and Surgeons of British Columbia \(No. 1\)](#), 2023 BCHPRB 48 (CanLII). While the trustworthiness of such information is doubtful, it can still provide some data that, combined with other data, might be able to identify registrants who are at risk and who might warrant special attention, as recommended by the Mass Casualty report. [Research has shown](#), and the example provided in the Mass Casualty report indicates, that a prior history of complaints is a fairly reliable predictor of future concerns.

Similarly, procedural fairness requirements, including full disclosure of evidence about reporters of concerning behaviour, may pose challenges for regulators.

Another challenge for regulators is that their intervention with a potentially violent registrant might provoke the very behaviour that is sought to be addressed. Regulators may not have the expertise to mitigate that risk effectively.

Fortunately, the work of regulators in analogous areas of concern (e.g., sexual abuse, discrimination, and abuse of colleagues) will provide significant synergies in addressing gender-based violence by registrants.

Disclosure: One of the SML team was a Commission Counsel for the Nova Scotia Mass Casualty Commission. The opinions expressed in this article are those of the author and not of the Commission.

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The Legal Value of a Sound Policy-Making Process

by Bernie LeBlanc
April 2023 - No. 277

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

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

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

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

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

The Court refused to issue the requested stay.

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

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

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

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Prioritizing Board Time – Part 1

by Erica Richler
December 2023 - No. 285

A precious resource for regulators is the time, energy, and attention of their Board of Directors (sometimes called their Council). As the highest-level decision maker within the organization, a Board needs to prioritize its efforts to ensure that the regulator is effective. Board members typically are volunteers (honoraria tend to be modest) who devote only a part of their professional lives to Board business.

What should the Board focus on? Board focus can probably suitably fit into four categories:

1. Public Protection
2. Governance
3. Education of the Board, and
4. Board-Level Operations.

Some might suggest that the vast majority of Board resources should focus on public protection such as monitoring, evaluating, and enhancing regulatory standards and programs. However, the other categories are important too. While it is often said that Boards should not be involved in operations, that is an oversimplification. It is true that

there are many areas of operations from which the Board should keep out. However, the Board should monitor and evaluate the performance of the Registrar/CEO and the organization as a whole. It also has some high-level operational roles such as monitoring financial viability, approving the annual budget, reviewing the accuracy and implementation of decisions contained in its own minutes, and engaging with some aspects of the organization's risk management program. Also, the Board has a role dealing with crises and major operational decisions such as monitoring significant legal proceedings.

Similarly, designing, monitoring, and evaluating the governance of the organization is also an important Board role. Hopefully, once the governance approach of the regulator is established, less time is necessary on this role, but there are still ongoing tasks. For example, a Board is typically involved in appointing committees and reviewing their terms of reference, monitoring and evaluating its own performance, and resolving governance issues such as conflicts of interest and

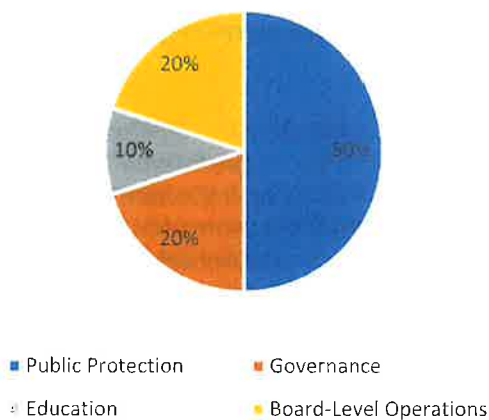
misguided Board and committee member conduct.

The education of Board members on regulatory issues and developing their skills is an ongoing and crucial activity for the Board. Much education occurs outside of formal Board meetings through initial induction, mentoring, individual communications, and stand-alone educational sessions and retreats. However, it can be useful to use of small portion of formal Board meetings to engage in well-selected educational activities.

We have not listed policy-making as a stand alone activity. Making policy is the means by which the Board engages in its activities, such as protecting the public. Similarly, risk management is a tool by which Boards prioritize its activities, particularly for public protection and in monitoring the effectiveness of operations.

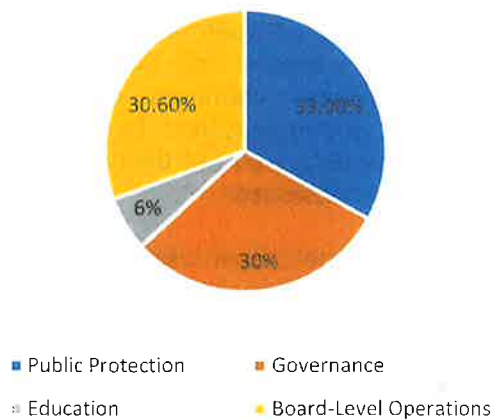
While there can be a wide range of views as to how best to allocate formal Board meeting attention amongst these four categories, we would suggest that the following graph portrays a reasonable distribution:

Suggested Allocation of Board Meeting Attention



We wanted to review how much time Boards currently allocate to these four categories. For this review we used the number of pages for each category in the Board meeting package as an imperfect, but accessible, proxy for the time and attention allocated to the topics. We reviewed the Board meeting packages of the regulators who posted them from the 39 professions referenced in Ontario's *Fair Access to Regulated Professions and Compulsory Trades Act* and the *Regulated Health Professions Act*. We found Board meeting materials for 30 of those professions. We picked one meeting to review, which for most was the first Board meeting after the summer of 2023. On average, the public Board meeting package consisted of a hefty 178 pages. The cumulative allocation of pages for the four categories, by percentage, is as follows:

Allocation of Board Meeting Attention



Based on our review of the public Board meeting packages, on average a third of Board attention was devoted to public protection activities. While not insignificant, this proportion might be considered a little low, given that the Board is the principal policy making and public protection oversight entity. It is noteworthy that one regulator devoted 70% of its attention to public protection matters while another was as low

as 5%. This demonstrates that Boards can, with planning, choose to devote a majority of their attention to public protection activities. If a regulatory Board is consistently devoting less than 20% of their attention to public protection activities, it may need to re-evaluate its priorities.

Thirty percent of Board attention, on average, was devoted to governance activities. This seems to be a little high. However, this proportion might be viewed as somewhat of a blip as there has been recent direction from the Ministry of Health to health profession regulators to revisit their governance structure. Twenty-six of the 30 regulators who post their Board meeting materials online were health profession regulators.

Twenty-eight percent of Board attention, on average, was devoted to Board-level operational activities. Overall, that did not seem entirely out of place, especially as many of the pages included minutes of Board meetings which are a necessary, but sometimes voluminous, part of the packages and which typically do not consume much actual Board time. However, again, the variability may be of concern for some regulators. Three regulators devoted more than half of their attention to operational issues, with one reaching 76%. Again, if that is a pattern for a regulator, that amount of attention would be a concerning indicator.

The average attention of 6.3% to Board education seems reasonable. However, the page count may not be representative of actual time taken as some regulators had only one page of material to indicate that there would be an educational session for which an hour or more of meeting time was allocated. Also, the average may not tell the tale either, as one regulator devoted more than 63% of its pages to education, mainly in the form of informational materials, while several regulators had no educational or informational materials in their package.

On balance, our review indicates that Boards spend a significant amount of their attention on public protection activities, but that this proportion should perhaps be increased for some regulators.

There are several limitations to this review. Pages of meeting materials do not necessarily correlate to the time and attention expended by the Board on each topic. Also, one meeting is not necessarily representative of the time allocation across a full year. Further, assigning a page to one of the four categories is not a science. For example, many regulators include their Board conflict of interest policy at the beginning of every meeting package. This could be categorized as simply educational in nature. However, since many Boards call for declarations for any conflicts of interest at the beginning of each meeting, we have categorized these pages as part of the governance activities of the Board.

Similarly, some items might cross over multiple categories. For example, discussions about diversity, equity, and inclusion can relate to operations (i.e., staffing), governance (i.e., Board and committee diversity), and public protection (i.e., ensuring clients receive services without discrimination). If multiple categories are clearly covered, we allocated the materials to public protection first or, if that was not appropriate, to governance.

In terms of methodology, we had a senior member of our team assess all the meeting packages. While this promoted consistency, it also means that another person might have allocated the pages slightly differently.

Another limitation is that public Board meeting materials do not include materials related to the closed, or *in camera*, portions of meetings. Since most closed portions of meetings relate to operational (e.g., staffing) or governance (e.g., Board member Code of Conduct) concerns, these omissions tended

to increase the percentage of pages of materials devoted to public protection.

Despite these limitations, given the cumulative nature of this analysis, we believe that the information remains broadly indicative of how regulators of professions allocate their focus.

Measuring the allocation of Board attention to various activities can help regulators focus on what is important. Regulators may wish to discuss whether they maximize the value of their Board meeting time. A regulator might select a target for its categories of activities that is most appropriate for their context. The regulator could then time actual Board debates according to their selected categories over the course of a year. Exceptional circumstances, such as a directive from the applicable Minister or amendment of the enabling legislation, can be taken into account. The Board could then compare the results against its target to assess whether changes should be made to its meeting structure and whether some activities (e.g., operations) should be delegated to others. This measurement might be a useful performance indicator for regulators.

In the next issue of Grey Areas we will look at more detailed information about the categories we have identified above.

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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

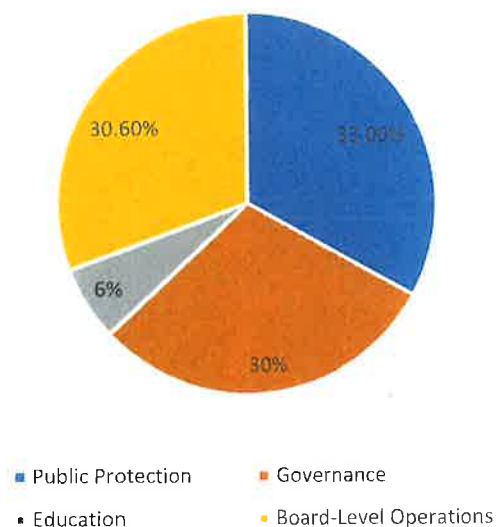
In the last issue of Grey Areas, we analyzed the allocation of the attention by Boards of Directors of regulators within four categories:

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.

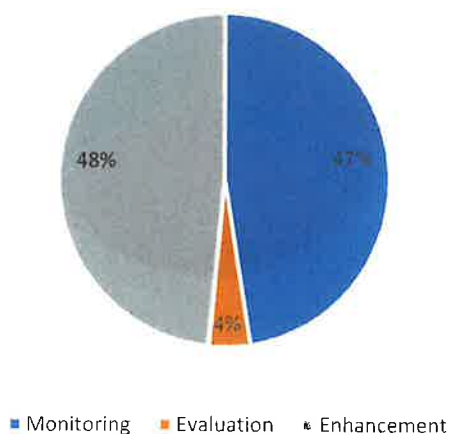
Allocation of Board Meeting
Attention



Public Protection

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).

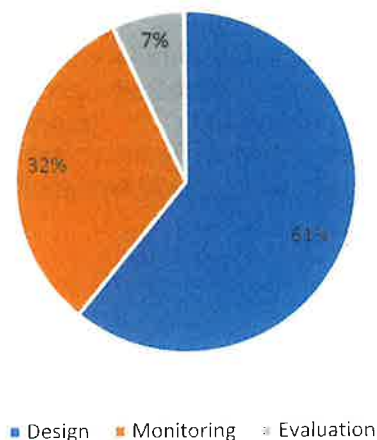
Evaluative data is notoriously difficult to gather. Nevertheless, despite these limitations, Boards of regulators may wish to develop additional evaluative tools in order to better fulfill their public protection role.

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



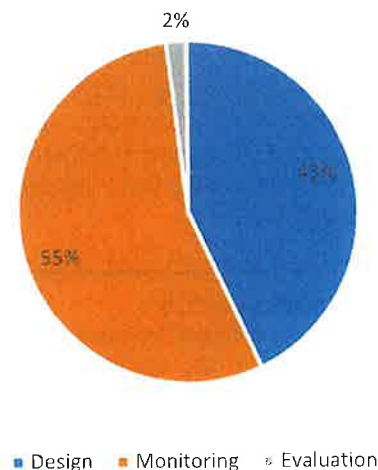
The allocation of time to the design category is quite high, constituting almost two-thirds of governance activities. As noted, many health regulators are actively revising their governance by-laws and policies because of the Ministry of Health’s push for governance modernization, including enhancing 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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Measuring Regulatory Performance Part 1 – Recurring Features

by Rebecca Durcan
December 2022 - No. 273

How should regulators measure their regulatory performance? We were surprised at a [newspaper reporter's observation](#) that securities regulators were less effective regulators because they obtained lower fines and less prison time than in previous years.

We have conducted a review of the most recent annual reports (all for 2021) of ten Ontario regulators. Five were for regulators of health professions and five were for regulators for other professions. We selected a mix of larger, medium and smaller sized regulators. Our goal was to identify what objective measures of performance the regulators highlighted in their annual reports.

We were struck by the diversity of approaches taken to annual reports. A few were innovative and looked like a PowerPoint presentation with less narrative. Other reports were more traditional. For example, they contained statements from organizational leaders, recognized the contributions of board and committee members, included reports from all or the more significant committees or program areas, described recent initiatives, and attached a copy of the financial statements of the organization.

In our assessment, six of the regulators predominately followed the traditional model, even though performance measures were also included in the reports. For example, one report from a smaller regulator listed the names of all of the registrants who were no longer members for various reasons (e.g., retirement, resignation, revocation, suspension, death). Another report listed the registrants who had passed away in the previous year. One annual report was dominated by a transcript of the verbal

presentation made at the annual general meeting of its registrants.

This two-part series of articles is not intended to take away from the importance of qualitative information. For the foreseeable future, prose descriptions, analysis, proposals, and predictions about regulatory activities will continue to provide immensely significant information about the performance of regulators.

However, the main take away from these articles is to examine how regulators of professions can choose to publish quantifiable measures of their performance.

Dashboards

Dashboards provide a pictorial or graphic display of information that allows the reader to quickly assess information. Dashboards are increasingly used by organizations to provide executive level insight to Boards or Councils so as to enable high level monitoring while, at the same time, discouraging operational level intrusion.

Seven of the reports contained a significant amount (ten or more) of dashboards in their annual report.

A somewhat related concept is the length of the report. Reports containing numerous dashboards tended, with notable exceptions, to be shorter and less wordy than reports with fewer dashboards. Three of the reports were fewer than 25 pages and three contained between 26 and 50 pages. Four of the reports were over 50 pages long. One was over two hundred pages long. Another of the longer reports was difficult to measure in this way because the report was in a webpage format with numerous links. In total, the report would have been many hundreds of paper pages long.

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Throughput Numbers

All of the reports contained “throughput numbers” such as the number of applicants registered, the number of registrants participating in some form of quality assurance, the number of complaints, or the number of discipline hearings. Interestingly, which throughput numbers were included varied although most included registration, complaints / investigations and discipline numbers.

Seven of the reports compared at least some of the throughput numbers to previous years so that comparisons could be made.

Five of the reports provided information about the nature of the outcomes of complaints, investigations and discipline proceedings. Five of the reports (but not precisely the same five) also set out the frequency of the type of concerns raised (e.g., professionalism, standards of practice, competence, practice management). Some of the reports may have minimized this information because the information was contained elsewhere (e.g., for the health regulators, in their College Performance Measurement Framework¹ (CPMF) reports). In fact, one report referenced the CPMF and reported on its degree of compliance with the CPMF requirements rather than to report on those matters directly in its own annual report.

Eight of the reports contained information about the outcomes of quality improvement activities, such as participation rates in the programs and the percentage of successful completion of activities on a first attempt.

Timeliness

Surprisingly, perhaps, given the recent emphasis on timeliness, including by the courts, only three of the reports contained at least some indication of how quickly core regulatory activities (e.g., processing applications for registration, assessing complaints, completing discipline hearings) were accomplished.

Surveys

Three of the reports contained results of surveys. These included registrant satisfaction with their participation in the quality improvement program, participant satisfaction with continuing professional development programs offered by the regulator, satisfaction surveys about mentoring programs, and satisfaction with the practice management helpline.

Another report contained reference to one survey result related to customer satisfaction with its customer service in responding to inquiries.

Preliminary Observations

Annual reports of regulators are quite diverse in format and content. Even recurring measures of performance are not universally adopted and vary in their presentation. As such, regulators and policy makers can learn much by studying the annual reports of other regulators and adopting the more useful performance measures for themselves.

¹ While some might view the College Performance Measurement Framework (CPMF) reports of the health regulators as representing a better presentation of their performance, this article focuses on the annual reports of the regulators. The performance measures contained in the

CPMF reports are prescribed externally through a government-led process. The performance measures in a regulator’s annual report are largely (there are some minimum requirements that are externally imposed) chosen by the regulator themselves.

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Part 2

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In Part 2 of this series, we will look at some of the less common and even unique performance measures contained in some regulators' annual reports.

To see the reports themselves, go to:

- [AOLS](#)
- [CMLTO](#)
- [CMO](#)
- [CNO](#)
- [COptomO](#)
- [CPSO](#)
- [HRPA](#)
- [LSO](#)
- [OAA](#)
- [RECO](#)

Measuring Regulatory Performance Part 2 – Less Common Features

by Rebecca Durcan
January 2023 - No. 274

How should regulators measure their regulatory performance? As noted last month, we were surprised at a [newspaper reporter's observation](#) that securities regulators were less effective regulators because they obtained lower fines and less prison time than in previous years.

We have conducted a review of the most recent annual reports (all for 2021) of ten Ontario regulators. Five were for regulators of health professions and five were for regulators of other professions. We selected a mix of larger, medium and smaller sized regulators. Our goal was to identify what objective measures of performance the regulators highlighted in their annual reports.

In Part 1 we examined the more common or recurring performance measures contained in regulatory annual reports. In this Part we will look at less frequently used measures of performance that some regulators chose to publish.

Demographic Data

Demographic data about a profession is not a performance measure in itself. However, the data can be relevant to assisting policy makers in workforce planning (e.g., age range, full or part-time practice, areas of practice). Five of the reports provided at least some of this sort of information.

In addition, some EDI data (e.g., race, gender, age, country of education) can be relevant to equity, diversity, and inclusion initiatives. Three of the reports provided this information, again to varying degrees.

Inquiry Response Times

One of the reports contained data on response times for inquiries from registrants or the public. For example, what percentage of inquiries were responded to within 24 or 48 hours.

Another report contained data on the average time callers to their call centre were placed on hold. The regulator reported a significant increase in wait times that was well over its target prompting a discussion of its origin and measures taken to address the concern.

Another report did not contain this information but provided the total number of inquiries received and responded to by the practice advisor to registrants (i.e., a throughput number). Another report indicated an enhanced commitment from two-days to one-day response times but did not report on its success.

Communications

Four of the reports set out statistical information about the effectiveness of their communications such as the frequency with which messages from the CEO were opened, or the number of social media followers, impressions, and engagements. One regulator provided detailed statistics of coverage of its activities by print, broadcast and online media and the number of media inquiries. Most regulators probably have at least some of this data but did not consider it worthy of inclusion in their annual report.

Board Performance

One of the reports contained interesting measures of the performance of the governing Board. Examples included dashboards on percentage of Board members who attended meetings, percentage of Board members who attended orientation sessions, whether the Board assessed the CEO's performance, the hours of continuing education provided to Board members, and an evaluation of whether the Board

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members accurately responded to questionnaires about their understanding of their public interest role. Most of the dashboards for this portion of the report contained targets that the regulator was attempting to achieve.

Regulatory Performance

As noted in Part 1, all of the health regulators are required to report on a government-required College Performance Measurement Framework (CPMF). In addition, one of the regulators has developed its own voluntary performance measurement framework that uses criteria analogous to that used by the Professional Standards Authority of the United Kingdom. The regulator assessed whether it has met the twenty standards (e.g., Regulation is proportionate to the risk of harm being managed).

Other Unique Features

Some of the reports contained additional measures of performance that were not found in the other reports.

One regulator had a link to separate report on its EDI initiative. That report contained information about the number of visits to the EDI page on its website compared to total visits to its website (0.03% of total site traffic). The report also gave the number of pageviews of its five EDI cover stories in its newsletter, which figure was more than six times the number who had visited its EDI page. One could describe this kind of reporting both courageous and informative.

One of the reports limited the information reported to a single theme (i.e., how the regulator is strengthening the health care system, especially during the pandemic).

As noted in Part 1, one of the reports was in a webpage format with multiple links to specific documents. The cumulative report was hundreds of pages long. It was quite difficult for someone not

familiar with the organizational structure to navigate or to locate specific information. However, there were scores, if not hundreds, of performance measures to be found on many aspects of its operations.

Another regulator contained statistics of the use of online communities it had set up, including the number of active users, the number of users who had posted discussions, and the number of volunteers that were involved.

One of the reports contained information about its privacy improvements including a 52% reduction in boxes of paper stored off-site.

Another regulator reported on its commitment to providing services in French. Interestingly, despite its receiving over a hundred thousand calls, only 15 were in French. In addition, despite receiving over 2000 complaints, only one was in French.

Conclusion

Regulators continue to work towards trying to identify and publish meaningful measures of their performance. The regulators' annual reports are an intuitive place in which to publish these statistics. However, there is little consensus in identifying which performance measures are relevant, useful, and quantifiable. Much more work needs to be done before consistent and meaningful reporting can be provided by regulators.

In the meantime, regulators will continue to provide qualitative reporting and, occasionally, rely on third party reviews.

To see the reports themselves, go to:

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- [RECO](#)

College Performance Measurement Framework (CPMF)

Learn more about how Ontario works with health regulators to improve how they oversee their members in the public interest.

Overview

The Ministry of Health (ministry) is committed to building a connected and sustainable health care system centered around the needs of patients. The ministry formally launched the College Performance Measurement Framework (CPMF) in 2019 to assist in achieving these goals.

The CPMF was developed in close collaboration with Ontario's health regulatory colleges, subject matter experts and the public. The CPMF provides information that is transparent, consistent and aligned across all health regulatory colleges on their performance in executing their public interest mandate.

The results will not be used to assess how well a health regulatory college is performing, rather, the information will identify commendable practices related to regulatory excellence and establish benchmarks for future reporting cycles, and where relevant, a health regulatory college's performance improvement commitments.

Colleges have posted their CPMF Reports on their websites.

The ministry has prepared a Summary Report to highlight commendable college practices, areas where colleges are collectively performing well, potential areas for system improvements, and the various commitments colleges have made to improve their performance.

Links to the CPMF tool can be found here:

- 2023 (<https://www.ontario.ca/files/2024-02/moh-college-performance-measurement-framework-reporting-tool-en-2024-02-14.pdf>)

Introduction

Self-regulation of health professions in Ontario

In Ontario, the primary model for regulation of health professions is based on self-governance^[1] The *Regulated Health Professions Act, 1991* (<https://www.ontario.ca/laws/statute/91r18>) (RHPA) establishes 26 health regulatory colleges that govern 28 professions in the public interest. Under the RHPA and profession specific Acts, colleges are responsible for ensuring their respective professions provide health services in a safe, professional and ethical manner. In order to practice in Ontario, regulated health professionals must be registered with a college.

Central to their mandate, colleges ensure that their registrants are skilled, qualified to practice, maintain their competence, comply with standards of practice and are disciplined, where necessary. They vary widely in size and resources, as well as in the scope of practice and controlled acts that members are authorized to perform.

The colleges are structured like corporations, with councils that function as a Board of Directors. College councils are comprised of members of the profession, who are elected by their peers, and lay persons who are appointed by the Lieutenant Governor in Council. Professional members make up 51% of the council with public appointees comprising 49%. Councils meet quarterly and meetings are open to the public.

Each council appoints a Registrar who is an employee of the college and functions as a Chief Executive Officer. The Registrar performs statutory duties outlined in the RHPA and is also responsible for managing the operations and overseeing college staff.

Colleges are financially independent from government and are financed through fees collected from their membership bases.

The College Performance Measurement Framework (CPMF), was developed collaboratively by the Ministry of Health, health regulatory colleges, members of the public and subject matter experts. It is intended to strengthen the accountability and oversight of Ontario's health regulatory colleges by providing publicly reported information that is transparent, consistent and aligned across all 26 regulators. Reporting performance on a standardized set of measures also enables Ontario's health regulatory colleges to continuously improve performance by identifying and reporting on commendable practices among peers.

Colleges also report specifically on their registration processes through an annual Fair Registration Practices Report (https://www.fairnesscommissioner.ca/en/Professions_and_Trades/Pages/default.aspx) submitted to the Office of the Fairness Commissioner (<https://www.fairnesscommissioner.ca/en/Pages/Home.aspx>)^[2]. Additionally, colleges are required by legislation to publish annual reports that highlight their activities over the previous year. The only mandatory information that must be included in the annual report is an audited financial statement and the content of the reports vary from college to college. The CPMF is distinct from these reports and unique in that it provides a broad overview of the colleges' governance and operations.

The CPMF has the following components:

- Measurement domains: Critical attributes of an excellent health regulator in Ontario
- Standards: Performance-based activities that a college is expected to achieve and against which a college will be measured
- Measures: More specific requirements to demonstrate and enable the assessment of how a college achieves a standard
- Evidence: Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a college's achievement of a standard
- Context measures: Statistical data colleges report that will provide context about a college's performance related to a standard

- Planned improvement activities: Initiatives a college commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate

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The CPMF has seven measurement domains that contribute to a college effectively serving and protecting the public interest. The measurement domains are:

- Governance
- Resources
- System partner
- Information management
- Regulatory policies
- Suitability to practice
- Measurement, reporting and improvement

What the ministry's Summary Report is

This Summary Report (report) provides a system level overview of all 26 colleges' self-reported results organized by measurement domain. The report highlights some commendable college practices, areas where colleges are collectively performing well, potential areas for system improvements, and the various commitments colleges have made to improve their performance.

The commendable practices included in this report were identified by a working group comprised of representatives from the colleges, the public and experts in performance measurement. For the purposes of this report, a commendable practice is defined as a system, tool or method intended to improve a regulatory practice. The working group reviewed all 26 reports against selection criteria to identify 52 commendable practices across all measurement domains. Selection criteria considered the following:

- importance to regulating in the public interest
- the flexibility/adaptability of the commendable practice

- the effectiveness/applicability to all health regulatory Colleges
- the efficiency of the practice

This report highlights the top six commendable practices identified by the working group. The Collective Strength sections of the report will also identify notable practices where colleges reported performing well.

Links to the Ministry Summary Report can be found here:

- 2022
- 2021
- 2020

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Domain 1: Governance

Overview

Effective governance is essential for a college to meet its public interest mandate. A college's council and its statutory committees are responsible to determine the strategic direction of the college and to ensure the overall financial stability of a college. Furthermore, council and statutory committee members must have the required knowledge and skills to provide informed contributions for effective oversight.

Commendable practices

The working group identified two commendable practices that are included in this report.

- Ensuring council and statutory committee members have the knowledge, skill and judgement to effectively meet their fiduciary duties.
- Competency of council and committee members is a critical part of any high performing organization. For colleges, it ensures that public interest questions brought before the council are considered by individuals who have the knowledge and skills to determine the best solutions to serve the public.

- The Royal College of Dental Surgeons of Ontario (<https://www.rcdso.org/>) (RCDSO) has established a set of competencies for its council and statutory committees against which professionals wishing to serve are assessed by an independent committee. Additionally, these individuals must complete an eligibility course and a 21-question assessment. This is followed by an orientation for those elected to council or appointed to committees.
- The working group felt this model supports improved decision-making.
- Transparently communicating the public interest rationale and evidence supporting council decision-making.
 - Councils and committees are expected to make decisions in the public interest, free from influence by professional or other interests.
 - The College of Midwives of Ontario (<https://cmo.on.ca/>) 's Council meeting materials are publicly available on its website and clearly identify the public interest rationale and evidence supporting each topic brought to council. In addition, topics are accompanied by a regulatory impact assessment that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.
 - The working group felt this practice supports transparency in the college's decision-making processes and clearly connects decisions to the public interest.

Collective strengths

In 2014, the College of Nurses of Ontario (<https://www.cno.org/>) (CNO) initiated an extensive review of all aspects of its governance. In 2016, it published its vision for governance in a report called "Final Report: A vision for the future". Since this time, numerous colleges have dedicated significant time and resources to strengthening their governance structures. For example, the working group identified notable practices by the Ontario College of Pharmacists (<https://www.ocpinfo.com/>), the College of Physicians and Surgeons of Ontario (<https://www.cpso.on.ca/>), the College of Medical Radiation and Imaging Technologists of Ontario (<https://www.cmrito.org/>), the CNO and the RCDSO, who have taken steps to modernize and improve their governance structures.

All colleges reported initiating work on governance modernization, including developing and implementing core competencies for council and committee members, strengthening training and orientation for council and committee members, and evaluating the effectiveness of council meetings and the council itself.

Colleges collectively self-reported strong performance in transparently communicating their strategic plans or objectives, as well as policies and procedures regarding council conduct and conflict of interest. The majority of colleges also reported they provide information about council meetings and discipline hearings in a timely manner.

System improvement

Even though multiple commendable practices were identified in this domain, there is still an opportunity to drive consistency and improved governance structures across all colleges. The working group noted that the commendable practice regarding council and committee competencies is adaptable and could be expanded across most, if not all, colleges.

Additionally, ministry review of college reports identified that the process used by colleges to identify, monitor and make public declarations of conflict of interest could be strengthened. Conflict of interest processes may benefit from continued work to increase the transparency and accessibility of this information across the system of regulators as a whole.

Lastly, while significant work is underway already, the review also identified that colleges can continue to strengthen methods to:

- clearly communicate how council decisions reflect the public interest
- provide updates on the college's process in implementing Council decisions
- identify the activities and projects that support its strategic plan and how these are linked to the college's financial plan and budget

Improvement commitments by colleges

Colleges made commitments to improve in the following areas:

- implementation of competencies for professional council and committee members
- evaluation of council meetings and the council itself, including a third-party assessment at a minimum of every three years
- transparent identification of the public interest rationale in council meeting materials
- transparent and accessible communication of council member's conflict of interest declarations

Domain 2: Resources

Overview

For a college to be able to meet its statutory objects and regulatory mandate, now and in the future, it requires effective planning and management of its financial and human resources. It is important to demonstrate that appropriate financial management policies are in place and followed, including a plan to meet unanticipated financial demands. Furthermore, the CPMF asks colleges to demonstrate how their strategic plan and budget complement and support each other. Lastly, recognizing that staff is a key resource for effective college operations, colleges are asked to show how they maintain their workforce now and for the future.

Collective strengths

The majority of colleges reported that their strategic plan was costed with resources allocated accordingly. The most common evidence provided included a copy of the college's budget, along with its strategic plan, and confirmation that the strategic plan is considered in the annual budget planning process.

While none of the top commendable practices identified by the working group in this domain are included in this report, the working group highlighted a notable practice by the College of Massage Therapists of Ontario (<https://www.cmtto.com/>) (CMTTO) related to learning development processes for college staff.

The CMTTO reported that it uses an internal learning management system to

ensure it has a capable and competent staff complement. The CMTO's learning management system provides a curated and self-directed learning program to all staff on administrative and management topics to ensure skill development and the development of a shared leadership culture. The working group noted that human resources are central to day to day operations and managing an organization's workforce is required to support organizational success.

System improvement

Colleges' self-reported results identified two main areas for continued growth related to financial reserves, and support of a sustainable workforce.

Many colleges reported that they allocated financial reserves as part of the budget planning process and that the reserve amounts were approved by an external auditor. There is an opportunity to strengthen transparency of these processes and enhance consistency across colleges by encouraging the development and implementation of formal financial reserve policies. Policies should identify the amount of financial reserves the college should hold and criteria for how the reserves would be used.

Additionally, many colleges reported that council approved staff resources through budget planning. However, few colleges provided detail regarding council's role in ensuring that there is a formal process for professional learning and development for staff and succession planning for senior leadership.

Lastly, clearer linkages between a college's budget and actions/deliverables in the strategic plan could help increase transparency.

Improvement commitments by colleges

Colleges made commitments to improve in the following areas:

- development of formal reserve fund policies that are validated by a financial auditor
- establishment of robust reserve funds
- development of policies and processes to address succession planning

- consultation amongst colleges to identify best practices in human resource planning

Domain 3: System partner

Overview

Colleges are one of several actors that oversee Ontario's regulated health workforce. By partnering with other health regulatory colleges and system partners, such as hospitals, and educational institutions, a college can:

- align practice expectations across practice settings and professions (where relevant)
- address issues proactively
- support continuous improvement in the quality of care

To effectively respond to changing public expectations, a college must be informed by, and partner with, the broader health system, including patients and their families.

Commendable practices

The working group identified three commendable practices that are included in this Report.

- Responding to changing public expectations.
 - A college's regulatory activities need to be in-step with changing public expectations, population health needs, and models of care, as well as evolving clinical evidence and advances in technology.
 - The College of Audiologists and Speech-Language Pathologists of Ontario (<https://www.caslpo.com/>) (CASLPO) implemented several initiatives in response to changing public expectations. This includes Trust Matters and Patient Rights campaigns to build public confidence and awareness when receiving care from a CASLPO professional. It also includes developing an internal Diversity, Equity and Inclusion (DEI) strategy and initiating an anti-BIPOC racism working group with other regulatory

partners to influence a broader anti-BIPOC approach across all colleges. CASLPO's strategy is diverse and includes a dedicated webpage (<https://caslpo.com/about-caslpo/diversity-and-inclusion>), appointment of a DEI Officer, training for all council and staff, and an e-forum for registrants.

- The working group identified this commendable practice as critical to the public interest mandate of colleges.
- Establishing system focused quality indicators for the profession.
 - Collaborating with system partners enables colleges to be sensitive to changing patient and system needs, and positively impacts a college's ability to plan for the future.
 - In 2018, the Ontario College of Pharmacists (<https://www.ocpinfo.com/>) (OCP), in partnership with Ontario Health (Quality), started developing quality indicators for the profession that are aligned with Ontario health system indicators. The goal of this work is to focus on the impacts of health care on patient and system outcomes and provide the public and stakeholders with a clearer picture of the overall quality of care being provided by pharmacists. Partners from across the health system were engaged, and included academia, the Ministry of Health, physicians, registrants of the OCP, professional associations, data and analytics experts, and patients.
 - The working group noted that collaboration and development of well-defined partnerships can produce positive results in terms of public protection and health system planning.
- Inserting a notification tool on the Public Register.
 - Engaging collaboratively with system partners enables colleges to identify initiatives that support continuous performance improvements and meeting changing public expectations.
 - The College of Dental Hygienists of Ontario (<https://www.cdho.org/cdho-home>) has implemented a notification tool that will allow a member of the public, or an employer, to sign up to receive notifications about changes to information posted on the Register for specific dental

hygienists. This initiative was started as a result of collaboration with the public via a Citizen Advisory Group (<https://citizenadvisorygroup.org/>) (CAG), that identified an interest in the ability to find current information about their practitioner. The CAG noted that information on a website was only current as of the day you accessed the register. The college has developed a video that provides information about what the tool is and how to use it. Notifications are sent by email and include changes to information relating to a registrant's registration status and conduct.

- o The working group noted that this feature is the first of its kind for a regulator in Ontario and a commendable practice that improves transparency and timely communication of information about registrants to the public.

Collective strengths

Colleges provided diverse examples of how they collaborate with system partners to improve the alignment of practice expectations and to respond to changing public expectations. Many colleges identified broad and targeted stakeholder engagement strategies to respond to changing system and public needs in a timely manner.

Throughout the COVID-19 pandemic Ontario's health regulatory colleges have worked to ensure that regulated health professionals have the information they need to provide competent and safe care during the pandemic. A notable practice identified by the working group was the collaborative effort to create return to practice guidance between the College of Kinesiologists of Ontario (<https://www.coko.ca/>) , the College of Occupational Therapists of Ontario (<https://www.coto.org/>) , the College of Massage Therapists of Ontario (<https://www.cmta.com/>) and the College of Physiotherapists of Ontario (<https://www.collegept.org/>) .

The working group also identified a notable practice by the College of Opticians of Ontario (<https://collegeofopticians.ca/>) . The college is working with several other colleges to build joint resources related to procurement and shared data collection and analysis services. This will address challenges faced by small and medium-sized colleges.

Lastly, the working group identified notable practices related to public safety by the College of Nurses of Ontario (<https://www.cno.org/>) (CNO). The CNO has worked to implement the recommendations of the 2018 Long-term Care Homes Public Inquiry, developing and sharing multiple resources on preventing intentional patient harm that are relevant to all regulated health professionals. Additionally, the CNO is collaborating on the development of a national database for sharing nurse registration and discipline information. The database will enable proactive sharing of information about nurses across jurisdictions and will enhance public safety in a time of increasing labour mobility.

System improvement

Colleges are encouraged to continue to build upon the system partnerships they have established and to use examples reported by other regulators to identify new relevant opportunities.

The working group noted that the commendable practices identified above are applicable to all colleges. The working group also highlighted that the necessary resources and tools for patients are well defined on the CASLPO's website to support adaptation and implementation in other colleges. Additionally, colleges are encouraged to continue to find ways to incorporate patient and public perspectives and feedback into their work.

Improvement commitments by colleges

The System Partner Domain did not request colleges to provide specific evidence to demonstrate how they met a standard, given that all colleges interact with the health system differently based on the profession they regulate. Many colleges provided information about projects that were in the process of being implemented. Where a college provided an example of work that was underway, they have been asked to provide an update on their progress in future reports.

Domain 4: Information management

Overview

Colleges collect and hold confidential information that must be retained securely and used appropriately in the course of administering their regulatory activities and legislative duties and objects. Colleges must ensure that they have policies and processes in place to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature.

Collective strengths

The majority of colleges reported that they have policies and processes to govern the collection, use, disclosure, and protection of sensitive information. Colleges used a variety of methods to achieve this, including the use of privacy codes, confidentiality undertakings signed by staff, data protection policies for information collected through websites, and data retention and safeguarding. The majority of colleges noted that the disclosure of data was done in accordance with requirements set out in the *Regulated Health Professions Act, 1991* (<https://www.ontario.ca/laws/statute/91r18>) (RHPA) and was limited to the information posted on the Public Register.

The working group noted the Royal College of Dental Surgeons of Ontario (<https://www.rcdso.org/>) (RCDSO) had a notable practice regarding its implementation of a range of privacy and confidentiality policies intended to ensure the college's legal obligations are met. Policies include a focus on information security, acceptable use of systems and related services, records management, and workplace social media conduct. The college also provides information technology (IT) security awareness training for staff and planning for the possibility of IT security breaches. Lastly, the RCDSO has a designated Privacy Officer and privacy lead who consults with staff regarding the management and disclosure of confidential and private information.

System improvement

Disclosure of information by colleges, within the existing legal framework, is a potential area of improvement for colleges. Since colleges are not subject to privacy legislation, it is important that they have formal and transparent policies and processes governing the disclosure of information. This includes the development of criteria for disclosure and actions in response to unauthorized

disclosure. The development of robust formal policies regarding the disclosure of information is important to support public accountability.

Improvement commitments by colleges

Colleges made commitments to improve in the following areas:

- development and implementation of formal policies and processes related to the collection, use, retention and disclosure of data where colleges reported informal policies and processes
- development and implementation of formal policies and processes for managing any unauthorized disclosure of confidential or private information
- processes for the regular collection of statistics regarding any unauthorized disclosure to support identification of patterns can be used to prevent further incidents wherever possible

Domain 5: Regulatory policies

Overview

Colleges are required to develop and maintain practice expectations for registrants. This enables the public and patients to be aware of what behaviours they should expect when receiving high quality care from a regulated health professional. In order to keep expectations current and up-to-date, colleges must have a process in place to identify when standards of practice, policies or guidelines need to be updated or when new guidance is required. When updating expectations, colleges should consider relevant evidence, changing public expectations, risks to the public, and alignment with other relevant health professions. This process should include consideration of feedback from relevant stakeholders, including patients and their families.

Collective strengths

All colleges reported that they regularly monitor the broader health and regulatory environment to assess the need to develop or revise their policies, standards of practice, and practice guidelines. Additionally, the majority of

colleges reported using a variety of sources of evidence to inform the development and revision of practice guidance.

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The working group identified the principle-based policy development process by the College of Midwives of Ontario (<https://cmo.on.ca/>) (CMO) as a notable practice. The CMO uses a rigorous and structured process for the development and revision of guidance that is based on the principles of good regulation. This ensures that:

1. regulation is proportionate to the risk of harm being managed
2. regulation is evidence-based and reflects current best practice
3. regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policy making process

The process is intended to encourage use of regulatory tools to mitigate risk only when other non-regulatory options are not able to produce the desired results.

System improvement

All colleges reported that they have processes to develop or update guidance that they provide registrants. In some instances, these processes were formal, whereas in others they were informal. There is opportunity to improve transparency across all colleges by formalizing policies and processes for the review and development of guidance.

There was variability in the process used by colleges to identify the need to revise or develop guidance. Colleges are encouraged to implement a variety of methods, in addition to a regular review cycle, to monitor whether revisions or new guidance is necessary. This would help colleges to provide their registrants with timely, up-to-date and relevant guidance.

Improvement commitments by colleges

Colleges made commitments to improve in the following areas:

- formalizing policies and processes for policy, standard and guideline review and development, where processes are currently informal

- incorporation of a risk assessment in the development of standards, guidelines and policies
- updating review processes to enable timely review of all standards, guidelines and policies to ensure relevancy to current and evolving professional practice, as well as changing public expectations

Domain 6: Suitability to practice

Overview

Colleges strive to ensure that those who practice the profession are qualified, skilled and competent to practice. Colleges achieve this by registering qualified practitioners, setting requirements for continuing education and professional development, supporting registrants in meeting practice expectations and investigating complaints and disciplining registrants where necessary. Colleges should apply a “right touch regulation” to its registration, quality assurance, and complaints and discipline processes to ensure that the regulatory activity undertaken is proportionate to the risk to patients and the public posed by the registrant.

Commendable practices

The working group identified one commendable practice that is included in this Report.

- Transparency of the complaints process.
- A college must ensure that all complaints, reports and investigations are conducted in a timely manner and that necessary actions are taken to protect the public. When a complaint about a regulated health professional is received, a college should ensure all parties receive timely communication to support both the registrant’s and the complainant’s ability to participate effectively in the process, increase transparency and improve procedural fairness.
- The College of Physiotherapists of Ontario (<https://www.collegept.org/>) (CPO) transparently outlines the different stages of its complaints process on its complaints webpage

(<https://www.collegept.org/patients/HowToMakeComplaint>) . Information on how to submit a complaint is clearly identified and accessible in 10 different languages. This includes information about how to apply for funding for therapy and counselling for patients who have been sexually abused by a physiotherapist. Complaints can be submitted by mail, electronically (through the website or by email) or by phone if accommodations are required.

- The working group noted that the practice of providing information about the complaints process in several languages shows a willingness to tailor its complaints process to accommodate a diverse population and ensure confidence in the process.

Collective strengths

All colleges reported having processes in place to ensure that those who are registered meet applicable registration requirements. This includes processes to review and validate documents and confirm information submitted by third parties on behalf of an applicant. Additionally, the majority of colleges have processes in place to ensure that the assessment of registration requirements is periodically reviewed against best practices. The working group identified a notable practice by the College of Medical Radiation and Imaging Technologists of Ontario (<https://www.cmrito.org/>) (CMRITO). The CMRITO has developed a career map for international applicants (<https://www.cmrito.org/pdfs/application-guides/career-map.pdf>) that provides step by step instructions on the application process, the evaluation process and sets out what documentation is required to support an application for registration. This career map also provides the timing associated with registration and what is required of applicants at each stage of registration.

The majority of colleges identified that they have processes to assess ongoing competency of registrants who are practicing the profession. The processes also ensure that registrants who required remediation after participating in the college's Quality Assurance (QA) Program subsequently demonstrate the required knowledge, skill and judgement.

The working group identified multiple notable practices related to the delivery of college's QA Programs. These included the College of Occupational Therapists of

Ontario (<https://www.coto.org/>)'s (COTO) and the College of Optometrists of Ontario (<https://collegeoptom.on.ca/>)'s (CoptO) risk-based processes for selecting registrants to undergo a continuing competency assessment as part of the QA Program. The Working Group noted that these processes are aligned with the principles of right touch regulation and identify higher risk registrants. The COTO's process includes categorizing risks into four categories, assigning a risk rating to registrants and using this data as a basis for selection of registrants who will undergo a competency assessment. The CoptO uses its complaints data to identify areas of practice that may pose a higher risk and incorporates this into how it selects registrants to participate in the QA Program. Additionally, QA activities focus on areas of practice that provide the most accurate picture of a registrant's practice and allow for less intensive reviews unless an assessment identifies a comprehensive review is needed. The College of Dietitians of Ontario (<https://www.collegeofdietitians.org/home.aspx>) and the RCDSO have incorporated methods for registrants to self-assess risk and follow up on areas that need improvement into their QA processes.

The majority of colleges reported robust processes that ensure that individuals involved in complaints processes are supported and receive regular updates on the progress of their complaint or discipline case. Colleges also reported that they transparently and clearly communicate about the stages of the complaints process and the supports available to complainants. The working group identified a notable practice by the College of Massage Therapists of Ontario (<https://www.cmtom.com/>) (CMTO). The CMTO makes information about the complaints process available in multiple languages, and also provides information in an audio format. The College of Naturopaths of Ontario (<https://www.collegeofnaturopaths.on.ca/>) (CONO) publishes anonymous complaint information on its website, including the date when the complaint was filed, the issues or concerns included in the complaint and the current stage of the complaints process. When a complaint is closed, the college provides the outcome of each matter and the date of closure.

System improvement

Colleges are encouraged to continue integrating a "right touch regulation" approach to their QA Programs, as well as to aspects of their complaints and discipline processes. Increased consistency in the use and development of policies

and processes that support the identification of higher risk practice areas and proportionate remediation will support colleges in improving their performance. Additionally, while many colleges communicate changes to standards of practice or practice guidelines to registrants, many do not provide additional tools or advice to support them in implementing required changes or expectations in their practice. To support the delivery of up to date, safe, effective, efficient and patient-centered care, registrants must be able to apply relevant guidance provided by colleges to real-life practice and issues within their individual practice.

The working group noted that the commendable practice related to provision of information about the complaints process in multiple different languages is applicable, and could be implemented, across all colleges. There is also opportunity to improve consistency amongst colleges in providing responses to inquiries about the complaints processes within 5 business days. A college could also provide additional transparency about how they assess risk and prioritize investigations, complaints and reports. Lastly, greater consistency can be achieved regarding colleges' collaboration with other relevant regulators and external system partners (such as law enforcement or other governments) where concerns about a registrant are identified. To support robust public protection, colleges are encouraged to develop formal policies outlining criteria for sharing this information with other relevant regulators and external system partners, within the existing legal framework.

Improvement commitments by colleges

Colleges made commitments to improve in the following areas:

- development of policies and processes regarding the education and support provided to registrants in applying standards of practice and practice guidelines
- revising QA Programs to incorporate a "right touch" and risk-based approach
- improving processes to track response times to inquiries about the complaints process
- development of policies and consistent criteria for sharing concerns about a registrant with relevant regulators and external system partners, within the legal framework

Overview

Performance measurement and evaluation are vital concepts of regulatory excellence. This includes how a college measures, analyzes and reports its performance against its strategic goals and regulatory activities. Additionally, it includes how a college identifies and assesses risks and how it uses the information to continuously improve its regulatory performance.

Collective strengths

Colleges reported that they are dedicated to transparently reporting on their performance against their strategic objectives and regulatory activities. Many colleges provide regular updates at council meetings using a variety of tools to communicate their progress (such as briefing notes, balanced score cards and dashboards).

The working group identified a notable practice by the College of Medical Laboratory Technologists of Ontario (<http://www.cmlto.com/>) (CMLTO) regarding the use of a publicly available governance risk register. Approximately every two years the CMLTO's Council reviews risk trends to update its governance risk register and to ensure there are no key gaps in its policy parameters or in actions council should be taking. The working group noted that the use of a risk-based approach drives regulatory effectiveness by clearly articulating the college's role in understanding and addressing the current and emerging risks to clients/patients. Additionally, it was noted that regular review of regulatory and profession-specific risks can be done using both internal and system-level data and allows colleges to identify and proactively respond to risks to the organization.

System improvement

While the majority of colleges report performance outcomes, there is opportunity for greater consistency in how colleges communicate how regulatory performance is measured and how results are used to drive improvement. Key performance

indicators can be more consistently identified, including why those particular indicators are important. Additionally, it is possible to better communicate how performance and risk review findings have translated into improvement activities.

Improvement commitments by colleges

Colleges made commitments to improve in the following areas:

- development of and implementation of key performance indicators to measure performance against the strategic plan, for colleges using informal measures
- implementation of a formalized approach to risk, as well as the use of risk-based data
- development of formal processes for using the key performance indicator data to identify areas for improvement

**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.

COLLEGE OF CHIROPRACTORS OF ONTARIO

UNDERTAKING TO MAINTAIN CONFIDENTIALITY

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

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

I, _____, committee member of the College of Chiropractors of Ontario (“CCO”), undertake to preserve secrecy with respect to all matters that come to my knowledge in the course of my duties as a committee member of the CCO and further undertake not to communicate any information concerning such matters to any person except as required by law.

I acknowledge and agree that all records, material and information (including but not limited to all minutes of meetings) and copies thereof obtained by me in the course of my duties on behalf of CCO are confidential and shall remain the exclusive property of CCO and I undertake to take all reasonable steps to protect the confidentiality of such records, material and information.

I understand and agree that this duty of confidentiality applies to internal confidentiality (i.e. discussions and communication with other committee members which must be on a need to know basis). I will contact the Registrar and General Counsel and/or President if I have any questions or concerns regarding internal confidentiality, and will ask other committee members to contact CCO concerning any information or meeting material.

I understand that a breach of my duty of confidentiality will result in my removal from Council or committee.

I understand that CCO’s Privacy Code approved by Council on June 18, 2014 imposes strict requirements on the retention, disclosure and use of any information in my possession or control, and I agree to comply with these obligations.

I further acknowledge and agree that my obligations regarding confidentiality continue beyond the expiration of my term as a committee member of CCO.

I have read and understood sections 36 and 40 of the *Regulated Health Professions Act, 1991* copies of which are annexed hereto, which outline my duty of confidentiality and the consequences for a breach of confidentiality under the legislation.

Signature

Witness

Date:

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;

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

- (c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the *Health and Supportive Care Providers Oversight Authority Act, 2021*;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 36 (1) (d) of the Act is amended by striking out "the *Healing Arts Radiation Protection Act*". (See: 2017, c. 25, Sched. 9, s. 115 (1))

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 36 (1) (d) of the Act is amended by striking out "the *Independent Health Facilities Act*". (See: 2017, c. 25, Sched. 9, s. 115 (2))

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 36 (1) (d) of the Act is amended by adding "the *Oversight of Health Facilities and Devices Act, 2017*" after "the *Long-Term Care Homes Act, 2007*". (See: 2017, c. 25, Sched. 9, s. 115 (3))

- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;

- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

(1.2) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose. 2017, c. 11, Sched. 5, s. 2 (3).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

Offences

40. (1) Every person who contravenes subsection 27 (1) or 30 (1) is guilty of an offence and on conviction is liable,

(a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and

(b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both. 2007, c. 10, Sched. M, s. 12.

Same

(2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Same

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

ZERO TOLERANCE OF ABUSE, NEGLECT AND HARASSMENT



CCO Internal Policy I-015
Patient Relations Committee
Approved by Council: February 14, 2012
Amended: September 15, 2018

Intent

To intent of this policy is to:

- promote a positive work environment
- maintain an environment that is free from harassment, neglect and abuse
- to identify the behaviours that are unacceptable
- to establish a mechanism for receiving complaints concerning harassment, neglect and abuse
- to establish a procedure to address such complaints

Policy

The College of Chiropractors of Ontario (CCO) will not tolerate any form of physical, sexual, verbal, emotional, or psychological abuse or any form of neglect or harassment, whether communicated directly or indirectly to or about the affected person(s) – this includes all forms of communication or interaction including, but not limited to, in-person interaction and communication by phone, fax, email, internet or any social media.

This policy applies to, but is not limited to, all employees, council members, non-council committee members, independent contractors, volunteer and visitors of CCO. Every employee, council member, non-council committee member, independent contractor, volunteer and visitor of CCO has a right to freedom from harassment, neglect and/or abuse in the workplace by an employer or agent of the employer or by another employee, council member, non-council committee member, independent contractor, volunteer or visitor of CCO because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability or the receipt of public assistance.

The Registrar and General Counsel shall be responsible for implementing this policy and responding to all enquiries from staff, council members, non-council committee members, independent contractors, volunteer and visitors of CCO, stakeholders and the media concerning this policy.

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Definitions

Physical Abuse is defined as but not limited to the use of intentional force that can result in physical harm or injury to an individual. It can take the form of slapping, hitting, punching, shaking, pulling, throwing, kicking, biting, choking, strangling or the abusive use of restraints.

Sexual Abuse is defined as but not limited to any unwanted or inappropriate touching, fondling, observations for sexual gratification, any physical contact, any such penetration or attempted penetration with a penis, digital or object of the vagina or anus, verbal or written propositions or innuendos, exhibitionism or exploitation for profit including pornography.

Verbal/Emotional Abuse is defined as but not limited to a chronic attack on an individual. It can take the form of name calling, threatening, ridiculing, berating, intimidating, isolating, hazing, habitual scapegoating or blaming.

Psychological Abuse is defined as but not limited to communication of an abusive nature, sarcasm, exploitive behaviour, intimidation, manipulation, and insensitivity to race, sexual preference or family dynamics.

Neglect is defined as but not limited to any behaviour that leads to a failure to provide services which are necessary such as withdrawing basic necessities as forms of punishment, failing to assess and respond to changes in health status and refusing or withdrawing physical or emotional support.

Harassment is defined as but not limited to any unwanted physical or verbal conduct that offends or humiliates, including gender-based harassment. It can be a single incident or several incidents over time. It includes threats, intimidation, display of racism, sexism unnecessary physical contact, suggestive remarks or gestures, offensive pictures or jokes. Harassment will be considered to have taken place if a reasonable person ought to have known that the behaviour was unwelcome.

Procedures

A person who experiences, witnesses or reasonably believes that abuse, neglect or harassment has occurred shall report the incident to the Registrar and General Counsel, or designate. The Registrar and General Counsel or designate will conduct a fair and timely investigation into the reported incident, while respecting the privacy of the affected individuals as much as possible.

Resolution of an incident may include, but is not limited to, conflict resolution and alternative dispute resolution, counselling, suspension or dismissal.

All elements of the incident, including but not limited to the complaint or report of abuse, neglect or harassment, the investigation and the resolution shall be documented and stored in a secure and confidential manner.

367**Legislative Context**

All incidences relating to abuse, neglect and harassment shall be addressed in accordance with the applicable Canadian and/or Ontario legislation, including but not limited to:

- *Regulated Health Professions Act, 1991*
- *Criminal Code of Canada, 1995*
- *Human Rights Code, 1990*
- *Employment Standards Act, 2000*
- *Occupational Health and Safety Act, 1990*
- *the laws relating to libel, slander and defamation*

Declaration

I acknowledge that I have received and read the abuse policy and/or have had it explained to me. I understand that it is my responsibility to abide by all the rules contained in this policy and to report any incidents of abuse as set forth in this policy.

Signature:

Witness:

Date:

UNDERTAKING TO THE CCO REGISTRAR FROM ELECTED MEMBERS OF CCO COUNCIL

College of Chiropractors of Ontario (CCO)

Version Date: May 1, 2019
Amended: February 27, 2019

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

I, _____, elected member of CCO Council in District _____, undertake to the Registrar as follows:

1. (a) My **primary practice of chiropractic** is located in the electoral district for which I was nominated.
- OR –
- (b) I am not engaged in the practice of chiropractic and my **primary residence** is located in the electoral district for which I was nominated.
2. I am **not**:
- in default of payments of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law.
 - in default in completing and returning any form required by CCO.
 - the subject of a disciplinary or incapacity proceeding.
 - an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the AFC, OCA, CCA, CCPA, CCEB, CSCE or the Council on Chiropractic Education (Canada) of the FCC¹.
 - an officer, director, or administrator of any chiropractic educational institution, including but not limited to, CMCC and UQTR, such that a real or apparent conflict of interest may arise.
 - a member of the Council or of a committee of the college of any other health profession.
3. If applicable, I have attached to this undertaking a copy of all letters of resignation from my position as an employee, officer or director of any professional chiropractic association or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise.
4. If applicable, I have taken all reasonable and necessary steps to ensure I am not reflected in any documents or on any websites as an employee, officer or director of any professional chiropractic association or an officer, director or administrator of any chiropractic educational institution such that a real or apparent conflict of interest may arise.

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

5. I undertake to maintain all confidentiality within the election process, including but not limited to, maintaining confidentiality with respect to which members voted or did not vote and which members may have submitted spoiled ballots.
6. I have **not**:
- been disqualified from the Council or a committee of the Council in the previous three years.
 - served on Council for nine consecutive years without a full three-year term passing since I last served on Council.
 - been a member of the staff of the College at any time within the preceding three years.
7. A finding of professional misconduct, incompetence or incapacity has not been made against me in the preceding three years.
8. I confirm I have reviewed my active personal and business communications, including those on social media, and there is no current content that could embarrass CCO or give cause to consider that I am unable or unwilling to comply with CCO's mission, vision, values strategic objectives and by-laws, and the duty to be fair and impartial in all considerations.
9. I undertake to:
- review and comply with CCO's Code of Conduct, CCO Internal Policy I-015: Policy to Avoid Abuse, Neglect and Harassment, CCO's mission, vision, values and strategic objectives, and standards of practice, policies and guidelines,
 - review CCO's orientation material and attend any relevant training workshop,
 - participate in CCO's Peer and Practice Assessment Program within six months of my election (if I have not already been peer assessed by that time), and
 - participate as a member of a discipline panel or fitness to practice panel if selected by the Chair of the Discipline or Fitness to Practise Committee.
10. I confirm that I have access to and agree to use the following confidential e-mail address for any and all CCO matters:

11. I **confirm** all the information in this undertaking is accurate, complete and true.
12. I further undertake to advise the Registrar forthwith of any change in the above-noted statements.
13. I understand it is an act of professional misconduct to fail to comply with an undertaking to the Registrar.

Elected Member's Name

Elected Member's Signature

Date

Witness' Name

Witness' Signature

Date