

COLLEGE OF CHIROPRACTORS OF ONTARIO



**ELECTRONIC PUBLIC INFORMATION PACKAGE FOR
COUNCIL MEETING (IN-PERSON)
TUESDAY, APRIL 16, 2024 – 8:30 A.M.**

RHPA

Duties and Objects of Colleges

Duty of College

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

Objects of College

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

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

Duty

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



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

MISSION

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

VISION

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

VALUES

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

STRATEGIC OBJECTIVES

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

Developed at the strategic planning session: September 2017

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



Executive Committee

Approved by Council: September 28, 2012

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

Re-Affirmed by Council: November 29, 2018

Amended: June 21, 2023 (came into effect September 8, 2023)

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

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

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

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

Potential Breaches of the Code of Conduct

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

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

Signature: _____ Witness: _____

Date: _____

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

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

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

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

Approved by Council: September 20, 2014

Amended: June 17, 2020

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

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

List of Commonly Used Acronyms at CCO

as at November 17, 2022

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

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



Public Information Package

COUNCIL MEETING (In Person) ^{1 2}

Tuesday, April 16, 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

Guest

Mr. Glenn Goldhahn, Tator, Rose & Leong ⁴

AGENDA ^{5 6}

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
	CALL TO ORDER AND LAND ACKNOWLEDGEMENT ^{8 9}	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 Will be attending virtually at 9:00 a.m. to present the 2023 financial statements for approval.

⁵ Information which is included for background or context (i.e., not requiring Council action) is shaded in grey.

⁶ 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).

⁷ Subject to Council's direction.

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

⁹ **Land acknowledgment**

Let us acknowledge that in our meeting space today, we gather on the Treaty Lands and Territory of the Mississaugas of the Credit First Nation as well as the traditional territory of the Haudenosaunee and the Huron-Wendat peoples. We recognize that we have a responsibility to work towards meaningful reconciliation

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
	1. Consent Agenda	Approve	Council	High
10	1.1 Fitness to Practise Committee Report			
11	1.2 Inquiries, Complaints, and Reports Committee (ICRC) Report			
13	1.3 Patient Relations Committee Report			
29	1.4 Registration Committee Report			
	<i>Office of the Fairness Commissioner</i>			
31	1.4.1 Communication dated February 21, 2024 re: CCO low risk category for April 1, 2024 – March 31, 2026			
35	1.4.2 Communication dated February 21, 2024 re: OFC updates (+ enclosures)			
102	1.4.3 Communication dated March 28, 2024 re: Launching the OFC Portal for the Fair Registration Practices Report			
104	1.4.4 Newsletter dated March 2024			
108	1.5 Advertising Committee Report			
109	1.5.1 Memo from Advertising Committee dated January 9, 2024 re: Mandate and Role of the Advertising Committee			
	2. Main Agenda	Adopt	Council	High
	2.1 Conflict of Interest	Review/ Declare any real or	Council	High

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

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
		perceived conflicts of interest as agenda item reached ¹⁰		
	3. Minutes ¹¹			
	4. Committee Reports			
136	4.1 Executive Committee Report	Report/ Approve Recommendations	Green/ Council	High
	<i>Move in Camera</i> ¹²			
	<i>Move Out of Camera and Ratify Decisions made In Camera</i>			
	<i>By-laws</i>	Verbal Report	Green	Medium
498	4.1.29 By-law amendments approved February 23, 2024 (clean copy)	Review	Council	Medium
536	4.1.31 Communication from Dr. Berman dated February 21, 2023	FYI		
	<i>Communications</i>	Review	Council	Medium
541	4.1.32 President’s Message and Newsletter dated March 1, 2024			
549	4.1.33 Statistics from Constant Contact dated March 8, 2024			
551	4.1.34 Feedback to date			
	<i>Regulatory Excellence Workshops</i> ¹³	Verbal Report	Willson	Medium

¹⁰ Standing conflicts of interest do not need to be declared at every meeting. Richard Steinecke’s previous advice is that a Council member should leave the room if s/he is the subject of or may be affected by the discussion or decision by Council.

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

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

¹³ Regulatory Excellence Workshops to be scheduled in Districts 1, 3, 4 and 6. A virtual session is scheduled for June 3, 2024 (8:30 a.m. – 1:00 p.m.). Regulatory Excellence Workshops are mandatory for all CCO members.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
555	4.1.35 Extract from CCO website and communications			
	<i>Strategic Planning</i> ¹⁴	Verbal Report	Green/Willson	High
560	4.1.36 Mission, Vision and Strategic Objectives			
561	4.1.37 Proposal dated March 21, 2024 from The Regulator’s Practice			
566	4.1.38 Council Effectiveness Workshop +September Planning Session Addendum			
582	4.1.39 Council Meeting Evaluation Form	Approve/Implement	Council	High
	<i>Media</i>			
587	4.1.40 Toronto Star article dated February 17, 2024 <i>Should you tip your massage therapist or your chiropractor? Here’s what the experts say</i>			
	<i>Ministry of Health</i>			
	<i>College Performance Measurement Framework (CPMF)</i> ¹⁵	Verbal Report	Friedman	Medium
594	4.1.41 CCO’s CPMF Report filed March 27, 2024 ¹⁶	Review	Council	Medium
711	4.1.42 Various MOH News Releases	FYI		
	<i>Council and Committees</i>			
	<i>Advertising Committee</i>			
720	4.1.44 Terms of Reference	Approve Recommendation	Council	Medium

¹⁴ Review of Mission, Vision and Strategic Objectives; moving the CPMF forward including incorporation of commendable practices; review of progress on Council’s previous strategic planning direction (from September 2023, and Council Effectiveness Workshop November 24, 2023). Boyd Neil and Chris Boyd will also be in attendance.

¹⁵ A list of commendable practices from 2021 and 2022 have not yet been released by the Ministry.

¹⁶ Posted on CCO’s website.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
	<i>Animal Chiropractic</i>	Verbal Report	Willson	Medium
724	4.1.46 Correspondence dated March 7, 2024 to Ms Willson from the Honourable Lisa Thompson, Minister of Agriculture			
727	4.1.47 Extract of Bill 171 – Veterinarian Professionals Act, 2024 re: chiropractic			
735	4.1.48 News Release dated March 7, 2024 entitled “Ontario Introducing Measures to Help Improve Access to Veterinary Services”			
740	4.1.49 S-009: Chiropractic Care of Animals			
750	4.1.51 CCO Request to make submissions to standing committee			
	<i>Other Chiropractic/Health Related Stakeholders</i>	Primarily FYI and Back-ground/ Context (subject to questions)	Council	Medium
	<i>Federation of Canadian Chiropractic (FCC)</i>	Verbal Report	Willson	Medium
754	4.1.52 Communication from FCC re: need for Ontario member on CCEC and public member for Specialties Colleges			
	<i>Canadian Chiropractic Association</i>			
874	4.1.55 Letter of Invitation dated February 29, 2024 to Chiropractic Stakeholder Summit and response			
881	4.1.56 Facebook posting dated February 16, 2024 re: Indigenous communities			
	<i>Canadian Chiropractic Protective Association</i>			
885	4.1.57 Communique dated February 2024			
	<i>Health Profession Regulators of Ontario (HPRO)</i>			

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
890	4.1.59 Correspondence dated February 28, 2024 to Irwin Glasberg re: OFC Risk-Informed Compliance Framework			
925	4.2 Discipline Committee Report	Report/ Approve Recommendation	Mizel/ Council	High
973	4.2.5 Policy – P-020: Adjournment of Discipline Hearings (current)			
977	4.3 Quality Assurance Committee Report	Report/ Approve Recommendations	Groulx	High
991	4.3.2 S-003: Professional Portfolio (current)	FYI		
	<i>Distribution and Feedback</i>	Back-ground/ Context		
998	4.3.3 President’s Message dated September 19, 2023 (extract)			
1007	4.3.4 Feedback re: S-003: Professional Portfolio			
	5. New Business - TBD			
	6. For Your Information	FYI (subject to questions)		
	<i>College of Chiropractors of Ontario</i>			
1077	6.1 <i>Casella v College of Chiropractors of Ontario</i> (Divisional Court, January 16, 2024) ¹⁷			
	<i>College of Physiotherapists of Ontario</i>			
1091	6.2 <i>Spirou et al v. College of Physiotherapists</i> (Divisional Court, February 13, 2024) ¹⁸			

¹⁷ Relevant to cost orders.

¹⁸ Relevant to the authority of the ICRC.

Page No.	ITEM	Action Required	Action By	Priority Level ⁷
1102	6.3 Information dated March 8, 2024 re: 11 B.C. health occupations combined into two regulators			
1105	6.4 Global News article dated February 21, 2024 entitled “Ontario documents show patient complaints over cataract billings”			
1108	6.5 TB news watch article entitled “Council should be no place for criminal past: Conmee”			
1112	6.6 Grey Areas – Learning from Other Regulatory Systems (March 2024)	Review	Council	Medium
1115	6.7 Council Members Terms (dated March 11, 2024 + reappointment of Mr. Gagandeep Dhanda			
	DATE AND TIME OF MEETINGS ¹⁹			
	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

¹⁹ Please mark your calendar and advise Rose Bustria ASAP if you are unable to attend any meetings. If you are unable to attend in person, please advise Ms Bustria at your earliest convenience.

Council Meeting Dates to December 2024

Year	Date	Time	Event	Location
2024	Wednesday, April 17	8:30 a.m. – 1:00 p.m.	Meeting (Elections)	CCO
	Friday, June 14	8:30 a.m. – 1:00 p.m.	Meeting	CCO
	Friday, June 14	6:00 p.m. – 9:00 p.m.	AGM	The Royal Sonesta, Toronto, Yorkville ²⁰
	Friday, September 13	1:00 p.m. – 4:30 p.m.	Meeting	Millcroft Inn and Spa ²¹
	Saturday, September 14	8:30 a.m. – 4:30 p.m.	Strategic Planning/Topic Specific Meeting	Millcroft Inn and Spa
	Sunday, September 15	8:30 a.m. – 11:30 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

²⁰ 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>

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

**College of Chiropractors of Ontario
Fitness to Practise Committee Report to Council
April 16, 2024**

10

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

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

Committee Mandate

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

Report

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

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

Respectfully submitted,
Dr. Kyle Grice
Chair

**College of Chiropractors of Ontario
Inquiries, Complaints and Reports Committee Report to Council
April 16, 2024**

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

Staff Support: Ms Kelly Malcolm, *Investigator*
Ms Christine McKeown, *Inquiries, Complaints & Reports Officer*
Ms Tina Perryman, *Manager, Inquiries, Complaints & Reports*

Committee Mandate

- To respond to inquiries, complaints and reports in a manner consistent with CCO's legislative mandate under the *RHPA*.
- To review investigation reports carried out pursuant to s. 75 of the *RHPA*, and to make decisions concerning any further action, including the referral of specified allegations of professional misconduct or incompetence to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.

Report

Since the last reporting to Council, the Inquiries, Complaints and Reports Committee completed the following:

March 2024:

- Reviewed 13 cases
- Made decisions on 9 cases, including 1 referral of specified allegations of misconduct to the Discipline Committee
- Appointed 75(1)(c) investigators on 3 cases

There were no HPARB reviews during this period.

The Committee is scheduled to administer in person cautions on April 16, 2024 (after the Council meeting).

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

Respectfully submitted,

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

College of Chiropractors of Ontario
Patient Relations Committee Report to Council
April 16, 2024

13

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

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

Committee Mandate

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

Report

The Patient Relations Committee did not meet since the last meeting of Council.

The scheduled March 2, 2024 Citizens Advisory Group meeting was cancelled, and based on the last meeting of the Health Professions Regulators of Ontario (HPRO), it appears the CAG is going to be folded into HRPO (since all colleges are members) on a go forward basis. CCO will attend any future meetings of this group.

The amendments to the funding for therapy webpage have all been made, including the flowchart and questions and answers. These changes will be carried forward into the overall website update we are doing.

Funding for therapy continues to be monitored in accordance with CCO regulations and policies.

Acknowledgements

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

Respectfully submitted,

Ms Zoe Kariunas
Chair, Patient Relations Committee

**College of Chiropractors of Ontario
Registration Committee Report to Council
April 16, 2024**

29

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

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

Committee Mandate

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

Report

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

CCO suspended approximately 29 members and 9 professional corporations for non-payment of renewal fees following the March 1, 2024 deadline. 9 of those members and 2 of those professional corporations have re-registered.

Current Member Status

Chart 1: Membership Statistics as of April 1, 2024

Classes	Total
General	5017
Inactive	221
Retired	184
All classes	5422

Chart 2: Change in Registration statistics for January 30, 2024 April 1, 2024

Description	Total
New members	11
Female	5
Male	6

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

CMCC	5
NCHS (Previously NYCC)	1
NZCC	2
Life Chiropractic College West	2
Palmer College – Iowa	1

Office of the Fairness Commissioner (OFC)

I was pleased to note CCO was determined to be low risk by the OFC as identified in the attached report.

Letters of Standing

CCO staff will be using new templates for letters of standing, consistent with best practises of other regulators, and moving towards enhanced consistency amongst Canadian Chiropractic regulators.

Acknowledgements

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

Respectfully submitted,

Dr. Julia Viscomi
Chair, Registration Committee

Joel Friedman

From: Mendel, James (MLITSD) <James.Mendel@ontario.ca>
Sent: Wednesday, February 21, 2024 4:15 PM
To: Jo-Ann Willson
Cc: Joel Friedman
Subject: Office of the Fairness Commissioner - 2023 / 24 RICF Assessment
Attachments: 2024 College of Chiropractors (CCO) risk letter- final.pdf

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

Dear Jo-Ann,

In November 2023, the Office of the Fairness Commissioner (OFC) launched the second iteration of its [Risk-informed Compliance Framework](#) (RICF). Under this framework, the OFC assesses each regulator against five risk factors that may impede the regulator's ability to apply fair registration practices.

Thank you for providing information for the risk assessment of your organization. The attached letter communicates the risk rating for your organization for the 2023 / 24 risk assessment cycle, and describes the following:

- background on the risk assessment process,
- positive practices undertaken, and
- identified risks which require further consideration, if any.

Please let me know if you have any questions. We look forward to continuing to work together to advance fair registration practices.

James Mendel

[SUBSCRIBE](#) to the OFC Newsletter

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



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

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

The information transmitted in this email is intended only for the person to whom it is addressed and may contain confidential material. Any review, dissemination, or other use of this information by persons other than the intended recipient is prohibited. If you received this message in error, please contact the sender and permanently delete it, including any attachments, without making a copy. Please contact me if you need this communication in another format Thank you.

32



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
180 Dundas Street W., Suite 300, Toronto ON M7A 2S6

BUREAU DU COMMISSAIRE À L'ÉQUITÉ
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

February 20, 2024

Sent via e-mail

Dear Ms. Willson,

RE: Risk Rating for the College of Chiropractors of Ontario

The purpose of this letter is to communicate the 2023 / 24 risk rating for the College of Chiropractors of Ontario (CCO). This letter includes background information on the risk assessment process, identifies any specific issues that Office of the Fairness Commissioner (OFC) may wish to raise and articulates next steps.

Background:

In November 2023, the OFC implemented the second iteration of its Risk-Informed Compliance Framework (RICF). Under this framework, the OFC assesses each regulator's operations against five risk factors that may impede the regulator's ability to apply fair registration practices for the licensure of domestic and internationally trained applicants.

The risk assessment process may produce one of three risk ratings: low, moderately low, and moderate to high. The OFC tailors its compliance strategy according to the risk rating obtained, so that we can work with regulators to address the most significant risks and barriers to fair registration practices.

For the 2023 / 24 risk assessment cycle, the five risk factors are set out below:

1. Organizational capacity.
2. The overall control that a regulator exerts over its assessment and registration processes.
3. The impact of major changes to registration practices and relations with third-party service providers.
4. The ability of the regulator to comply with newly introduced legislative and/or regulatory obligations.
5. Public policy considerations:
 - i. Addressing labour market shortages.
 - ii. The ability to promote inclusion and address anti-racism concerns in

registration processes.

Further detail on the indicators associated with these risk factors can be found in the OFC's [Risk-informed Compliance Framework and Policy](#).

In undertaking a risk analysis for the CCO, your compliance analyst James Mendel carefully examined your responses to the 2022 Fair Registration Practices Report and the supplementary 2023 RICF questionnaire. For each of the risks identified above, they assessed both the probability that the risk will occur and the significance of the consequences.

For quality assurance purposes, your risk analysis has been reviewed by another staff member and discussed with the Fairness Commissioner and OFC management.

Following completion of the risk review process, the OFC has determined that the CCO should be placed in the low-risk category for the period April 1, 2024, to March 31, 2026.

Congratulations on achieving this result. As a low-risk regulator, the OFC will arrange to meet with your college on an annual basis and you will be required to submit an annual Fair Registration Practices Report. Your compliance analyst will be in touch to schedule this meeting and identify any issues for discussion arising from this risk assessment.

We look forward to continuing to work with you to advance fair registration practices in the chiropractic profession.

Sincerely,

Ming-Young Tam
Director, Office of the Fairness Commissioner

cc. Irwin Glasberg, Fairness Commissioner of Ontario
Tanya Chute-Molina, Manager of Business and Operational Planning, OFC
James Mendel, Compliance Analyst, OFC

From: Jo-Ann Willson
Sent: February 21, 2024 8:57 AM
To: Rose Bustria
Subject: FW: OFC Updates
Attachments: Memo Legal Obligations Guide Update.pdf; LOG_RP and Trades.pdf; Guidance on CER Alternatives.pdf

Registration and Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ip, Marie Claire (She/Her) (MLITSD) <MarieClaire.Ip@ontario.ca> **On Behalf Of** Tam, Ming-Young (MLITSD)
Sent: Wednesday, February 21, 2024 8:31 AM
To: Tam, Ming-Young (MLITSD) <Ming-Young.Tam@ontario.ca>
Subject: OFC Updates

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

Dear Regulators:

We are providing a few updates from the Office of the Fairness Commissioner (OFC).

Enclosed, you'll find the following:

- A memo regarding updates on the Office of the Fairness Commissioner's (OFC) policy and program initiatives.
- Legal Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades (Version 3.0).
- Information and Advice to Regulators on Alternatives to Canadian Experience.

If you have any questions, please reach out to your compliance analyst.

Regards,

Ming-Young Tam | Director, Office of the Fairness Commissioner
ming-young.tam@ontario.ca | www.fairnesscommissioner.ca | [SUBSCRIBE](#) to the OFC Newsletter



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

An Agency of the Government of Ontario

Please contact me if you need this communication in another format.
Our working hours may be different - please do not feel obligated to reply outside of your working hours.



MEMORANDUM

37

Date: February 20, 2024

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

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

Subject: New Legal Resources for Regulated Professions and other Updates

With the start of the new year, I am writing to provide a few updates regarding the Office of the Fairness Commissioner's (OFC) ongoing policy and program initiatives.

Updated Legal Obligations and Fair Registration Best Practices Guide for FARPACTA Regulated Professions and Compulsory Trades

Late last year, the OFC distributed the second iteration of its *Risk-informed Compliance Framework and Policy (RICF)* to regulators to kick-off the 2023-2024 risk assessment process. At this time, the OFC is pleased to share an updated RICEF companion document entitled *Legal Obligations and Fair Registration Best Practices Guide* ("guide") for *Regulated Professions and Compulsory Trades*. The updated guide replaces the previous version dated March 14, 2023.

The guide is designed to provide regulated professions with insights on how to comply with their legal obligations and to share best practices designed to elevate the registration practices that they employ.

Our office has revised this version to reflect recent amendments to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA or the Act), which introduced new legal obligations for regulators to:

- Adhere to time limits for making decisions on applications for registration, internal reviews or appeals.

- Accept the results of language proficiency tests approved under the federal Immigration and Refugee Protection Act.
- Work in consultation with their responsible ministers to ensure that, as a matter of public interest, the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals.
- Fulfill new reporting obligations.

Together, the updated RICF and the guide form the basis upon which the OFC will work with FARPACTA regulators over the next two years to improve registration outcomes for all applicants, including internationally trained individuals.

I have enclosed PDF version of this document with this memorandum. We expect to post this document, along with a French language translation, to our internet site shortly.

The OFC will be consulting with the Ontario Ministry of Health on the development of a similar updated guide for the regulated health colleges.

Information and Advice to FARPACTA Regulators on Alternatives to Canadian Experience

The OFC is also pleased to share a document entitled "*Information and Advice on Alternatives to Canadian Experience*" to address recent legislative and regulatory amendments that limit the ability of regulated professions to retain Canadian experience requirements (CERs).

In this regard, the government recently amended FARPACTA to prohibit a regulated profession from retaining a CER unless the Minister of Labour, Immigration, Training and Skills Development grants an exemption for public health and safety reasons or where the regulator has established a viable alternative to its CER based on the criteria outlined in Ontario Regulation 261/22 made under the Act.

This document provides information and advice to regulators on how to comply with the requirements of the Act and regulation, as defined above, and identifies associated best practices. We have also included this document with this memorandum until such time as it is posted up on our internet site. Please note that this version now replaces the predecessor document entitled *Information and Advice on Approaches for Licensing Internationally Trained Applicants* which the OFC published in March 2023.

Although both the legal obligations and CER documents refer specifically to FARPACTA requirements, they also contain a list of fair registration best practices that regulated health colleges may wish to consider in improving the fairness and efficiency of their own registration practices. In short, we hope that all regulators can benefit from these materials.

An Update on our Data Portal and the Completion of the 2023 Fair Registration Practices Report – All Regulators

As we indicated in our November 2023 communications to you, the OFC is hard at work to deploy a digital solution for regulators to submit their annual Fair Registration Practices Reports (FRP). Our goal is to launch this system by late-March 2024 with a late-May 2024 target date for regulators to send in their FRPs. We will update you on the actual launch and FRP due dates as we get closer to completing this work.

In the coming days, your Compliance Analyst will be reaching out to you regarding the next steps for the 2023-2024 risk assessment process. In the meantime, we ask that you please circulate the attached materials to your leadership and staff as appropriate.

If you have any questions, please connect with your Compliance Analyst.

Kindest regards,

[Original Signed by]

Ming-Young Tam
Director, Office of the Fairness Commissioner

Attachments:

- Legal Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades (Version 3.0)
- Information and Advice to Regulators on Alternatives to Canadian Experience

Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades



FAIRNESS COMMISSIONER

COMMISSAIRE À **L'ÉQUITÉ**

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

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

Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades

Effective Date: January 30, 2024

Version Number: Version 3.0

Replaces: Registration Practices Assessment Guide: For Regulated Professions and Health Regulatory Colleges (2016) and Registration Practices Indicators and Sources: A Companion to the OFC's Registration Practices Assessment Guide (2016)

Responsible Area: Policy and Program Unit, Office of the Fairness Commissioner

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

Table of Contents

.....	0
I. Introduction:.....	3
II. Organization of this Guide:.....	7
III. Legal Obligations under Fair Access Legislation:.....	8
1. Fair Registration Practices: General Duties.....	8
2. Fair Registration Practices: Specific Obligations.....	12
Obligation No 1:.....	13
Obligation No.2:.....	14
Obligation No.3:.....	17
Obligation N° 4:.....	19
Obligation N° 5:.....	20
Obligation No 6:.....	25
Obligation N° 7:.....	29
Obligation N° 8:.....	31
Obligation N° 9:.....	33
3. Review and Reporting Obligations.....	37
3.1 Other Compliance Obligations Involving the Provision of a Report.....	37
Requirement No.1:.....	37
Requirement No.2:.....	41
3.2 Annual or Period Reporting Obligations.....	43
3.3 Audits.....	45
Appendix 1:.....	48

I. Introduction:

In this document, the Office of the Fairness Commissioner (OFC) is offering information and advice to organizations that regulate professions and compulsory trades (hereinafter regulators) to assist them to:

- understand how the OFC will evaluate their compliance with the legal obligations contained in the [Fair Access to Regulated Professions and Compulsory Trades Act, 2006](#) (or FARPACTA); and
- implement associated best practices in their organizations.

It represents the next iteration of the OFC's efforts, over the last 16 years, to work with regulators to help ensure that registration practices are "transparent, objective, impartial and fair".

Ontario's fair access legislative framework is set out in two provincial statutes, which are broadly similar in nature. These are FARPACTA (which governs the 14 non-health professions and Skilled Trades Ontario) and the Health Professions Procedural Code under Schedule 2 of the *Regulated Health Professions Act, 1991* (or RHPA). This statute governs the practices and policies of the 26 self-governing health colleges.

This guide focuses on the provincial regulators that are subject to FARPACTA. A separate document for the health regulatory colleges may be found [here](#).

The purpose of this guide is two-fold:

- to provide regulators with information and advice to more fully understand how to comply with their obligations under FARPACTA; and
- to provide OFC staff with a tool to help them assess the degree to which a regulator is complying with its legal obligations.

This version has been updated to reflect recent amendments to FARPACTA, which introduce new legal obligations for regulators to:

- ensure that the people of Ontario have access to adequate numbers of competent regulated professionals;
- accept results of language proficiency tests approved under *the Immigration and Refugee Protection Act (Canada)*;
- adhere to time limits for making decisions on applications for registration, internal reviews or appeals; and

- fulfil additional reporting obligations.¹

This guide should be read in conjunction with the OFC's [risk-informed compliance framework and policy](#).

These documents form the basis upon which the OFC will work with regulators to improve registration outcomes for *all* applicants, including internationally trained individuals.

In general terms, the desired objectives include implementing modern and efficient assessment and registration processes, issuing high quality, consistent and fair decisions, and a commitment to adopting best practices.

The OFC believes that two key metrics to define a regulator's success relate to the average and maximum time required to issue registration decisions and the percentage of internationally trained applicants who are successfully registered.

As indicated previously, the legal obligations that regulators must meet are set out in FARPACTA. In general terms, these legal obligations may be divided into three broad categories:

- The general duty to provide registration practices that are transparent, objective, impartial and fair and to ensure that, as a matter of public interest, the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals.
- A list of specific duties that relate to:
 - providing information to applicants;
 - making timely decisions with accompanying responses and reasons, that comply with specified timelines;
 - providing applicants with an internal appeal or review process within specified timelines;
 - specifying the documentation that an applicant must provide to the regulator to assess their qualifications;
 - ensuring that assessment decisions made by the regulator, or a third-party service provider, are transparent, objective, impartial and fair;
 - providing training for individuals who make assessment and registration decisions;
 - offering the right to the applicant to obtain access to relevant records pertaining to the application; and

¹ Working for Workers Act, 2021, Working for Workers Act, 2022, Working for Workers Act, 2023, and Ontario Regulation 621/22.

- filing an emergency registration plan with the Fairness Commissioner.
- A series of review and reporting requirements that the Fairness Commissioner may oblige regulators to undertake based on OFC policy guidelines and /or their specific circumstances. These relate to:
 - The provision of reports on:
 - the relevance and necessity of registration requirements, the timeliness of registration decisions, and the reasonableness of fees that are charged to applicants; and
 - accountability frameworks that govern the relationships between a regulator and a third-party service provider.
 - A regulator's annual or periodic reporting obligations to the OFC.
 - The obligations that a regulator must fulfill when it undergoes an audit.

In this guide, the OFC will identify, where appropriate, the steps that it believes regulators should take to fulfill these legal obligations. The object is to provide greater clarity to regulators on how to comply with their legislative requirements.

In tandem with these legal obligations, this document also contains a companion list of fair registration best practices. The OFC believes that these approaches, when implemented, can materially improve the quality, timeliness and fairness of registration decisions, and generally reflect excellent client-service principles.

The distinction between legal obligations and best practices is an important one. Regulators are required to comply with legal obligations as a matter of law. The failure to do so may attract enforcement consequences. The list of legal obligations may be thought of as the core elements of a fair registration compliance framework. Best practices, on the other hand, represent approaches that regulators can choose to adopt to further improve their service offerings and how they interact with applicants.

In that respect, the guide is designed to motivate regulators to continually reflect on how they can incorporate the overarching principles of transparency, objectivity, impartiality and fairness into their day-to-day registration practices. By adopting best practices, a regulator can demonstrate leadership in its field and more fully embrace modern, forward-looking and empathetic regulatory processes.

It should also be noted that the selection and implementation of best practices can sometimes differ between regulators based on the nature of their mandates and business processes, and the character of the professions or trades for which they are responsible.

There are several further points to be made about these fair registration practices. First, while the OFC may suggest a certain pathway to achieve a desired result, it recognizes that each regulator is subject to unique circumstances and that there may be different ways to achieve a particular goal. The OFC will, therefore, apply an appropriate level of flexibility and discretion when conducting its assessments of registration practices. As a modern regulator, the OFC will tailor its assessment activities in a proportionate manner to focus on potential risks and opportunities to improve practices.

Second, the OFC recognizes that some regulators will be subject to their own enabling legislation which may provide the regulator with the discretion to develop its own measures and procedures to comply with its legal obligations. These obligations may be the same, or different from, those that apply under FARPACTA.

It should be noted, however, that under section 31 (1) of FARPACTA, if a provision of this Act or of a regulation made under this Act, conflicts with a provision of another Act or a regulation made under another Act, the FARPACTA provision or the regulation under FARPACTA prevails to the extent of the conflict.

Third, in this guide, the OFC will refer to certain statutory provisions, or use certain terminology to characterize its advice on how a regulator should approach a particular fair registration obligation or practice. When the OFC utilizes the term "shall" or "must", this will typically be associated with a legal obligation set out in a statute. These terms are associated with mandatory legal obligations.

When the OFC employs the term "should", this constitutes the OFC's advice that a particular approach or activity is desirable. However, such an activity would not be mandatory. Finally, the use of terms such as "may" or "can" would signal that regulators have a wider scope of discretion in terms of acting upon a particular piece of information or advice.

It is the OFC's intention to keep the list of these practices evergreen. We plan to review them regularly to ensure that they remain current, alongside the OFC's list of exemplary / best practices. The OFC views this collection as a common resource and invites regulators to assist us to keep these ideas timely, forward-looking and relevant.

On a related issue, on November 14, 2023, the government tabled Bill 149, *Working for Workers Four Act, 2023*. If passed, it will prescribe the criteria that must be met to comply with the obligation for a regulated profession to:

- assess applicant qualifications in a way that is transparent, objective, impartial and fair; and

- where a third party makes such assessments, take reasonable measures to ensure that the assessments are made in a way that is transparent, objective, impartial and fair.

The government has signaled that, if the bill passes, it will immediately begin work to develop the accompanying regulatory provisions to operationalize the legislation. It is intended that this process will be informed by a series of focused stakeholder consultation sessions. Once these provisions, and the associated regulations, regulations are finalized, the OFC will once again update these guidelines to address the new obligations that are established.

While the OFC has authored this guide for certain defined purposes, stakeholders have indicated to us that it could also be employed to meet other objectives. For example, the document could also serve as a useful tool to orient new board of director or council members on the key responsibilities outlined in the legislation. It could also be employed as a self-assessment tool.

Please note that this resource has been prepared to assist regulators to understand their obligations under FARPACTA. It is not intended to replace FARPACTA, and reference should always be made to the official version of the legislation.

It is the responsibility of regulators to ensure that they comply with the legislation. This resource does not constitute legal advice. The OFC will apply and enforce FARPACTA based on the facts that are identified. This resource does not affect the OFC's enforcement discretion in any way.

II. Organization of this Guide:

This guide is organized into three parts. Part I offers an introduction and Part II explains how regulators can apply this document to develop measures and procedures to meet their legislated obligations. The heart of the document, however, is found in Part III, which outlines the OFC's information and advice with respect to legal obligations that apply to regulators.

To make it easier to follow, Part III is organized around the three categories of legal obligations as set out in FARPACTA: the general duties; specific duties; and reporting requirements.

To provide clarity for users of this guide, we have also linked each specific duty with the corresponding provision in the legislation. The guide then refers to the OFC's information and advice for each specific legislative provision. The document also includes information on how the OFC will assess whether, and to what extent, a regulator has demonstrated compliance with the particular legal obligation. In that respect, the OFC will outline the type of actions and/or documentation that it will consider to formulate its compliance determinations.

To provide further clarity, each legal obligation is accompanied by one or more recommended examples of how regulators can achieve the required outcomes. The OFC also identifies a list of best practices to help regulators achieve the general duties of transparency, objectivity, impartiality and fairness prescribed in the legislation.

The fourth sub-section of Part III identifies the reporting requirements for regulators associated with preparing and filing their Fair Registration Practices Reports. The content of this section identifies:

- the nature of the regulator's specific legal obligations, with links to the relevant sections in the legislation; and
- commentary on how the OFC will ascertain whether the regulator has met these obligations.

Sub-section five articulates the legal obligations that a regulator must fulfill should it become subject to an audit.

It is important to note that regulators are subject to legal consequences for failing to meet their legislative obligations. For example, under section 26 (1) of FARPACTA, if the Fairness Commissioner concludes that a regulated profession has contravened Part III or VI of the legislation (which deal with specific duties, the issuance of reports and cooperation on audits), the commissioner may issue a compliance order to the profession requiring that it do, or refrain from doing, the things specified in the commissioner's order.

III. Legal Obligations under Fair Access Legislation:

1. Fair Registration Practices: General Duties

According to section 1 of FARPACTA, the purpose of the legislation is to:

"Help ensure that regulated professions and individuals applying for registration by regulated professions are governed by registration practices that are transparent, objective, impartial and fair".

This articulated purpose is reinforced in section 6 of the Act, which is described as the Fair Registration Practices Code. This code subsumes two distinct duties:

- the general duty "to provide registration practices that are transparent, objective, impartial and fair"; and

- the public interest duty for a regulated profession to work in consultation with a responsible Minister to “ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled, and competent regulated professionals.”

Both duties are broad in nature and not defined further in the legislation.

General Duty to provide registration practices that are transparent, objective, impartial and fair.

While this general duty constitutes an overarching legal obligation in its own right, the four nested principles of transparency, objectivity, impartiality and fairness also provide a philosophical underpinning and interpretative framework for applying the more specific duties contained in the legislation.

While the courts in Ontario have not had occasion to interpret these provisions in the context of fair access legislation, the OFC has historically defined these terms in a common sense and straightforward fashion. The discussion below is designed to convey the OFC's current working definitions of these principles. These definitions should be considered as plain language interpretative aids.

Transparency:

To be transparent means that a regulator's instructions and guidelines must be clear, accurate and straightforward. This degree of clarity is necessary to enable applicants to easily follow the required steps in the registration process. Transparency also demands information that can be easily understood with clear milestones to allow applicants to monitor their progress in completing the registration process.

Objectivity:

To be objective means that a regulator's tools, assessment criteria, procedures and training processes are designed to enhance the consistency of decision-making across applicants. Such results should be achieved regardless of the individual rendering the decision, the particular context and/or whether the determination is made by the regulator or a third-party service provider. The decision-making systems should also invest in well-trained and qualified adjudicators to promote sound, valid and reliable decisions.

Impartiality:

To be impartial means that a regulator must make its decisions through a process that is free of bias that, if present, could produce subjective or tainted assessments or decisions. Sources

of bias could include actual or perceived conflict of interest, preconceived notions, or a lack of cultural competency. Each regulator is responsible for identifying sources of bias and for taking appropriate steps to ensure impartiality, which would normally include enhanced training and procedures to follow where an issue of bias is suspected.

Fairness:

Fairness must sit at the heart of the registration process for applicants who wish to join a profession, college or compulsory trade. Fairness comprises several dimensions. It is often contextual in nature and not always amenable to precise definition. It can also overlap with the first three principles discussed.

At its core, fairness means that a regulator needs to identify the steps necessary, and the documentation required, for a candidate to complete the registration process. The assessment must be rational and above-board, and not place unnecessary and ill-conceived obstacles in the way of success. Everyone should have the same prospects irrespective of their country of training or background. The process needs to be expedient. And there must be a chance for an arms-length review if the individual disagrees with a decision. Those running the processes should embrace their responsibilities with a spirit of purpose, wisdom and empathy.

Public interest duty to consult with responsible ministers to achieve positive labour market outcomes.

Under section 6 (2) of FARPACTA, a regulated profession has a duty to work in consultation with its responsible minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals.

To place this provision in some context, the provincial government has become increasingly more focused on addressing labour shortages in the professions and skilled trades. Qualified immigrants have become an indispensable source of labour to fill these gaps. The government has, in turn, become more active in the legislative and program domains to address registration barriers that immigrants often encounter.

Traditionally, regulators have focused on protecting the public interest by ensuring that applicants possess the academic and technical skills necessary to skillfully undertake their work. There is now a growing recognition that an undersupply of professionals can also directly compromise public health and safety and concurrently constrain economic activity.

In addition, everyone in the applicant registration ecosystem must strive to harmonize the strategy to bring higher numbers of skilled immigrants into the country with efficient registration practices to effectively utilize this talent. This dialogue must also foster system-wide solutions

that enable internationally trained applicants to ultimately obtain meaningful employment in Canada that recognizes their skills, training and aspirations.

Regulators must also pay close attention to the needs of employers who will absorb the supply of new professionals and skilled tradespersons. They should be aware of the skillsets that are in demand and any unfounded concerns or stereotypes about the qualifications of internationally trained applicants.

To achieve these important objectives, regulators need to implement fair and efficient registration practices. These should focus on establishing registration requirements that are evidence based and that eliminate barriers that unreasonably delay the registration of qualified applicants. Regulators should also strive to adopt a client focused approach to registration.

In structuring their consultation sessions with responsible ministers, regulators should be prepared to discuss (1) the supply and demand characteristics of their profession or trade, (2) whether labour market shortages are likely to arise in the short, medium and longer-terms, (3) the steps that they are taking to help close the supply and demand gap and (4) their efforts to reach out to other stakeholders to address these complex issues in a systematic way.

Fair Registration Best Practices Related to Public Interest Duty to Consult with Responsible Ministers to Achieve Positive Labour Market Outcomes:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants and to increase the throughput of qualified candidates for licensure.

Evidence-based decision making

To fulfil their duty to consult with responsible ministers, regulators should critically examine the evidentiary basis for their current practices, research best practices in other professions and / or jurisdictions, and take steps to align their own registration processes with these practices.

This approach might include:

- Collecting and analyzing data on applicants who have pursued different registration pathways and how their performance as members of the profession correlates with broad measures of competence, such as complaints received and any consequential disciplinary action taken.

- periodically reviewing the regulator's registration requirements to verify that they continue to be relevant and necessary, and to eliminate duplicative assessment methodologies.
- seeking feedback from applicants and proactively identifying opportunities for removing barriers, simplifying registration procedures and streamlining the registration process.
- exploring innovative ways to register qualified applicants more quickly, by deploying LEAN methodologies, provisional registration techniques, or parallel processing (e.g., allowing applications to proceed down the registration pathway while waiting for outstanding documentation).

Client-focused approach

Immigrants constitute an underutilized talent pool for addressing labour shortages. Regulators should, therefore, create a welcoming environment for internationally trained individuals through the elimination of barriers that compromise the fairness and efficiency of registration processes. These measures could include:

- reviewing registration processes to ensure that they do not unjustifiably limit the ability of regulators to attract or retain certain groups through the analysis of race-based and other demographic data for applicants and / or members of the profession;
- undertaking initiatives to allow the regulator to assess an applicant's qualifications while they reside outside of Canada;
- considering and providing accommodations in cases where an applicant indicates that they cannot obtain the required documentation for reasons beyond their control;
- collaborating with education providers and employers to develop programs that may assist ITAs, and unsuccessful candidates, to obtain registration in the regulated profession; and
- assisting those who require specific credentials to complete their registration journeys by developing customized training and experiential learning plans for candidates who are missing certain discrete qualifications (i.e., micro-credentials).

2. Fair Registration Practices: Specific Obligations

Sections 7 through 12 of FARPACTA set out the specific requirements that regulators must meet to comply with their legislative obligations.

Obligation No 1: The Regulated Profession Shall Provide Information to Applicants about its Registration Practices and Requirements.

Section 7 of FARPACTA reads as follows:

A regulated profession shall provide information to individuals applying or intending to apply for registration by the regulated profession and, without limiting the generality of the foregoing, it shall provide:

- (a) information about its registration practices;*
- (b) information about the amount of time that the registration process usually takes;*
- (c) objective requirements for registration by the regulated profession together with a statement of which requirements may be satisfied through alternatives that are acceptable to the regulated profession; and*
- (d) a fee scale related to registrations.*

How the OFC Will Ascertain whether the Regulator Has Met Obligation No.1:

This list of statutory requirements is relatively straightforward. The key issue is whether the regulator is providing the prescribed type of information to applicants. To make its assessment, the OFC will obtain the necessary confirmation from a review of public information sources and discussions with the regulator.

Fair Registration Best Practices Related to Obligation No.1:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a superior client experience and better outcomes for all applicants.

The information is organized on the regulator's website in a way that it is easy to find, written in plain language, and is complete and accurate.

- The registration information outlined in section 7 is available in the French language (for some regulators, this will be a requirement already set out in their enabling legislation, and not purely a best practice).
- The information is presented in accessible and, when appropriate, multiple formats that are easy for applicants to retrieve and follow.

- The information lets applicants know whom they may contact if they require further guidance.

Obligation No.2: The Regulated Profession Shall Provide Timely Decisions, Responses and Reasons to Applicants

Section 8 of FARPACTA reads as follows:

A regulated profession shall,

- (a) ensure that it makes registration decisions within a reasonable time;*
- (b) provide written responses to applicants within a reasonable time; and*
- (c) provide written reasons to applicants within a reasonable time in respect of all registration decisions and internal review or appeal decisions.*

Section 9.1 of FARPACTA and Ontario regulation 261/22 made under the Act further particularize this obligation for domestic mobility applicants (DLMAs) and internationally trained individuals (ITIs) as follows:

Domestic labour mobility applicants:

Section 9.1 of FARPACTA reads as follows:

(2) A regulated profession shall, within 10 business days after receiving an application for registration from a domestic labour mobility applicant, provide a written acknowledgment of receipt of the application.

(3) The written acknowledgment of receipt shall include a statement as to whether the application includes everything required by the regulated profession in respect of the application and any other prescribed information.

(4) A regulated profession shall, within 30 business days after receiving an application for registration from a domestic labour mobility applicant and everything required by the regulated profession in respect of the application, make a registration decision and provide the applicant with,

- (a) written communication of the registration decision;*
- (b) written reasons respecting a registration decision,*
 - (i) to propose that the applicant not be granted registration,*
 - (ii) to not grant registration to the applicant, or*
 - (iii) to grant registration to the applicant subject to conditions; and*

(c) information respecting the applicant's rights to any internal review or appeal, including any applicable procedures and deadlines.

(5) A regulated profession shall, within 10 business days after making an internal review or appeal decision in respect of a domestic labour mobility applicant, provide the applicant with written communication of the decision made upon the internal review or appeal and written reasons respecting the decision.

Internationally trained individuals

Section 5 of Ontario Regulation 261/22 made under FARPACTA, reads as follows:

(1) A regulated profession shall comply with the time limits set out in this section for at least 90 per cent of the applications for registration received from internationally trained individuals each calendar year.

(2) A regulated profession shall, within 10 business days after receiving an application for registration from an internationally trained individual, provide a written acknowledgment of receipt of the application.

(3) The written acknowledgment of receipt shall include a statement as to whether the application includes everything required by the regulated profession in respect of the application.

(4) A regulated profession shall, within six months after receiving an application for registration from an internationally trained individual and everything required by the regulated profession in respect of the application, make a registration decision and provide the applicant with,

- (a) written communication of the registration decision;*
- (b) written reasons respecting a registration decision,*
 - (i) to propose that the applicant not be granted registration,*
 - (ii) to not grant registration to the applicant, or*
 - (iii) to grant registration to the applicant subject to conditions; and*
- (c) information respecting the applicant's rights to any internal review or appeal, including any applicable procedures and deadlines.*

(5) A regulated profession shall, within 10 business days after making an internal review or appeal decision in respect of an internationally trained individual, provide the applicant with written communication of the decision and written reasons respecting the decision.

Please see Appendix 1 of this document for a summary of the time limits contained in the provisions noted above.

How the OFC Will Ascertain whether the Regulator Has Met Obligation No.2:

Section 8 of FARPACTA imposes an obligation on regulators to ensure that their registration decisions, and other nested steps in the process, are made within a “reasonable time”. To assess this issue, and in situations where specific timelines are not imposed, the OFC would typically review by the regulator's website for information about timelines or service standards relating to acknowledging applications, communicating registration decisions and reasons, and communicating appeal or review decisions.

The OFC will also analyze information that regulators report on decision making time frames in their annual Fair Registration Practices Reports to ensure adherence to the time limits noted above for DLMAs and ITIs, and follow-up accordingly.

After analyzing the reported decision-making timelines, the OFC will consider the following factors in selecting its compliance approach:

- The extent to which a regulator's statistics deviate from the time limits prescribed by legislation or regulation.
- Evidence of material improvements in timeliness of decision-making over the last reporting cycle.
- Comparisons to performance standards and results achieved by regulators that are similarly situated.
- Broad trends in confirmed applicant complaints.

Fair Registration Best Practices Related to Obligation No.2:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a superior client experience and better outcomes for all applicants:

- the regulator informs applicants about potential delays, and estimated dates for providing responses, decisions or reasons when delays are incurred;
- the regulator puts formal procedures in place to measure its performance against service standards that go beyond legislated time limits;

- the regulator benchmarks its timelines against those for regulators that are similarly situated.
- the regulator periodically reviews its service standards and timelines to identify opportunities to enhance efficiency and ensure that they do not disadvantage one group of applicants as compared to others.

Obligation No.3: The Regulated Profession Shall Provide Applicants with an Internal Review of or Appeal from its Registration Decisions.

Section 9 of FARPACTA reads as follows:

(1) A regulated profession shall provide an internal review of or appeal from its registration decisions within a reasonable time.

(2) A regulated profession shall provide an applicant for registration an opportunity to make submissions with respect to any internal review or appeal.

(3) A regulated profession may specify whether submissions in respect of an internal review or appeal are to be submitted orally, in writing or by electronic means.

(4) A regulated profession shall inform an applicant of any rights the applicant may have to request a further review of, or appeal from, the decision.

(5) No one who acted as a decision-maker in respect of a registration decision shall act as a decision-maker in an internal review or appeal in respect of that registration decision.

How the OFC Will Ascertain whether the Regulator Has Met Obligation No.3:

The crux of this section is the requirement that a regulator provide an internal review or appeal mechanism from its registration decisions within a reasonable time, and that the process adheres to the steps for procedural fairness outlined in those provisions.

To ascertain whether the regulator has met this obligation, the OFC will examine:

- the steps that the regulator has taken to ensure that it operates a credible internal review or appeal mechanism;
- the adequacy of the regulator's published materials which identify the opportunities for applicants to make submissions with respect to internal reviews or appeals;

- the average time that a regulator takes to complete a review or appeal from the date of the initial request to the date that the process is completed;
- how the regulator's practices measure up against those of regulators that are similarly situated;
- how the regulator provides information to applicants about the formats in which submissions can be made (i.e., orally, in writing or by electronic means);
- how the regulator informs applicants about their rights to request a further review of, or appeal from, a decision;
- the regulator's published materials or other documentation to confirm that no-one who acted as a decision-maker in respect of a registration decision also served in the same capacity in an internal review or appeal in the same matter; and
- whether the regulator's processes may potentially prejudice one category of applicants compared to another.

Fair Registration Best Practices Related to Obligation No.3:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- the regulator puts formal procedures in place to measure its performance against its timelines and / or service standards and publishes the results.
- the regulator also provides information regarding:
 - the specific steps that an applicant must follow to complete the review or appeal process, and the sequencing of those steps;
 - the issues that can or cannot be appealed, where applicable;
 - the grounds upon which an internal review committee will agree to reconsider an initial decision; and
 - precedents regarding the content and format of submissions.
- the regulator safeguards the impartiality of its internal review and appeal decisions by:
 - following well-documented procedures;
 - basing its decisions only on relevant criteria and evidence;

- informing decision-makers involved in internal reviews and appeals about potential sources of bias and the steps that they should take if they feel that they cannot review a case impartially;
 - engaging legal counsel to periodically review the regulator's review and appeals processes.
- if a hearing is required, the regulator provides reasonable accommodation to allow applicants to effectively participate in the process; and
 - if the regulator charges fees for internal reviews or appeals, those fees do not exceed the actual costs associated with those proceedings.

Obligation N° 4: The Regulated Profession Shall Provide Information to Applicants on what Documentation of Qualifications Must Accompany an Application.

Section 10 (1) of FARPACTA reads as follows:

A regulated profession shall make information publicly available on what documentation of qualifications must accompany an application and what alternatives to the documentation may be acceptable to the regulated profession if an applicant cannot obtain the required documentation for reasons beyond his or her control.

How the OFC Will Ascertain whether the Regulator Has Met Obligation No.4:

This is also a straightforward requirement. The OFC will seek information from the regulator on how it communicates the information identified in this section to individuals applying, or intending to apply, for membership in the profession or compulsory trade. This inquiry would ordinarily include a review of the regulated profession's website to confirm that the required information is available and easily accessible, and to verify that other publicly available communication materials are provided to applicants.

Fair Registration Best Practices Related to Obligation No.4:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- The information that the regulator communicates to prospective applicants should identify:
 - the required *content* of the documents organized in an easy to access format;

- the required *format* of the documents, including the translation format, if applicable;
 - the required *method* for sending the documents to the regulator;
 - how to contact the regulator to explore other alternative documentation that may be acceptable beyond the examples that have been posted publicly. (This information would be particularly important where the applicant cannot obtain the required documentation for reasons beyond their control).
- The identified information is available in the French language (for some regulators, this may already be a requirement in their enabling legislation, and not purely a best practice).
 - The regulator allows the applicant to submit the documentation directly as opposed through intermediaries, with appropriate safeguards.
 - The information provided allows the applicant to readily discern who the individual may contact if they require further information.

The OFC strongly encourages regulators to take a fair and generous approach to accepting alternative documents in situations where the applicant will experience significant difficulties in obtaining these materials, and the registration of the applicant would not otherwise compromise the public interest. Regulators should, at all times, seek to facilitate the registration of competent applicants and not place unnecessary barriers in their paths.

Obligation N° 5: The Regulated Profession Shall Assess Qualifications of Applicants in a Way that is Transparent, Objective, Impartial, and Fair.

Section 10 (2) of FARPACTA reads as follows:

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

How the OFC Will Ascertain whether the Regulator has Met Obligation No.5:

The assessment of applicant qualifications can often form the most critical part of the registration process. Decisions about qualifications determine whether an individual may enter a profession, how quickly that process can occur and what additional steps, if any, the candidate must take to advance their application.

In assessing the qualification of applicants, many regulators delegate components of this process to third party service providers (“third parties”). Whether it is the regulator or third party that conducts the assessment of qualifications, the legislation requires that the process be conducted in a transparent, objective, impartial and fair manner.

In addition, this provision requires that the regulator take “reasonable measures” to ensure that the third party conducts the assessment in a way that is transparent, objective, impartial and fair. Note that the term “reasonable measures” is neither defined in FARPACTA nor its regulations.

Section 13 (3) (d) of FARPACTA is also relevant to this discussion. This provision specifies that it is the function of the Fairness Commissioner to:

“Monitor third parties relied upon by regulated professions to assess the qualifications of individuals applying for registration by a regulated profession to help ensure that their assessments are based on the obligations of regulated professions under the Act”.

While the OFC relies on this provision to obtain information from third parties and to broadly review their work, it will typically look to, and rely upon, regulators to fulfill their obligation under section 10 (2) of the Act to “take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair”.

To explore whether the regulator has met this obligation, the OFC will assess the regulator’s processes for the hallmarks of these attributes. The OFC will also seek information from the regulator about the measures it takes to hold its third-party service providers accountable for transparent, objective, impartial and fair assessments and to determine if these measures are reasonable and applied consistently.

For assessment methods undertaken by the regulator, the OFC will review relevant information sources to verify:

- the connection or link between the assessment methods and the registration requirements or specific competencies that they are intended to measure;
- the measures that the regulator takes to ensure that its assessment methods and criteria are methodically and psychometrically sound;
- how the regulator ensures that only qualified assessors make the assessment decisions; and

- how the regulator informs applicants about the assessment criteria, methods and results of the assessment.

Where the regulator delegates any part of the assessment function to a third party, the OFC will request relevant materials that identify the measures that the regulator takes to hold its third-party service providers accountable for assessments that are transparent, objective, impartial and fair, and to consider whether these measures are reasonable in the circumstances. The OFC will also solicit information on whether the regulator has taken reasonable measures to inform itself about the way the third party undertakes its assessment processes.

While the legislation does not define what constitutes a transparent, objective, impartial or fair assessment, the OFC believes that the adoption of assessment practices listed below embody these four principles. Consequently, the OFC will consider these practices, among others, when determining compliance with this legislative obligation:

- the regulator has established clear and objective criteria for making assessment and registration decisions, which are clearly documented and consistently followed;
- the regulator only insists on reviewing hard to obtain documents where there is a strong, bona-fide rationale or justification to review them and where the public interest would not otherwise be compromised;
- the regulator recognizes international educational credentials unless there is evidence of *substantive differences* between those and Canadian credentials;
- the regulator implements measures to help ensure that its assessments are valid, reliable and free from bias;
- the regulator ensures that all individuals who assess qualifications, or make registration decisions, possess the relevant knowledge and skills, and receive adequate training; and
- the regulator clearly documents its expectations to third-party service providers.

The OFC will especially wish to review documentation that links the assessment methods employed with the registration requirements or specific competencies necessary for entry-to-practice. This analysis may include a review of competency frameworks, blueprints and/or related documentation. The OFC would also consider any psychometric review that attests to the validity and reliability of the assessment method.

Similarly, the OFC will explore whether the regulator has established any qualifications for its assessors and, if these exist, whether the regulator selects individuals in accordance with the skills necessary to do the required work. The OFC will also review how often and clearly the regulator communicates with applicants to explain the nature of the assessment process to them.

Finally, the OFC will analyze the measures that the regulator has put into place to hold third parties accountable, and whether these measures are reasonable.

The OFC recognizes that the context within which each third party provides assessment and testing services is unique. Consequently, it will take these considerations into account in determining whether the measures that the regulator has taken are reasonable in the circumstances. The office will consider the following factors:

- the nature of the assessment decisions made by the third party and the extent to which they influence the regulator's overall decision-making process;
- whether these decisions are binding on the regulator or whether the regulator retains the discretion to override them where considerations of fairness so dictate;
- whether the regulator has established service standards that stipulate the average and maximum timeframes for the provision of services by third parties to applicants and the associated reporting protocols where these standards have not been met;
- the extent to which the regulator exerts contractual control over material aspects of the third party's assessment methods or procedures;
- whether there is a contract in place between the regulator and the third party that establishes service standards for the processing of applications and, if so, whether the agreement affords the regulator the necessary authority to rectify non-compliance with these standards where the circumstances so dictate;
- whether there is evidence that the third party's procedures have produced unfair or arbitrary assessments;
- whether the regulator has the capacity to verify how well the third party adheres to the agreed upon service standards; and
- whether the third party is subject to a recognized quality assurance framework.

Fair Registration Best Practices Related to Obligation No.5:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- To help applicants better understand the regulator's assessment criteria, the regulator's registration materials for applicants should provide:
 - examples of scenarios and/or illustrations to explain the relevant assessment criteria and how an applicant's qualifications will be assessed against those factors;
 - information to help applicants better understand the potential outcomes of the assessment process;
 - information about the accommodation of special needs, which may include examples of situations where accommodations have been provided in the past; and
 - online self-assessment tools.
- To frame objective assessment decisions, the regulator should:
 - express its assessment criteria in measurable units to minimize subjectivity in assessment decisions; and
 - establish specific scores or grading scales used in the assessment methods that measure competencies or performance.
- The regulator should establish a process to periodically evaluate the educational programs it assesses to ensure that its criteria remain relevant and valid.
- The regulator should document any potential sources of bias, and/or the circumstances that may compromise impartial assessment decisions and educate its assessors about these considerations.
- The regulator should similarly ensure that the process through which an applicant can appeal the assessment of their qualifications is straightforward and not cost prohibitive.
- If there a potential for a delay in scheduling assessment appointments or making assessment decisions, the regulator should establish procedures to inform applicants about these delays and provide estimated scheduling/decision dates.
- With respect to third-party service providers, the regulator should ensure that:
 - the examination protocols employed by its third-party service providers are subject to periodic psychometric testing;

- it considers the periodic re-tendering of third-party service assignments as a way to ensure that it is receiving the highest quality services in the most cost-effective fashion;
- it regularly reviews, and refreshes, its memoranda of understanding or agreements with its third parties to ensure that the necessary accountability provisions are in place and that the fees charged to applicants are reasonable;
- the agreements that it enters into with third parties address such issues as the protection of personal information and appropriate cyber-security measures;
- in conjunction with its third parties, it establishes robust protocols to communicate with applicants in situations where assessment or examination schedules are disrupted;
- where it requires clinical examinations for registration purposes, its third party is taking reasonable steps to develop virtual, in addition to, paper-based testing options.
- there is a mechanism in place to resolve disputes where the contents of an agreement between a regulator and a pan-Canadian assessment or testing agency may be inconsistent with the provisions of FARPACTA.

Obligation No 6: The regulated profession shall accept English or French language proficiency test results according to the requirements set out in Ontario Regulation 261/22 made under FARPACTA.

Section 10.1 of FARPACTA reads as follows:

A regulated profession shall ensure that it complies with any regulations respecting English or French language proficiency testing requirements.

Section 4 of *Ontario Regulation 261/22* made under FARPACTA, reads as follows:

(1) An applicant for registration satisfies a regulated profession's English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the regulated profession on a test that is approved under the Immigration and Refugee Protection Act (Canada) for use in assessing language proficiency.

(2) Subsection (1) does not limit a regulated profession's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

(3) An applicant's results on a test referred to in subsection (1) are deemed to be valid for the purposes of this Regulation until the applicant receives a registration decision or, where an internal review or appeal occurs, receives an internal review or appeal decision.

(4) This section applies only in respect of new applications for registration received by a regulated profession after the first anniversary of the day this section comes into force. (i.e., by July 1, 2023).

How the OFC Will Ascertain whether the Regulator Has Met Obligation No. 6:

Most professional regulators in Ontario identify the ability to communicate effectively as a core skill that applicants must possess to practice their chosen profession or trade in a safe and competent fashion. These requirements are worded in different ways, but they essentially require that applicants demonstrate language proficiency at levels satisfactory to the regulator through one or more of the language tests that the regulator prescribes.

This specific legal obligation applies to those regulated professions that require applicants to demonstrate English or French language proficiency by submitting results that they receive from a language proficiency testing provider.

It obliges the regulated profession to accept the tests that are approved under *the Immigration and Refugee Protection Act (Canada)* for use in assessing language proficiency. These tests are used by Immigration, Refugees and Citizenship Canada (IRCC) and are commonly required for immigration purposes.

As of January 1, 2024, these tests were:

- The International English Language Testing System (IELTS) General Test.
- The Canadian English Language Proficiency Index Program (CELPIP) General Test.
- Pearson Test of English (PTE) Core Option
- The test d'évaluation de français (TEF Canada).
- The test de connaissance du français (TCF Canada).

Regulators should be aware that the list of approved tests may change over time.

The regulation contemplates that a regulated profession may prescribe its own profession-specific minimum scores for these tests. These minimum scores may differ from the scores adopted by IRCC. The regulator may also accept tests or methods other than those accepted by IRCC to demonstrate language proficiency if the regulator also accepts IRCC test results.

In addition, test results are deemed to be valid until the applicant receives a registration decision or, where an internal review or appeal occurs, until the applicant obtains an internal

review or appeal decision. This provision is designed to ensure that the currency of an applicant's test results does not time out when the registration process is elongated.

To determine whether the regulator has met this obligation, the OFC will verify whether:

- It is the regulator's practice to accept the tests used for immigration purposes, as specified in the Ontario Regulation 261/22.
- The regulator accepts the corresponding test results as valid proof of language proficiency if they were completed within two years before the date of making the application.
- The regulator accepts the corresponding test results as valid proof of language proficiency if they fall within a range that the regulator has established to be satisfactory.
- The regulator treats the test results as valid until the applicant receives a registration decision or, where an internal review or appeal occurs, obtains an internal review or appeal decision.
- The regulator informs the individuals responsible for the assessment of applicant credentials of these legal requirements.

To verify that the regulator demonstrates those five attributes, the OFC will typically review available documentation including policies and / or guidelines for assessors on this topic, as well as the contents of public-facing internet sites, which prescribe language proficiency requirements for prospective applicants.

In addition, where a regulator specifies passing scores for these examinations that are higher than those stipulated by IRCC, the OFC will ask the regulator for evidence to justify the rationale for imposing language testing requirements on applicants that are more stringent than those specified for immigration purposes.

Fair Registration Best Practices Related to Obligation No. 6:

The OFC recognizes that the regulators will typically build language proficiency requirements into their registration practices to protect public health and safety.

However, in establishing these rules, they should also consider immigration and labour mobility objectives and obligations, and to take reasonable steps to identify and remove unnecessary barriers for internationally trained applicants.

In addition, language proficiency should be seen as a journey for applicants where full proficiency may not be achieved at the point in time when a candidate is otherwise qualified to begin work in a profession or skilled trade. In these situations, regulators should exhibit flexibility to let these candidates through the registration gate, coupled with a strategy to enhance these competencies as part of a continuing professional development plan.

What follows are examples of how regulators can further advance the spirit and intent of this legal obligation to help provide for a better experience and outcomes for all applicants:

- The regulator's language proficiency standards should align with the skill level required to practise the profession or trade and / or pass the regulator's registration examinations. These standards should not exceed the proficiency levels that are commonly accepted in employment settings and should also be referenced to the Canadian Language Benchmark rating system.
- The regulator should provide applicants with a variety of options on how they can demonstrate language proficiency in English or French. These may include:
 - identifying countries where the language of education is either English or French and presumptively deeming applicants who have graduated from these jurisdictions to meet the regulator's language proficiency requirements (a practice followed by the Ontario College of Teachers);
 - providing applicants with the option to submit documentation establishing that they received their primary or secondary education in English or French and deeming those applicants to have met the relevant requirements; and
 - offering applicants the option to submit documentation to establish that they have been employed or performed profession / trade-related tasks in an environment where the language of communication is English or French, or both, and assessing language proficiency against this experience.
- In tight labour supply environments, regulators may decide to licence internationally trained applicants provisionally subject to the condition that they improve their language proficiency skills while serving the public in the workplace (an approach that the College of Nurses of Ontario has recently taken.)
- There may also be situations in which an applicant is able to safely practice without reaching language proficiency at levels that a regulator normally requires.

In this situation, a regulator may, on-a case-by-case basis, review the alternative that an applicant proposes with a view towards exempting the individual from the ordinary language proficiency requirement and grant an exemption, subject to the applicant's

agreement to satisfy specific conditions, including the availability of a translator (a practice followed by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario).

- Where a regulator has already established alternatives to its language proficiency requirements, or wishes to introduce new ones, it should:
 - regularly review its language proficiency criteria to confirm that they remain relevant and necessary for the practice of the profession or trade, and whether there are alternatives and / or innovative ways to demonstrate language competencies;
 - adopt the best set of alternatives that match the profession's or trade's individual context;
 - ensure that language proficiency alternatives are accessible and affordable;
 - regularly engage with employer groups to ensure that the regulator's approach to language proficiency is aligned with employer needs given labour market shortages in many sectors of the economy;
 - identify and focus on the outcomes that the language proficiency requirement seeks to achieve;
 - recognize the variety of ways that individuals from different cultures develop language skills and abilities, and adopt successful approaches that other regulators or jurisdictions have implemented;
 - leverage technology and web-based tools to capture process efficiencies; and
 - in consultation with the post-secondary educational sector, offer applicants improved access to individual language courses, bridging programs and micro-credential and / or advanced-standing opportunities to enable them to fulfill any missing language competencies in a timely fashion.

Obligation N° 7: The Regulated Profession Shall Ensure that Training is Provided to the Individuals Assessing Qualifications and Making Registration, or Internal Review or Appeal Decisions.

Section 11 of FARPACTA reads as follows:

A regulated profession shall ensure that individuals assessing qualifications and making registration decisions or internal review, or appeal decisions have received training that includes, where appropriate,

- a) training on how to hold hearings; and*
- b) training in any special considerations that may apply in the assessment of applications and the process for applying those considerations.*

How the OFC Will Ascertain whether the Regulator has Met Obligation No.7:

The individuals who make assessment, registration, internal review or appeal decisions are exercising important authorities that will often have significant consequences for applicants. It is important, therefore, that they possess the skills and knowledge necessary to correctly analyse individual situations and to exercise their judgment in a fair and consistent manner.

It is also critical that these decision-makers possess an appropriate level of cultural competency since that they will regularly deal with internationally trained applicants from a broad array of countries and with distinct educational backgrounds and work experiences. In order to ascertain whether a regulator has met this obligation, the OFC will seek information from the regulator on the training that it provides to decision makers and confirm that the required training topics identified in section 11 of FARPACTA have been appropriately addressed. This inquiry would ordinarily include a review of relevant documentation, including an assessment of orientation and initial training materials for new members undertaking this work and the nature of continuing professional development.

In more particular terms, the OFC will seek confirmation that the following topics have been addressed in the relevant training materials:

- how to assess qualifications, and to issue clear, concise, coherent and easy-to-understand decisions;
- the objectives of fair access legislation and the four guiding principles;
- cultural competency; and
- how to issue impartial and objective decisions in the context of assessment, registration and appeal processes.

Fair Registration Best Practices Related to Obligation No.7:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- the regulator should pair experienced decision-makers with individuals who are new to the role;
- the regulator should provide opportunities to discuss difficult cases, while ensuring that the presiding member(s) retains authority to make the final decision;
- the regulator should ensure that individuals who assume this work understand their role and can exercise their functions independently and, in an objective and arms-length fashion; and

- the regulator should retain a trusted expert, with legal and adjudication expertise, to periodically review its training materials and to provide input on how they could be improved substantively and from the perspective of procedural fairness.

The OFC will shortly begin consultations on creating an inclusion and anti-racism lens to help regulators make culturally competent registration decision. Once this work is completed, this section will be updated.

Obligation N° 8: The Regulated Profession Shall Provide Applicants with Access to their Records.

Section 12 of FARPACTA reads as follows:

- (1) Upon the written request of an applicant for registration by a regulated profession, the regulated profession shall provide the applicant with access to records held by it that are related to the application.*
- (2) Despite subsection (1), a regulated profession may refuse access to a record if,
 - (a) the record or any information in the record is subject to a legal privilege that restricts disclosure of the record or the information, as the case may be;*
 - (b) another Act, an Act of Canada or a court order prohibits disclosure of the record or any information in the record in the circumstances;*
 - (c) granting the access could reasonably be expected to lead to the identification of a person who provided information in the record to the regulated profession explicitly or implicitly in confidence, and the regulated profession considers it appropriate in the circumstances that the identity of the person be kept confidential; or*
 - (d) granting the access could negatively affect public safety or could undermine the integrity of the registration process.**
- (3) Despite subsection (2), an applicant has a right of access to that part of a record that can reasonably be severed from the part to which the applicant does not have a right of access by reason of that subsection.*
- (4) A regulated profession shall establish a process under which requests for access to records will be considered.*
- (5) A regulated profession may charge the applicant a fee for making records available if it first gives the applicant an estimate of the fee.*

(6) *The amount of the fee shall not exceed the amount prescribed by the regulations or the amount of reasonable cost recovery if no amount is prescribed.*

(7) *A regulated profession may waive the payment of all or any part of the fee that an applicant is required to pay under subsection (5) if, in its opinion, it is fair and equitable to do so.*

How the OFC Will Ascertain whether the Regulator has Met its Obligation No.8:

Under this provision, upon written request, a regulator is required to provide access to an applicant of the records regarding this individual's application that the regulator has in its possession. This obligation is subject to certain exceptions.

The object of this section is to ensure that an applicant can review materials relating to their application for registration to ascertain whether it has been processed appropriately and whether to request a reconsideration, review or appeal. This provision constitutes an element of procedural fairness in that it allows applicants to know the case that they must meet in order to seek redress from the decision made (or one that has been delayed).

In order to ascertain whether the regulator has met the obligation set out in section 12 of FARPACTA, the OFC will review the processes that the regulator has put into place to address these disclosure requirements. The OFC will also seek evidence from the regulator that the fees, if any, that the regulator charges to provide access to records do not exceed the amount of reasonable cost recovery.

Fair Registration Best Practices Related to Obligation No.8:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- The regulator informs applicants at the beginning of the registration process of their right to access their records and the circumstances under which access to records will be provided.
- Where appropriate, the regulator provides context around any records that are provided to the applicant and offers the individual a contact person should they have any further questions.
- The regulator provides clear direction to staff that:
 - identifies the specific documents that would typically form part of an applicant's records package;

- outlines the procedures to apply when addressing an applicant's records request;
- includes guidelines on the situations where certain documents contained in a records package may be withheld from disclosure;
- establishes timelines or service standards for providing such access; and
- makes legal counsel available to staff to address any contentious issues.

Obligation N° 9: The Regulated Profession Shall File an Emergency Registration Plan with the Fairness Commissioner within One Year after this Section Comes into Force.

Section 7 of Ontario Regulation 261/22 made under FARPACTA specifies that:

- (1) *A regulated profession shall file an emergency registration plan with the Fairness Commissioner within one year after this section comes into force.*
- (2) *A regulated profession shall update the plan whenever there is a change in circumstances that may affect the plan and, in any case, at least once every five years, and shall file the updated plan with the Fairness Commissioner within 30 days after the update.*
- (3) *The plan shall include,*
 - (a) *the date on which the plan was last updated;*
 - (b) *the date of the next planned update;*
 - (c) *measures to maintain continuity of the regulated profession's registration practices during an emergency;*
 - (d) *where considered by the regulated profession to be appropriate, measures to grant temporary registration during an emergency;*
 - (e) *where considered by the regulated profession to be appropriate, measures to expedite the renewal of registration and renewal of temporary registration during an emergency; and*
 - (f) *a plan for maintaining communication with applicants and the public with respect to the regulated profession's registration practices during an emergency.*

As section 7 was proclaimed into force on July 1, 2023, the regulator must file its emergency registration plan (ERP) with the OFC by July 2, 2024.

Section 7 effectively requires that professional regulators create and file an ERP with the OFC by a defined date, ensure that it addresses the stipulated elements, and keep that plan up to date.

Please note that this set of obligations applies to all regulated professions defined under schedule 1 of FARPACTA and not to the health regulatory colleges that are governed under Schedule 2 of the RHPA.

How the OFC Will Ascertain whether the Regulator Has Met Obligation No. 9:

The OFC will work with professional regulators to ensure that they have filed their ERPs by the prescribed date and that the plan contains the items identified in section 7(3) of the regulation. The office will also review the contents of each plan that it receives and may choose to provide comments to the regulator. The OFC is also willing to review a draft plan before it is brought to the regulator's governing body for approval.

The OFC may also request that professional regulators share any instances where they may have relied on the provisions of their ERP as part of their Fair Registration Practices Reports that they are required to file on an annual basis.

Fair Registration Best Practices Related to Obligation No. 9:

What follows are the OFC's perspectives on how professional regulators can further advance the spirit and intent of these regulatory provisions and provide a superior client experience and better outcomes for all applicants.

The objective of section 7 is to ensure that each professional regulator has turned its mind to the steps that it needs to take to maintain continuity of its registration practices during an emergency. This is not a theoretical concern as the Covid-19 pandemic recently disrupted the registration plans of thousands of applicants to the professions and skilled trades.

While there will be common elements to an ERP across the spectrum of FARPACTA regulators, there will be differences as well, given that no two regulators approach their assessment and registration processes in precisely the same way. The common goal, however, is for regulators to assess how an emergency will likely impact the organization's registration processes and to mitigate these risks in a way that minimizes impacts for both registrants and the Ontario public.

What is an Emergency Situation?

Neither FARPACTA nor the regulation defines the term "emergency". Thus, professional regulators have been given a wide latitude to define this term in a way that is reasonable according to their own situations and needs.

In this respect, some examples of emergency situations could include physical disasters (e.g., earthquakes), pandemics, cyber attacks and scenarios where there is a serious shortage of professionals or skilled trades persons to meet a defined and critical public need.

What is an Emergency Registration Plan, Why is it necessary and What Items Should the Plan Include?

An ERP can best be thought of as a professional regulator's strategy to maintain the continuity of its registration processes, during unforeseen circumstances. Since such "black swan" events have become increasingly more common, pre-planning for these events has become essential.

Emergency situations are often associated with an urgent need for rapid decisions but in an environment of time constraints and resource scarcity. There is also a compelling need for clear and reassuring communications in scenarios where applicants are unsure about their futures and depend upon clear information.

In addition, how a government chooses to respond to an emergency may narrow the available options for regulators. During the Covid-19 pandemic, for example, organizations needed to work around restrictions on public gatherings, travel, and the locations on where examinations could be held.

A well-conceived ERP should contain both risk identification and mitigation components. It should also specify the pathway for an organization to recover from the impacts of the emergency. While the OFC does not possess deep expertise in the development of such plans, it wishes to offer some information and advice on the process for developing such plans, and their contents, much of which was garnered during the Covid-19 pandemic.

In the registration context, the OFC believes that an ERP should address, among other things, the professional regulator's ability to:

- Receive documentation from, and to otherwise communicate with, applicants.
- Receive documentation from educational institutions.
- Keep candidate assessment processes moving.
- Maintain a reasonable schedule of examinations.
- Find workarounds to allow candidates to provisionally register in a profession or skilled trade and to later complete any outstanding licensure requirements.
- Communicate often, authoritatively and sensitively with applicants to the profession or skilled trade.

Many regulators have delegated portions of their assessment and testing processes to third-party service providers. On this basis, it is critical that, in developing their ERPs, they bring

these entities into discussions on the parameters of the plan, and on service continuity goals more generally. Similarly, it would be a best practice for regulators to consult with other stakeholders, including past and present applicants to the profession, to better grasp the issues to be addressed.

Sections 7(3)(d) and (e) of the regulation also provides professional regulators with the option to include two additional items in their ERPs. These are measures to grant temporary registration during an emergency and to expedite the renewal of registration and renewal of temporary registration during an emergency.

Since the length of an emergency can be difficult to predict, it is particularly important for an ERP to provide for predictable and seamless processes for applicants to renew their licenses until more normal conditions return.

In both cases, professional regulators must ensure that their existing legislative frameworks will enable these steps to be taken.

The recent experience with the Covid-19 pandemic also demonstrated that regulators that could rely on electronic registration processes fared much better than those who utilized paper-based systems. Thus, an investment in this functionality would represent a key mechanism to mitigate the impacts of many emergency situations.

Similarly, organizations that offered applicants the ability to take their examinations in a virtually proctored environment, and to, thereby, avoid congregate settings, often removed a substantial barrier to regulation. The OFC believes that the maintenance of a virtual or hybrid examination capacity (e.g., in person and virtual), will generally enhance the ability of regulators to remain flexible and to maintain continuity of services in an increasingly complex environment.

It would also be important for regulators to consider whether their current legislative and regulatory frameworks are sufficiently flexible to enable an agile response during emergency situations. In general terms, regulators can adjust their processes more easily, where their regulatory and decision-making frameworks are straightforward and minimize the number of steps required to confirm a new registration practice.

The Covid-19 experience has also shown that, during an emergency, ordinary decision-making channels get jammed up with competing priorities. It is, therefore, more challenging for a regulator to gain the attention of government to fix problems that could have been addressed earlier in a less hectic environment.

While the OFC has not offered a particular template for the development of the ERP, regulators may find the following resources to be of assistance:

- [Government of Ontario Emergency Management page](#)
- [Emergency Management Framework for Ontario page](#)

How the OFC Can Assist

The OFC appreciates that the process of conceiving, and consulting upon, such a plan can be complex. For that reason, regulators are welcome to reach out to their assigned OFC compliance analyst to seek further advice, information and best practices on this important topic.

3. Review and Reporting Obligations

3.1 Other Compliance Obligations Involving the Provision of a Report

Requirement No.1: The Regulated Profession Shall Undertake a Review of its Registration Practices and File a Report.

Section 19 of FARPACTA reads as follows:

- (1) Every regulated profession shall undertake a review of its registration practices at times specified by the Fairness Commissioner to ensure that the registration practices are transparent, objective, impartial and fair and shall file a report on the results with the Fairness Commissioner by the date specified by the Fairness Commissioner.*
- (2) The review shall include an analysis of,*
- (a) the extent to which the requirements for registration are necessary for or relevant to the practice of the profession;*
 - (b) the efficiency and timeliness of decision-making; and*
 - (c) the reasonableness of the fees charged by the regulated profession in respect of registrations.*

How the OFC Will Ascertain whether the Regulator Has Met Reporting Requirement No. 1:

As part of his duties, the Fairness Commissioner may require that a regulator undertake a review of its registration practices to ensure that they are transparent, objective, impartial and fair. While the Fairness Commissioner can specify the scope of this review, the commissioner must, at a minimum, include an analysis of (a) the extent to which the requirements for registration are necessary for, or relevant to, the practice of the profession, (b) the efficiency

and timeliness of decision-making and (c) the reasonableness of the fees charged by the regulated profession in respect of registrations.

This provision underscores that regulators must adopt registration practices that are transparent, objective, impartial and fair. In general terms, the Fairness Commissioner will require that such a review be undertaken to address registration issues and/or complaints of a systemic nature or where a regulator has failed to take reasonable steps to address a material and/or longstanding registration matter.

Section 23(1) of the Act also requires that the regulated profession make the report that it submits to the Fairness Commissioner, public.

As mentioned previously, section 19 reports must address, at a minimum, three specific issues, which will now be considered individually.

(a) The extent to which the requirements for registration are necessary for, or relevant to, the practice of the profession

The registration requirements to enter a profession will typically identify the qualifications that an applicant must possess, the documentation that the applicant must provide to validate that these qualifications have been met, attributes of a good character or suitability to practice, and the fees that applicants must pay to engage the process. Qualifications, in turn, would most often include:

- academic credentials;
- evidence of language proficiency;
- practical (workplace) or clinical experience;
- successful completion of registration examinations; and
- other forms of competency assessments.

Some of these requirements may be found in a profession's or trade's governing statute or regulations. In other cases, the regulator may set these out in its bylaws and in its policies. Regulators establish those requirements to ascertain which applicants for registration are qualified to practice in the profession or trade. To this end, it is important that the requirements are, in the words of the statute, "necessary for or relevant to the practice of the profession".

When reviewing the registration requirements for necessity and relevance, the OFC will consider the following factors:

- the rationale that the regulator has put forward to justify these requirements;

- whether the requirements are reasonable proxies for the individual's capacity or competencies to practice the profession;
- whether the requirements produce unintended or differential impacts on internationally trained applicants or other groups of applicants; and
- whether there are practical alternatives to the requirements or the methods of assessment.

Fair Registration Best Practices Related to Relevancy and Necessity of the Requirements for Registration

What follows are examples of how regulators can further advance the spirit and intent of this requirement to provide for a better experience and outcomes for all applicants:

In assessing whether its registration requirements are necessary to, and relevant for, the practice of a profession, a regulator could undertake a self-assessment of its processes by:

- matching its registration requirements to the competencies necessary to practice the profession;
- linking each current assessment method to the corresponding registration requirement or competency required for entry-to-practice;
- analyzing the results to determine whether there exist any overlaps and/or gaps; and
- assessing whether there are alternate modalities through which these competencies could be demonstrated in a way that preserves the public interest.

(b) The efficiency and timelines of decision-making

A critical component of a fair registration process involves the time that it takes a regulator to make its registration decisions. This feature of timeliness depends on how effectively the regulator can control the various elements of its registration process.

While a regulator can most directly control steps within its ambit (such as the efficiency of its registration committee), in other cases, third party service providers may control inputs into the process. In these scenarios, regulators are responsible for ensuring that the third party undertakes its work in a timely fashion.

In still other cases, it is the applicants who will be responsible for ensuring that they take timely steps to initiate and progress through the registration process expeditiously (e.g., provide the necessary documentation).

When reviewing the efficiency and timeliness of a regulator's decision-making process, the OFC will take into account the following considerations:

- whether the regulator has developed both average and maximum time standards to process the great majority of its caseload (e.g., 90 percent of cases completed within six months);
- whether the regulator regularly measures its performance against these time standards and report the results to its board of directors or council and the public;
- whether the regulator periodically reviews its registration processes to identify gaps, bottlenecks and inefficiencies;
- whether the registration procedures and associated resourcing potentially favour one group of applicants over another (e.g., domestically trained versus internationally trained applicants);
- whether staff or members involved in the registration process are properly trained and can devote the time and energy necessary to superintend this work in a professional and empathic fashion;
- whether staffing levels are appropriate to efficiently process case volumes;
- how the regulator's performance compares with similarly situated regulators.

Fair Registration Best Practices Related to the Timeliness of Decision-Making

What follows are examples of how regulators can further advance the spirit and intent of this requirement to provide for a better experience and outcomes for all applicants:

In assessing whether its decision-making is timely and efficient, a regulator could assess its processes in the following manner:

- identify the registration steps over which the regulator and its third-party service providers exercise control and establish time standards for each of these steps;
- ascertain the average time taken for an applicant to move through each of these steps, considering both mean and median time frames and the treatment of outlier cases;
- determine how these measurements may have changed over time;
- consider whether there are any bottlenecks in the system and whether adequate resources have been allocated to discrete aspects of the registration process and the system as a whole;
- identify opportunities for streamlining registration procedures without compromising service quality;
- compare performance with statistics obtained from similarly situated regulators; and
- provide recommendations to senior management and/or to the regulators board of directors/council.

(c) Reasonableness of the fees charged by the regulated profession in respect of registrations

Both regulators and third-party service providers will typically charge fees for the services that form part of the registration process. The total fees that an applicant will be expected to pay will depend on the number of steps required for registration and the fee schedules that service providers apply.

When assessing whether the fees that a regulator charges are reasonable, the OFC will take into account the following considerations:

- the rationale for setting the fee amounts;
- how the fees relate to the cost of providing the services;
- how the fees charged compare with those administered by regulators that are similarly situated;
- whether the regulator has explored opportunities to downwardly adjust fees and acted upon the findings of these reviews; and
- whether the quantum of fees pose a potential hardship for qualified applicants and whether the regulator has adopted a fee waiver policy to reduce or eliminate these fees in appropriate circumstances.

Fair Registration Best Practices Related to the Reasonableness of Fees

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- The regulator should conduct periodic reviews of its fee schedule to help ensure that costing assumptions remain valid.
- The regulator should consult with organizations representing applicants and other stakeholders when initially setting fees and periodically adjusting them.
- The regulator could similarly apply an inclusion lens in setting fees by conducting an impact analysis that involves ascertaining the effects of fees on various applicant groups (e.g., domestic versus internationally trained applicants). If these effects are found to be substantial, the regulator could introduce different fee scales or, based on evidence of need, decide to reduce, defer or waive fees for applicants in appropriate circumstances.

Requirement No.2: The Regulated Profession Shall Provide a Report or Information on its Compliance with the Legislation.

Section 22 of FARPACTA reads as follows:

(1) The Fairness Commissioner may require that a regulated profession provide the Fairness Commissioner with reports or information relating to the regulated

profession's compliance with this Act and the regulations and the regulated profession shall prepare and file the reports with, or provide the information to, the Fairness Commissioner.

- (2) Reports and information required under subsection (1) are in addition to the reports required under sections 19, 20 and 21.*

How the OFC Will Ascertain whether the Regulator has Met Reporting Requirement No.2:

Whereas section 19 of the Act requires that a regulator undertake a review of its registration practices to ensure that they are transparent, objective, impartial and fair, section 22 (1) focuses on compliance with the provisions of the Act and its regulations. In general terms, the OFC would rely on section 22 (1) where it has identified issues relating to instances of a regulator's non-compliance with its legal obligations that are serious, pervasive or longstanding in nature.

Corollary Provisions Relating to Sections 19 and 22 of FARPACTA

Sections 23 and 24 of FARPACTA impose additional obligations on regulators when they provide reports to the OFC.

Section 23 of the specifies that:

- (1) A regulated profession shall file all reports required to be filed by it under this Act or the regulations with the Fairness Commissioner by the dates specified by the Fairness Commissioner.*
- (2) A regulated profession shall make reports filed under subsection (1) available to the public.*

Section 24 of FARPACTA reads as follows:

- (1) Reports and certificates required by this Part and under the regulations shall be in the form and contain the information specified by the Fairness Commissioner or as may be specified in the regulations.*
- (2) Despite subsection (1), no report or other document prepared and submitted by any person for the purposes of this Act or the regulations shall contain personal information.*

Section 23 (1) requires that regulators file all reports by the deadlines that the Fairness Commissioner specifies. Section 24 is an important transparency provision which, among other things, obliges regulators to make their reports available to the public.

3.2 Annual or Period Reporting Obligations

Reporting Requirement No.1: The Regulated Profession Shall Prepare and File a Fair Registration Practices Report.

Section 20 of FARPACTA reads as follows:

A regulated profession shall prepare a fair registration practices report annually or at such other times as the Fairness Commissioner may specify or at such times as may be specified in the regulations.

Section 6 of Ontario Regulation 261/22 made under FARPACTA specifies that:

- (1) *The report referred to in section 20 of the Act shall include data respecting,*
 - (a) *the regulated profession's compliance with the time limits set out in section 5;*
 - (b) *the regulated profession's ability to register internationally trained individuals who are eligible for registration without conditions within one year after the earlier of,*
 - (i) *the date the regulated profession receives everything it requires in respect of the individual's application for registration, and*
 - (ii) *the date any third party that assesses the individual's qualifications on behalf of the regulated profession receives everything it requires for that purpose; and*
 - (c) *where a regulated profession has been unable to meet the one-year standard referred to in paragraph (b), the steps being taken by the regulated profession to meet that standard.*
- (2) *The report shall be made available to the public by posting it on the regulated profession's website within 60 days after filing the report with the Fairness Commissioner.*
- (3) *This section applies only with respect to new applications for registration received from internationally trained individuals by a regulated profession on or after the day this section comes into force.*

How the OFC Will Ascertain whether the Regulator has Met its Reporting Requirement No.1:

Historically, the OFC has specified the discrete questions to be responded to in its Fair Registration Practices Report (FRP) template. To ascertain whether a regulator has met this reporting requirement, the OFC will confirm that the regulator has prepared and submitted the required report and will review the completed document to ensure that it has been prepared thoughtfully and responds fully to the questions that have been posed.

The questions that will form part of the FRP will be refreshed periodically to ensure that they remain relevant and aligned with updated legislative and regulatory requirements, the OFCs updated risk-informed compliance framework and broader system-wide objectives.

In addition, section 6 of Ontario Regulation 261/22 stipulates that the annual FRP Report shall include data on a regulator's compliance with the six-month registration standard, and its ability to meet the one-year standard for the registration of internationally trained individuals, or where the regulated profession has been unable to meet the one-year standard, the steps that it is taking to meet the standard.

These provisions apply to new applications for registration for internationally trained individuals that a regulator receives from July 1, 2023, onwards. Public reporting will begin in the 2024 FRP Report, to coincide with the first full calendar year where this new legal obligation applies.

The OFC considers that the assessment of a regulator's ability to meet the one-year time standard is particularly important since it measures the total time that it takes an applicant to move through the assessment and registration.

As such, the OFC may ask the regulator to provide a supplementary process map outlining each of the steps in its assessment and registration process and the time required for an applicant to complete each step, to assess whether an applicant could feasibly complete all steps within a one-year period.

In situations where a regulator relies on a third-party service provider for some or all its assessment activities, the OFC also recommends that the two organizations work together to ensure a common approach to defining the starting point for the 12-month time limit, and to facilitate measurement of total time from this point to communication of a registration decision.

Upon receipt, the OFC will carefully review the data contained in the FRP and pay particular attention to the point in time that the regulator deems its assessment process to begin. Where a regulator is unable to assess and register an internationally trained applicant in one year, the OFC will assess the steps that a regulator is taking to achieve this standard and undertake discussions on what further steps can be taken.

In conducting this analysis, the OFC will consider, among other things:

- the frequency of a regulator's examination offerings and the availability of seats;
- whether applicants are able to complete some or all of the steps in the assessment and registration process in their home jurisdictions;
- whether the regulator and / or third-party service provider has published service standards for each stage of the process and measures its / their performance against these standards;
- the existence of validated complaints from applicants or stakeholder groups regarding the overall length of the registration process; and
- comparisons of results with similarly situated regulators.

Pursuant to section 23 (1) of the Act and subsection 6(2) of the regulation the OFC will also verify that the regulator has made the report which contains this data publicly available within 60 days after filing the report with the Fairness Commissioner.

The OFC recognizes that the process of adopting appropriate licensing and reporting requirements can be complex. On this basis, regulators are welcome to reach out to their assigned OFC compliance analyst to obtain further information and advice on these topics.

3.3 Audits

The authority of the Fairness Commissioner to order regulators to undergo audits is set out in section 21 of FARPACTA as follows:

- (1) Every three years or at such other times as the Fairness Commissioner may specify or at such times as may be specified in the regulations, the Fairness Commissioner shall give notice to a regulated profession that an audit must be conducted in respect of its registration practices and of its compliance with this Act and the regulations.*
- (2) The Fairness Commissioner shall give the notice required by subsection (1) at least 90 days before the audit is to begin and the notice shall state,*
 - (a) that the regulated profession must choose and appoint an auditor from the roster established by the Fairness Commissioner by the date specified in the notice;*
 - (b) that if the regulated profession fails to choose and appoint an auditor by the date specified in the notice that the Fairness Commissioner will choose the auditor;*
 - (c) the scope of the audit and the audit standards that shall apply;*

- (d) the date by which the audit must be completed; and*
 - (e) that the regulated profession is responsible for paying the auditor's fees and expenses.*
- (3) The regulated profession shall, by the date specified in the notice, choose and appoint an auditor from the roster established by the Fairness Commissioner and notify the Fairness Commissioner of its choice.*
- (4) If a regulated profession fails to notify the Fairness Commissioner of the name of the auditor it has chosen and appointed by the date specified in the notice, the Fairness Commissioner shall choose the auditor and notify the regulated profession of his or her choice and the auditor shall be deemed to have been appointed by the regulated profession.*
- (5) The auditor chosen and appointed under subsection (3) or (4) shall begin the audit promptly, shall conduct it in accordance with the scope of the audit and the audit standards set out in the notice under subsection (2) and shall complete the audit by the date set out in the notice.*
- (6) An auditor may collect personal information, directly or indirectly, only for the purpose of an audit required under this section, but an auditor shall not retain any personal information after completing the audit and shall not include any personal information in any draft report or final report submitted in accordance with this section.*
- (7) A regulated profession shall co-operate with the auditor and shall,*
 - (a) produce such records for, and provide such other information to, the auditor regarding its registration practices and any other matters related to compliance by the regulated profession with this Act and the regulations as are reasonably necessary for the auditor to perform his or her duties under this Act, including any reports required from the regulated profession under section 19, 20 or 22 or the regulations; and*
 - (b) provide the auditor with any assistance that is reasonably necessary, including assistance in using any data storage, processing or retrieval device or system, to produce a record in readable form.*
- (8) Despite subsection (7), a regulated profession may refuse access to a record if,*
 - (a) the record or any information in the record is subject to a legal privilege that restricts disclosure of the record or the information; or*
 - (b) another Act, an Act of Canada or a court order prohibits disclosure of the record or any information in the record in the circumstances*

- (9) The auditor shall prepare a draft report on the audit and provide a copy of it to the regulated profession, together with a notice that the profession may, within 30 days, make written submissions to the auditor on the draft report.*
- (10) The auditor shall consider the submissions, if any, made by the regulated profession and may make any changes the auditor considers appropriate before finalizing the report.*
- (11) The auditor shall make a final report on the audit and shall file it with the Fairness Commissioner and provide a copy to the regulated profession to which the audit relates.*
- (12) The auditor shall file a certificate with the Fairness Commissioner certifying that the auditor conducted the audit in accordance with this Act and the regulations and that he or she has provided a copy of the auditor's report to the regulated profession.*
- (13) An audit is complete when the auditor has provided a copy of the final report to the regulated profession to which the audit relates and has filed with the Fairness Commissioner the final report and the certificate referred to in subsection (12) and, if the regulated profession made submissions to the auditor on the draft report, a copy of the submissions made by the regulated profession.*
- (14) The Fairness Commissioner shall provide the Minister with a copy of all auditors' reports within a reasonable time after receiving them.*
- (15) The regulated profession shall pay the auditor's fees and expenses.*

The OFC equates the audit function to an independent investigation undertaken by a third party whose credentials the OFC approves. The auditor will be required to produce a report with findings and recommendations. Under the legislation, the cost of the audit is borne by the regulator and the final report must be filed with the minister.

Where the OFC determines that an audit is required, it will typically have acquired a firm understanding of the situations where a regulator has not achieved compliance with the legislation. On this basis, the office will most often employ an audit to undertake a defined and targeted review of material and persistent deficiencies identified in a regulator's registration processes.

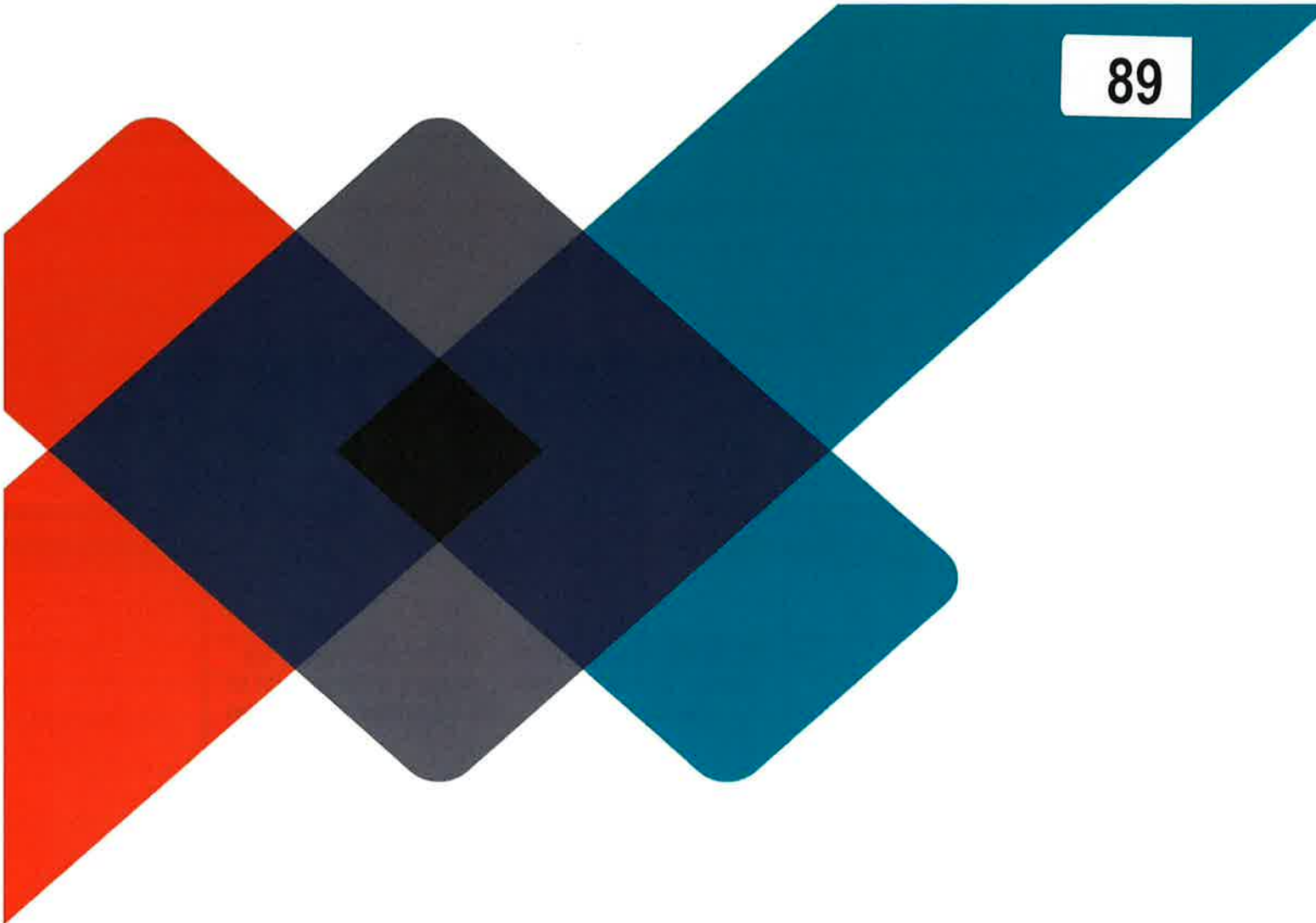
Given the significant nature, cost and intrusiveness of the audit authority, the OFC will apply this tool following a review of all other options and only where the circumstances so warrant.

Appendix 1: Registration time limits that apply to domestic labour mobility applicants and internationally trained individuals

	DMLA (1)	ITI (2)
<p><i>Acknowledgement of an Application:</i> Regulator to provide written acknowledgement of the application, and inform the applicant as to whether the application is complete.</p>	<p><u>10 business days</u> after receiving an application for registration</p>	
<p><i>Registration Decision:</i> Regulator to communicate the decision in writing, provide reasons as required, and provide information on rights to an internal review or appeal including any applicable procedures and deadlines.</p>	<p><u>30 business days</u> after receipt of a complete application</p>	<p><u>90 per cent within six months</u> after receipt of a complete application</p>
<p><i>Appeal or Review Decision:</i> Regulator to provide applicant with written communication of a decision made upon following the internal review or of appeal and written reasons respecting the decision.</p>	<p><u>10 business days</u> after internal review or appeal decision</p>	

Notes:

1. DLMA: an individual who has applied for registration in Ontario and is currently registered with a body that regulates the same profession in a Canadian province or territory other than Ontario.
2. ITI: an individual who has been trained in a country other than Canada to practise a regulated profession and who has applied for registration in that regulated profession in Ontario.



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

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

180 Dundas Street W., Suite 300, Toronto ON M7A 2S6
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

ofc@ontario.ca
www.FairnessCommissioner.ca

Information and Advice to Regulators on Alternatives to Canadian Experience



FAIRNESS COMMISSIONER

COMMISSAIRE À **L'ÉQUITÉ**

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

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

Background

Recent amendments have been made to the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA or the Act), and to Ontario Regulation 621/22 (the regulation) made under the Act, that now limit the ability of regulated professions (regulators) to retain Canadian experience requirements (CERs).

Please note that these amendments do not apply to the regulated health colleges that are governed by the CER provisions found in the *Regulated Health Professions Act, 1991* and section 4 of Ontario Regulation 508/22 made under that statute. However, health regulators may equally benefit from reviewing the best practices section of this document.

In general terms, section 10.2 of FARPACTA prohibits a regulator from retaining a CER unless the Minister of Labour, Immigration, Training and Skills Development (MLITSD) grants an exemption for public health and safety reasons or where the regulator has established a viable alternative to its CER based on the criteria outlined in section 1.2(1)1. of the regulation.

Historically, some regulators have determined that experiential requirements should be incorporated into their registration practices. These may take the form of a set period of work experience or experiential training, sometimes described as an internship or articling placement. In some cases, regulators have required that all, or a portion, of this work experience or experiential training be obtained in a Canadian work setting.

Over the years, a variety of stakeholders -- particularly in the human rights, government, and immigration spheres -- have argued that CERs materially prevent internationally trained applicants (ITAs) from obtaining registration and employment and that they are, *prima facie*, discriminatory in nature.

These experiential requirements often represent the “last mile” in a long and costly registration journey for ITAs. Canadian experience is not always easy to come by and some candidates simply give up because they cannot obtain it.

As mentioned previously, section 10.2 of FARPACTA is the key statutory provision that addresses CERs. Subsection 10.2(1) specifies that:

A regulated profession shall not require as a qualification for registration that a person's experience be Canadian experience unless an exemption from the prohibition is granted by the Minister for the purposes of public health and safety in accordance with the regulations.

The section, in turn, gave regulators until December 3, 2023, to obtain such an exemption, failing which any existing Canadian experience requirement would become void.

Section 10.2 (1.1) of the Act further allows a regulator to maintain a CER if it also adopts an alternative:

A regulated profession may accept Canadian experience in satisfaction of a qualification for registration only if it also accepts alternatives to Canadian experience that meet the criteria prescribed by the regulations.

Sub-section 1.2 (1) of the regulation spells out these criteria as follows:

A regulated profession may accept Canadian experience in satisfaction of a qualification for registration only if it also accepts alternatives to Canadian experience that meet the following criteria:

- 1. The alternative must involve international work experience or experiential training that enables a person to acquire competencies that,
 - i. are clearly defined by the regulated profession,*
 - ii. are necessary to the practice of the regulated profession,*
 - iii. are the same as or substantially similar to those that would be acquired through Canadian experience that satisfies the qualification requirement,*
 - iv. would qualify the person for the same type of membership in the regulated profession that would be granted to an applicant whose Canadian experience satisfies the qualification requirement, and*
 - v. can be obtained in at least one country other than Canada.**
- 2. The work experience or experiential training may be obtained in any jurisdiction outside of Canada in which a person can acquire the competencies described in paragraph 1.*
- 3. If the alternative includes an individual assessment, the assessment must be available to applicants with work experience or experiential training obtained in any jurisdiction outside of Canada, and must be available to such applicants,
 - i. on a regular basis, and*
 - ii. for a reasonable fee, if any fee is charged.**

Sub-section 1.2 (2) goes on to indicate that, for greater certainty, subparagraph 3 ii of subsection (1) does not authorize any regulated profession or other body to charge fees for an assessment.

Sub-section 1.2 (3) then stipulates that a description of an alternative, including the requirements for obtaining the work experience or experiential training, the competencies to be acquired through the work experience or experiential training, and any individual assessment, must be published on a publicly accessible website maintained by the regulated profession.

Information and Advice to Regulators

Pursuant to its authority under section 13(3)(e) of FARPACTA, the Office of the Fairness Commissioner (OFC) is pleased to provide information and advice to regulated professions to enable them to better understand how to comply with the requirements of the Act as identified above.

The OFC believes that, where a regulator has adopted a viable alternative and, thereby, retained its CER, the alternative -- whether it involves work experience or experiential training - - must be bona fide in nature, reasonable, and proportionate to the desired registration outcome. In addition, the regulator must evaluate both Canadian and international experience in a fair and transparent fashion.

In addition, regulators should always be open to reviewing the continuing need for an experiential requirement, especially where substitute practices can offer a more streamlined and equitable registration process that does not materially impact public health and safety. In the past, the OFC has written about alternative routes for candidates to obtain licensure.^{1 2}

To their credit, regulators have increasingly embraced new approaches to assess the academic and experiential credentials of candidates. These often include new pathways for applicants to acquire and / or demonstrate entry-to-practice competencies.

A focus on entry-to-practice competencies, as demonstrated through competency-based assessments (CBAs) and work experience gained in other jurisdictions, has become the option of choice for many regulated professions.

¹ Academic Requirements and Acceptable Alternatives: Challenges and Opportunities for the Regulated Professions in Ontario, OFC, 2013,

² Immigrant Professionals and Alternative Routes to Licensing: Policy Implications for Regulators and Government, J. Augustin, Canadian Public Policy, 2015.

This has included both regulators that have recently decided to eliminate their CERs (and those that apply CBAs as viable alternatives to their CERs .

Other regulated professions also permit ITAs to claim exemptions from the need to acquire Canadian or Ontario-based experience. These processes are typically based on the ability of candidates to demonstrate that they possess equivalent international experience with or without the need to complete supplementary local training.

At minimum, to establish a credible alternative to its CER, a regulator must enable ITAs to exhibit the desired competencies through modalities other than obtaining work experience in Canada. For example, should a regulator value an applicant's ability to apply the *Ontario Building Code* (the code), it could, for example, either require hands-on experience in working with the code or require that an applicant:

- describe a project where the individual successfully applied a building code from another jurisdiction and explain how they might have proceeded differently if the project had been carried out in Ontario; or
- demonstrate experience applying a building code in another jurisdiction and take an online module on the code.

The OFC also encourages regulators to identify options for applicants to address competency gaps identified through the assessment process. These may include alternatives such as taking a course or completing an assignment focused on a discrete competency area.

With this context in mind, this document will describe how the OFC will assess whether a CER alternative complies with the criteria set out in Section 10.2 of the Act and section 1.2 of the regulation. It will also outline some associated best practices that regulators could pursue to create better outcomes for ITAs.

How the OFC Will Ascertain whether a CER Alternative Meets the Criteria Outlined in the Act and its Regulation

As noted previously, the regulation sets out a series of criteria that regulators must fulfill to establish an acceptable alternative that would, in turn, allow them to retain their CERs.

As a first step, the regulator must structure an alternative that involves international work experience or experiential training that enables a person to acquire a clearly defined set of competencies. These competencies must be necessary for the practice of the regulated

profession and be the same as or substantially similar to those that would be acquired through Canadian experience that satisfies the qualification requirement.

The regulator must also establish that this approach entitles the applicant to the same type of membership as someone qualified through Canadian experience and show that the competencies can be obtained in at least one country other than Canada.

The OFC will assess whether the regulator has fulfilled these criteria by reviewing the following program attributes:

Recognition of international experience:

The OFC will confirm whether the alternative allows applicants to use work experience or experiential training obtained outside Canada to fulfill any identified experiential requirements.

Competency-based:

The OFC will seek information on the competencies to be acquired or assessed through the CER alternative. These competencies should be clearly articulated, measurable (where practicable), and rationally connected to the practice of the profession. The alternative should not require that ITAs demonstrate competencies over and above those required of domestically trained applicants.

Necessary to the practice of the regulated profession:

The OFC would evaluate the regulator's rationale for determining that its assessment criteria are necessary for individuals to practice in the regulated profession. This analysis should be grounded on those skills that a professional would undertake on a routine basis and not in more esoteric situations.

Comparability of criteria to those specified for CER options:

The OFC will compare the outcomes that the regulator has articulated for its CER program to those criteria identified for the alternative. The office will examine the issue of comparability broadly to ensure that the criteria are not disproportionate, onerous or cannot reasonably be fulfilled through international experience.

Provision of comparable licensure:

To assess this issue, the OFC will validate that applicants who completed an alternative to a CER are entitled to the same type of membership or class of licensure as someone qualified through Canadian experience. Typically, the OFC would review the regulator's program documentation and decisions of its registration committee to secure this information.

Whether an applicant can obtain competencies / experience from another country:

According to the regulation, if the alternative includes an individual assessment, that assessment must be available to applicants with work experience or experiential training obtained in any jurisdiction outside of Canada. Furthermore, it must be accessible to such individuals on a regular basis, and for a reasonable fee, if any fee is charged.

The OFC will first assess whether the regulator has confirmed that the required competencies, coupled with the associated work experience or experiential training, can be obtained in at least one country other than Canada.

Availability of the alternative to applicants:

The OFC will then review the ease with which applicants can access the assessment process. In general terms, the assessment opportunities should be available frequently such that they do not impose barriers to registration. Some regulators have moved to a gold standard which enables continuous access and / or the ability of the applicant to complete the assessment process in their home country.

When assessing whether the fees that a regulator charges are reasonable, the OFC will consider the following factors:

- The rationale that the regulator has advanced for setting the fee amounts.
- How the fees relate to the cost of providing the services.
- How the fees charged compare with those administered by regulators that are similarly situated.
- Whether the quantum of fees pose a potential hardship for qualified applicants and whether the regulator has adopted a fee waiver policy to reduce or eliminate these fees in appropriate circumstances.

Whether the information about the alternative is published on a publicly accessible website maintained by the regulated profession:

Finally, the regulation stipulates that the regulator must publish a description of an alternative, including the requirements for obtaining the work experience or experiential training, the competencies to be acquired through the work experience or experiential training, and any individual assessment, on a publicly accessible website maintained by the regulated profession.

While these requirements are straightforward, it would be important for the regulator to position its CER alternative in the context of the entire registration process. In addition, the regulator should identify the considerations (i.e., the pros and cons) that applicants may wish to weigh in determining whether to assess the CER or alternative stream.

The OFC will also look to regulators to maintain statistics that identify the number of ITAs who select either the CER or viable alternative assessment pathway, the success rates associated with each option and changes to these trends over time. These success rates should include the percentage of applicants who complete the CER or alternative and are subsequently registered.

Regulators may also wish to focus on evaluating the longer-term performance of applicants within the profession who have come through both processes. (e.g., through such metrics as complaints and disciplinary actions).

Considerations Specific to Exemption Processes

As previously discussed, some regulators have instituted procedures through which an applicant may seek an exemption from a CER. By design, those systems provide applicants with an alternative route to persuade regulators that their international experience should be recognized.

There are, however, some subtle differences between an exemption process and other types of alternatives to a CER which are important to highlight. While an exemption process is narrowly focused on a decision to exempt or not exempt, other types of alternatives may be designed to achieve broader objectives, including enabling applicants to obtain the competencies that they currently lack (e.g., through self-paced learning or obtaining micro-credentials).

Where an exemption process is available, the OFC will consider the following attributes to determine it provides a credible pathway to licensure:

- Whether a regulator publicizes and promotes the exemption process as a viable option.
- Whether the regulator minimizes procedural barriers for seeking an exemption so that each application can be evaluated on its own merits.
- Whether the exemption criteria are reasonable in nature and take into account the broad competencies, experience and skill sets of applicants.
- Whether the exemption success rate is reasonable in the circumstances and compares favourably with that achieved by similarly situated regulators.
- Whether applicants who do not meet the bar for an exemption are provided with alternatives, such as an abridgement that lessen the burden of the CER.
- The training and cultural competencies of the decision makers.
- Whether the regulator periodically monitors the success of the program and makes necessary adjustments based on client feedback and other considerations.

Best Practices Related to CER Alternatives:

In setting out a list of best practices, it should be noted that immigrants often arrive in Canada with high levels of education. In addition, many have already secured the right to practice their trade or profession in their home jurisdictions and have accumulated relevant international experience. On this basis, it is important for regulators to recognize the knowledge and skills of these professionals, while supporting them to integrate effectively into Ontario workplace environments.

The various alternative pathways for ITAs can be placed into seven broad categories:

1. competency-based assessments;
2. other approaches to assess knowledge and skills (e.g., through knowledge-based and / or clinical examinations);
3. self-paced learning (e.g., online courses that often focus on the Canadian work context);

4. bridging programs and / or the availability of micro-credential courses to fill experiential gaps;
5. mutual recognition agreements;
6. provisional or conditional licensing; and
7. post-registration quality assurance and / or continuing professional development programs.

Based on the content of the regulation, some of the approaches noted above would not, on their own, satisfy the criteria for a CER alternative. For example, provisional licensing, while a best practice, does not meet the criterion of granting ITAs full licensure, comparable to those who complete a CER. Nevertheless, when used in combination with other approaches, these pathways can play an important role in opening doors for these individuals.

What follows below are some best practices that regulators can deploy, either individually or collectively, to develop and enhance their CER alternatives. Most of these examples can also be applied to designing an effective exemption process.

Competency-based assessments:

- Frame experiential requirements and criteria in terms of competencies and profession-related knowledge and skills, rather than focusing on specific settings in which the experience must be obtained. Allow for a combination of experience (e.g., applying an international standard or code) and knowledge (of a Canadian standard or code).
- Avoid posing questions to applicants which only a Canadian domiciled candidate could successfully respond.
- Review governing legislation, regulations, by-laws and policies to identify any barriers or restrictions that may hinder flexibility, inclusivity or the ability to devise creative alternatives.
- Identify opportunities to amend or update regulations or by-laws to accommodate new and more inclusive assessment criteria. Seek amendments or clarifications if necessary to provide legal authority for the use of competency-based assessments, ITA integration programs or other alternatives.

- Develop standardized assessments or examinations that test the practical skills and theoretical knowledge required for the profession.
- Work with other Ontario regulators, national bodies and post-secondary institutions that have adopted competency-based models, to explore lessons learned and opportunities to develop common processes, increase scale and lower costs.
- Use external evaluation or employment verification services to assess or validate foreign experience.

Flexible experiential recognition practices:

- Exhibit flexibility and recognize the variety of ways that individuals from different backgrounds develop professional knowledge and skills.
- Explore how professions and trades are practiced and regulated outside of Canada to identify similarities and / or evaluate licensing requirements in foreign jurisdictions for their alignment with Ontario requirements. Use findings to make necessary adjustments to registration requirements or practices.
- Establish mechanisms for recognizing and accepting international certifications or qualifications by, for example:
 - establishing reciprocal recognition agreements with other countries, thereby facilitating the acceptance of professional qualifications across borders.
 - actively engaging with global partners, including other regulatory bodies and international organizations, to share best practices in recognizing foreign credentials.

Setting ITAs up for success:

- Given that competency-based self-assessment processes can require high level language skills to translate an ITA's past-experience into Ontario-based competencies, provide these candidates with an appropriate level of support to enable them to complete these assessments in a fair, timely and informed fashion.
- Working with partners, offer ITAs enhanced access to micro-credential courses, bridging programs and advanced-standing opportunities tailored to the scope of any missing competencies, to allow them to address gaps in a timely fashion.

- Create mentorship programs that pair internationally trained applicants with experienced practitioners to round out their understanding of the practice of the profession or trade in Ontario.
- Proactively engage with employer groups to educate them about the merits of competency-based assessments so that they do not unreasonably discount the skill sets of individuals who have selected this assessment route.

A Few Last Words

Please note that the OFC has disseminated these best practices to assist regulators to enhance the effectiveness of their alternatives to CERs. As the advantages of competency-based assessment frameworks will be new to some regulators, it is important that any associated change management initiatives be implemented carefully and through a client-focused lens.

The OFC recognizes that the process of adopting appropriate assessment and licensing requirements can be complex. On this basis, we encourage regulators to reach out to their assigned OFC compliance analyst to obtain further information and advice, including identification of other regulators whose experience may be relevant to their issues.

It is the responsibility of regulators to ensure that they comply with the legislation. Please note that the contents of this document do not constitute legal advice, nor do they affect the OFC's advice-giving or enforcement discretion in any way.



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
180 Dundas Street W., Suite 300, Toronto ON M7A 2S6BUREAU DU COMMISSAIRE À L'ÉQUITÉ
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

MEMORANDUM

Date: March 28, 2024

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

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

Subject: Launching the OFC Portal for the Fair Registration Practices Report

We are pleased to inform you that our office has launched the OFC Portal for the Fair Registration Practices Report (FRP). Under fair access legislation, regulators are required to submit an FRP to the Office of the Fairness Commissioner (OFC) each calendar year. The portal responds to your request for an improved user experience to input and submit data for the annual FRP exercise.

What has changed:

In November 2023, the OFC consulted on the development of a data portal to identify key issues and ideas from an end-user perspective. Subsequently, two regulator task groups provided input on the data glossary and participated in a preview demonstration.

In conjunction with our IT team, we used this valuable input to develop and refine the portal for easier navigation and use. The new portal is built upon a web-based application set out in six sections for input of quantitative and qualitative data. Specific features will, among other things, enable:

Users to enter multiple professions or trades: The updated OFC portal now enables regulators to submit data for multiple professions or trades in a single report.

Multiple users to work on one report: The updated OFC portal now permits multiple users to enter the organization's information and data at the same time. The portal also supports regular saving so that users can return to where they left off without needing to complete the entire report in one session.

Users to download and email a draft report for internal review/ approval: Users can download and email a draft report in pdf at any time. This feature may be used to share a blank report within the organization or a completed report for internal approvals prior to submitting in the portal.

What to expect:

In early 2024, you provided the OFC with the names and emails of individuals who will require access to the portal. During the week of April 8, 2024, these individuals will receive an invitational email. Please check your junk mail and follow up with your Compliance Analyst if you have not received this email by April 12, 2024, or if you need to add or remove portal users.

The invitational email will enable the individual to register to the OFC Portal. In order to register, two-factor authentication will be required, using their work email and password. For more information and tips on the registration process, we have developed step-by-step instructions in Section 2 of the Regulator User Guide, which can be accessed on our Data Portal resource page at <https://www.fairnesscommissioner.ca/DataPortalResources>.

Next Steps

You are invited to attend a launch presentation for a walkthrough of the key features of the OFC Portal. Please share this communication as appropriate and RSVP using this link <https://forms.office.com/r/tY57i7R2LU> by April 9, 2024, indicating your preferred date and time:

- Session 1: April 11th from 11 am to 12 pm
- Session 2: April 16th from 2 pm to 3 pm

Alternatively, a User Guide and short videos on how to use the OFC Portal are available at <https://www.fairnesscommissioner.ca/DataPortalResources>. Please note that resources will continue to be added to this page over the coming weeks. For technical assistance specific to the OFC Portal, please email: FRPReports@ontario.ca.

This year, regulators will have until **June 12, 2024**, to submit their FRP report via the OFC Portal.

We would like to thank you for your patience as we developed this valuable resource and particularly appreciate the contribution of those regulators who helped us develop and test the system.

Sincerely,

Ming-Young Tam
Director, Office of the Fairness Commissioner

[View In Browser](#)

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

THE OFC NEWSLETTER

MARCH 2024

OFC ANNUAL REPORT 2022-2023

A Tipping Point for Fair Registration Practices



The Office of the Fairness Commissioner (OFC) is pleased to announce that our latest annual report has been published on our website.

This annual report covers the period from April 1, 2022, to March 31, 2023, during which the OFC embarked on many important initiatives designed to achieve better outcomes for applicants to the professions and skilled trades. The report also provides statistical information, discusses current issues and highlights how our agency has implemented its risk-informed compliance framework.

For more details and to view the entire report, please click on [OFC Annual Report 2022-2023](#).

LEGISLATED OBLIGATIONS AND BEST PRACTICES GUIDE



Over the past few years, the Government of Ontario has introduced several important amendments to the [Fair Access Regulated Professions and Compulsory Trades Act, 2006](#) via Working for Workers bills introduced in [2021](#), [2022](#) and [2023](#) and [Ontario Regulation 261/22](#).

These amendments introduced new legal obligations for regulated professions relating to:

- Establishing time limits for making decisions on applications for registration, internal reviews and / or appeals.
- The ability of regulated professions to retain Canadian experience requirements.
- Developing Emergency Registration Plans.
- Accepting the results of language proficiency tests approved under the federal *Immigration and Refugee Protection Act*.
- Working in consultation with their responsible ministers to ensure that, as a matter of public interest, the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals.
- Fulfilling new reporting obligations.

To provide guidance on complying with these new legal requirements, and to promote the adoption of associated best practice the OFC has updated its [Legislated Obligations and Best Practices Guide-Regulated Professions and Compulsory Trades, revised document](#) can be found on our website in [Compliance \(fairnesscommissioner.ca\)](#).

The OFC also has updated its previously published document on [Information and Advice to Regulators on Alternatives Canadian Experience](#), which can be found on our website in [Resources for Regulators \(fairnesscommissioner.ca\)](#).

Please note that, in a number of cases, these amendments do not apply to the regulated health colleges that are governed Schedule 2 of the *Regulated Health Professions Act, 1991* and section 4 of *Ontario Regulation 508/22* made under that statute. However, regulated health colleges may equally benefit from reviewing the best practices section of these documents.

STAKEHOLDER ENGAGEMENT



Did you know? Commissioner Glasberg and the OFC would be pleased to participate in one of your events, such as council committee meetings, seminars and webinars, and AGMs. If your group is interested, please contact us at ofc@ontario.ca.

These meetings are a great opportunity for the commissioner to connect with regulators and to inform people of the OFC's role mandate. They also provide a forum to discuss the rapidly changing registration landscape in Ontario, new legislative provisions, to promote best practices in the assessment and registration spheres.

Version française

**College of Chiropractors of Ontario
Advertising Committee Report to Council
Consent Agenda
April 16, 2024**

108

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

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

Committee Mandate

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

Report

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

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

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

Acknowledgements

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

Respectfully submitted,

Dr. Colin Goudreau
Chair, Advertising Committee

COLLEGE OF CHIROPRACTORS OF ONTARIO

To: Executive Committee
From: Advertising Committee
Date: January 9, 2024
Subject: Mandate and Role of the Advertising Committee

The Advertising Committee met on December 1, 2023 to discuss its role and mandate. The Committee is of the opinion that the current mandate to review and provide feedback to submitted advertisements may no longer be appropriate and relevant, as very few members have submitted proposed advertisements to CCO for review. Furthermore, this method of review may not reflect the current use of social media by members.

The Committee brainstormed ideas of other methods to expand the role of CCO in regulating members' use of advertising, websites and social media. These are summarized as follows:

- The Committee had a high level discussion about what the next evolution and iteration of the regulation of member's use of advertising, websites and social media may be. The process of submission of proposed advertisements may be outdated, and there is a greater use by members of social media platforms to communicate and advertise chiropractic services. The growth of artificial intelligence may also have effects in this area.

There was discussion that methods of collecting and auditing member social media content could be considered by CCO, including requiring members to disclose their chiropractic social media accounts with annual renewal and selecting a number of them for an audit and review. The Committee also discussed the possibility of CCO utilizing a 3rd party specializing in this area, as it had previously with the review of Council and committee members' social media platforms.

- The Committee had previously proposed expanding its mandate to review and respond to informal allegations of improper advertisements brought to CCO's attention that are short of a formal complaint. It is acknowledged that this function is already performed by the Inquiries, Complaints and Reports Committee through the inquiries process; however, this role could be more thoroughly communicated to stakeholders, including members.

- The Committee discussed that more learning opportunities could be developed for members on standards of practice, policies and guidelines related to advertising, websites and social media. The Committee acknowledged that there is relevant content included in the Regulatory Excellence Workshop and that a stand alone webinar is being developed by the Quality Assurance Committee. The Committee provided feedback that further CCO branding could be applied to a webinar with further refinement of the presentation.
- There was discussion that further guidance on review of members' websites and social media accounts could be provided to peer assessors and that the peer and practice assessment process could be further expanded to include further review of a member's chiropractic website and social media accounts. The Committee also discussed that the stand alone webinar on advertising, websites and social media could provide practical guidance for peer assessors.
- There was discussion of members posting content to social media that is not specifically addressed by the current advertising standard of practice. This includes members posting adjustment/manipulation videos and engaging in sponsorship deals on social media platforms. As the review of the advertising standard of practice and guideline is under the mandate of the Executive Committee, the Advertising Committee asks the Executive Committee to review these documents for potential amendments addressing these areas.
- Members of the Committee have also observed improper use of social media in other professions, such as bullying and harassment, posting medical procedures on TikTok and dieticians posting false and potentially dangerous information about consumption of sugar on social media sites. The Committee is of the opinion that proactive measures should be considered by CCO to prevent this type of behaviour by CCO members on social media.
- As with review in any area, the Committee was of the opinion that it may be beneficial to review what other Ontario health regulatory colleges are doing to proactively regulate the use of social by members.

The Committee acknowledged that these areas of discussion are broader than the Advertising Committee and affect CCO as a whole and a number of different committees. The Advertising Committee concluded that the current role of the Committee may no longer be relevant and appropriate and that the Executive Committee and Council should consider reimagining and expanding the role in the above areas or else disbanding the current mandate of the Advertising Committee and considering different methods in regulating members' use of social media that could be assigned to different committees of CCO. New roles and methods of regulating members' use of social media could also be an area of discussion at a broader Council meeting or Strategic Planning session.

The Advertising Committee thanks the Executive Committee for its review and consideration of this memorandum.

ITEM 4.1

Generated Internally

**College of Chiropractors of Ontario
Executive Committee Report to Council
April 16, 2024**

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

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

Mandate

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

Report**I Introduction**

- I am pleased to provide this report on behalf of the Executive Committee (the "Committee").
- I would like to start by welcoming back to CCO Council Mr. Gagandeep Dhanda and Drs. Mizel, Viscomi and Santin. Thank you for your ongoing commitment to CCO and its mandate to regulate chiropractic in the public interest in Ontario.
- Since the last report to Council, the Committee has met on two occasions, namely on March 4, 2024 and March 22, 2024. The confidential minutes for March 4, 2024 and the draft minutes of March 22, 2024 are included in the Council information package (subject to approval at the next meeting scheduled for May 24, 2024).

III Communications and Strategic Planning – Dr. Green (Item 4.1.29 and following, page 498, Main Agenda)

140

- I am pleased to report that there are no by-law amendments for Council’s consideration for the April 16, 2024 meeting. Thank you to everyone for your participation in the discussions and debates concerning the proposed by-law amendments over many meetings, and for your careful review of all feedback from stakeholders. The Committee may consider any further amendments to policies, guidelines standards and by-laws during its next term (April 2024 – April 2025).
- Plans are well underway for the Regulatory Excellence Workshops, with sessions scheduled to date in Ottawa, Kitchener/Waterloo and Niagara. The expectation is that we will have a workshop in every electoral district, in addition to the virtual workshop on June 3, 2024, so all CCO members will have adequate opportunity to attend a workshop as part of their ongoing quality assurance responsibilities.
- In September 2024, Council will have the opportunity to review the Mission, Vision and Strategic Objectives to guide the organization over the next five years. I am pleased to report that the Regulator’s Practice will help us with this review. Rather than a full redo of the existing mission, vision and strategic objectives, they will help CCO Council with a Strategic Planning Reality “Check In.” Boyd Neil, and Chris Winsor will participate to the extent required as we also review our progress on commendable practices arising from the CPMF and the various action items identified in the *Effectiveness Training Workshop* held on November 24, 2023. Some items which were positively received at the September 2023 meetings will continue, including time for “healthy” breaks led by willing individuals.
- As part of our commitment to ongoing improvement, the Committee has the following recommendation:

<p><i>Recommendation 4: Item 4.1.39 and following, page 582, Main Agenda</i></p>

That Council approve the Council Meeting Evaluation Form, and that the effective date be April 16, 2024.

- I emphasize that the form needs to serve Council’s purposes, but it is a start. Please forward any suggested amendments to me and Ms Willson as we continue to move forward with ensuring Council effectiveness.

IV Ministry of Health – Dr. Green (Item 4.1.41 and following, page 594, Main Agenda)

141

- Thank you to CCO staff, and in particular, Mr. Joel Friedman, Deputy Registrar, for working in conjunction with Committee Chairs and staff to draft CCO's CPMF Report which was filed with the Ministry on March 27, 2024. The report is also posted on the website. We will have an opportunity to review our commitments identified in the CPMF Report at the September strategic planning sessions. We anticipate also being able to review any commendable practices identified by the Ministry for incorporation into our future planning.

V Council and Committees – Dr. Green (Item 4.1.43 and following, page 718, Main Agenda)

A. Advertising Committee (Item 4.1.44 and following, page 720 Main Agenda)

Over the course of many months, the Committee has considered the work of the Advertising Committee in the context of current trends and practices. The Advertising Committee was initially established to review advertisements submitted by members to ensure compliance with CCOs advertising provisions. The way in which members communicate with the public has dramatically changed, and now includes social media and various other communication vehicles. Council members will be aware that the Committee did not recommend the establishment of an Advertising Committee for the term April 2024. This will allow for careful consideration of how best to address communications-related issues, and what the terms of reference for any new committee should be. I was pleased to note the recommendation from the Quality Assurance Committee concerning a webinar for all members. The Committee has the following recommendation:

Recommendation 5: Item 4.1.44 and following, page 720, Main Agenda

That the Advertising Committee terms of reference be revoked.

B. Nominating Committee (Item 4.1.45 and following, page 722 Main Agenda)

- The work of the Nominating Committee will be considered at the Council meeting on April 17, 2024. There is a minor policy amendment being recommended to delete the word slate and include the word recommendation(s) where appropriate in Policy I-019: Policy on Nomination and Election Procedures for Committee Positions.

Recommendation 6: Item 4.1.45 and following, page 722, Main Agenda

142

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

VI Other Chiropractic/Health Related Stakeholders (Item 4.1.52 and following, page 754, Main Agenda)

- Information concerning CCO's involvement with other chiropractic/health related stakeholders is included in the Council information package primarily as FYI or for background and context. Time permitting, verbal reports will be provided by those attending or involved with the initiatives of stakeholders.
- Council members will note that:
 - Dr. Wanda Lee MacPhee, on behalf of the FCC, is reviewing the registration practices of Canadian chiropractic regulators; this work will include efforts to standardize letters of standing nationally as well as to harmonize registration standards;
 - Ms Willson and I are scheduled to attend the upcoming Regulatory Council meeting, as well as the FCC board meetings in May 2024, taking place in Toronto;
 - CCO has attended various meetings with the OCA concerning animal chiropractic; CCO has been given a time slot to present to the Standing Committee on Bill 171 on April 22, 2024 at 2:00 p.m.;
 - Dr. Mizel and Ms Willson have accepted an invitation from the CCA to attend the Chiropractic Stakeholder Summit on April 18, 2024;
 - CCO will be hosting the HPRO board meeting on June 3, 2024; The Fairness Commissioner, Irwin Glasberg, as well as the Minister of Health, the Honourable Sylvia Jones may be attending; and
 - I encourage all Council members to review the valuable information identified in the monthly Legislative Updates provided by HPRO which CCO receives by virtue of its membership in HPRO.

VII Conclusion

- I have enjoyed and learned a great deal serving as your President for the April 2023 to April 2024 terms. I thank each of you for your contributions, and for the respectful dialogue occurring during some challenging discussions.
- I look forward to the implementation of many of the initiatives agreed to by Council, as well as the opportunity to review the CCO's mission, vision and strategic objectives in September 2025. Thank you for your ongoing support and commitment.
- I would be pleased to answer any questions arising from this report.

Respectfully submitted by,

Dr. Sarah Green,
President

BY-LAW 6: ELECTION OF COUNCIL MEMBERS

Approved by Council: February 24, 2001

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

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

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

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

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

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

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

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

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

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

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

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

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

- (l) the member is not a member of the Council or of a committee of the College of any other health profession;
 - (m) the member has not been a member of the staff of CCO at any time within the preceding three years;
 - (n) for District 7 only, the member is a member of the faculty of an accredited educational institution;
 - (o) for any district other than District 7, the member is not eligible for election in District 7, and has not been eligible for election in District 7 in the preceding three years;
 - (p) the member is not, and has not been within the preceding six years, an adverse party in litigation against CCO, the Council of CCO, a committee of CCO, or any of CCO's directors, officers, employees or agents, on a matter related to CCO business;
 - (q) the members is not an accused currently charged with a criminal offence under the Criminal Code of Canada; and
 - (r) the member has not been convicted of a criminal offence for which the member has not received a pardon pursuant to the Criminal Code of Canada.
- 6.10 The registrar shall supervise the nomination of candidates.
- 6.11 No later than 50 days before the date of an election, the registrar shall notify every member eligible to vote of the date, time and place of the election and of the nomination procedure.
- 6.12 The nomination of a candidate for election as a member of Council, together with the written undertaking to the CCO Registrar shall be given to the registrar at least 35 days before the date of the election (i.e., the nomination date).
- 6.13 The nomination shall be signed by the candidate and by at least 10 members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.

- 6.14 The candidate shall provide to the registrar by the nomination date or such later date as the registrar permits, biographical information in a manner acceptable to the registrar including content that is suitable for CCO's public interest mandate, for the purpose of distribution to eligible members in accordance with the by-laws.
- 6.15 A candidate may withdraw from the election to Council no later than 25 days before the date of the election.
- 6.16 If the number of eligible candidates who have been nominated for an electoral district is less than or equal to the number of members to be elected, the registrar shall declare the candidates to be elected by acclamation.
- 6.17 The registrar shall supervise and administer the election of candidates and, for the purpose of carrying out that duty, the registrar may, subject to the by-laws,
- (a) appoint returning officers and scrutineers;
 - (b) establish a deadline for the receiving of electronic ballots;
 - (c) provide for the notification of all candidates and members of the results of the election;
 - (d) if there has been a non-compliance with a nomination or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness of the election will not be affected; and
 - (e) provide for the destruction of electronic ballots following an election.
- 6.18 No later than 10 days before the date of an election, the registrar shall send electronically, or by any other medium as determined by Council, to every member eligible to vote in an electoral district in which an election is to take place, a list of the candidates, the candidates' biographical information if provided, an explanation of the voting procedure, and electronic access to a ballot for voting.
- 6.19 Voting for elections of member to Council shall be by electronic method or any other medium as determined by Council.

- 6.20 The instruction for voting shall contain the following:
- a) a member may cast as many votes on a ballot in an election of members to the Council as there are members to be elected to Council from the electoral district in which the member is eligible to vote;
 - b) a member shall not cast more than one vote for any one candidate;
 - c) a member shall clearly indicate the voter's choice in one of the appropriate places on the electronic ballot to indicate the voter's choice;
 - d) the electronic vote shall be received by 4 pm on the date indicated in the notice of election and voting guide; and
 - e) the electronic vote will not be counted in the election unless it has been received in accordance with the instructions for voting.
- 6.21 On the date of the election, the registrar or an agent shall tally the votes for each candidate in each electoral district with a contested election.
- 6.22 The counting of the electronic votes shall be conducted so that no person knows for whom any member voted.
- 6.23 Candidates or their representatives may be present when the electronic votes are counted.
- 6.24 If there is a tie in an election of members to the Council, the registrar shall break the tie by lot.
- 6.25 A candidate may require a recount by giving a written request and depositing the sum or \$150 with the registrar no more than 15 days after the date of an election.
- 6.26 The registrar shall hold the recount no more than 10 days after receiving the request.
- 6.27 If the recount changes the election result, the full amount of the deposit shall be refunded to the candidate. If the recount does not change the election result, CCO will keep the deposit to partially offset recount costs, including staff time.
- 6.28 When there is an interruption of communications during a nomination or election, the registrar shall extend the holding of nominations and election for such minimum period of time as the registrar considers necessary to compensate for the interruption.

- 6.29 The Council shall disqualify an elected member from sitting on Council if the elected member:
- (a) is subject of any disciplinary or incapacity proceeding;
 - (b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;
 - (c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;
 - (d) fails to attend two consecutive meetings of the Council or of a committee or of a subcommittee on which the member sits, without reasonable cause in the opinion of Council;
 - (e) fails to attend a hearing or review of a panel for which the member has been selected, without reasonable cause in the opinion of Council;
 - (f) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;
 - (g) in the case of a Council member from District 7, ceases to be a member of the faculty of CMCC;
 - (h) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC and UQTR;
 - (i) becomes a member of the Council or a committee of the College of any other health profession;
 - (j) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member a reasonable opportunity to respond to the concern;
 - (k) fails to discharge properly or honestly any office to which the member has been elected or appointed or engages in conduct unbecoming of a Council member, in the opinion of the Council, after being given notice of the concern and a reasonable opportunity to respond;

- (l) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by a CCO committee or court of law;
 - (m) becomes in default of completing and returning any form required by CCO; or
 - (n) with the exception of District 7 (Academic), becomes a member of the faculty of an accredited educational institution.
 - (o) becomes an adverse party in litigation against CCO, the Council of CCO, a committee of CCO, or any of CCO's directors, officers, employees or agents, on a matter related to CCO business; or
 - (p) is charged with a criminal offence contrary to the Criminal Code of Canada.
- 6.30 A council member shall resign from Council prior to applying for any CCO staff position.
- 6.31 The seat of an elected Council member shall be deemed to be vacant upon the death, resignation or disqualification of the Council member.
- 6.32 If the seat of an elected council member becomes vacant in an electoral district less than 12 months before the expiry of the member's term of office, the Council may,
- (a) leave a seat vacant;
 - (b) appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of council members for that electoral district; or
 - (c) direct the registrar to hold an election in accordance with this by-law for that electoral district.
- 6.33 If the seat of an elected council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the registrar shall hold an election in accordance with this by-law for that electoral district.
- 6.34 The term of a member appointed under By-law 6.32(b) or elected in an election under By-law 6.32(c) shall continue until the time the former council member's term would have expired.

- 6.35 Despite By-law 6.32, 6.33, and 6.34, where vacancy would result in the Council not being properly constituted, the Council (in anticipation of the event before it is not properly constituted) or the Executive Committee (after the Council is not properly constituted) may appoint as an elected member for that district an eligible member in that electoral district, where feasible. The appointed member shall serve until the vacancy can otherwise be filled for that district. When temporarily filling the vacancy in this way, the Council or the Executive Committee shall:
- (a) solicit interest from eligible members where feasible¹,
 - (b) take into account the criteria set out in By-law 12.5,
 - (c) require the prospective appointed member to sign an undertaking to not seek or accept a nomination in the next election for the electoral district before the appointment becomes final².
- 6.36 If, within 90 days after the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.
- 6.37 Where insufficient candidates are nominated for a district by the close of nominations, the Council may nominate a member who does not practice in the district, and for District 7, is not a member of the faculty of the CMCC.

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

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

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.

508

- 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;

510

- (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.

512

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

BY-LAW 8: COUNCIL AND COMMITTEE MEETINGS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, June 19, 2019 (came into effect September 13, 2019), September 4, 2020 (came into effect November 26, 2020), November 23, 2023 (came into effect February 23, 2024), February 23, 2024 (subject to approval of minutes on April 16, 2024)

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

514

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

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

516

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

BY-LAW 9: REMUNERATION

Approved by Council: February 24, 2001

Amended: September 24, 2009, June 24, 2011, September 17, 2015, September 4, 2020 (came into effect November 26, 2020), November 25, 2021 (came into effect February 25, 2022), November 23, 2023 (came into effect February 23, 2024), February 23, 2024 (subject to approval of minutes April 16, 2024)

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

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

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

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

Per Diems and Reasonable Expenses

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

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

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

Attendance for Full Duration of Scheduled Meeting

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

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

Cancellation of Meetings/Hearings

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

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

520

Conference Calls

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

Preparation Time

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

- 9.7 At the discretion of Council, this by-law 9 applies to Non-Chiropractic Committee Members with necessary modifications.
- 9.8 Council may, without amending the by-laws, adjust the amount of the President's annual honorarium and/or the amount of any per diems (attendance and travel per diem) in By-law 9 to reflect the annual changes to the Cost-of-Living Adjustment (COLA) Ontario.

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.

522

- 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.

Jo-Ann Willson

From: Robbie Berman <drrjberman@hotmail.com>
Sent: Wednesday, February 21, 2024 6:33 PM
To: Sarah Green; Jo-Ann Willson
Cc: Dennis Mizel; Sarah Green; Dr Paul Groulx; jgoldin@cmcc.ca; Angelo Santin; 1kylegrice@gmail.com; Dr. Michael Gauthier; drjuliaviscomi@gmail.com; goudreaudc@gmail.com
Subject: Final approval of Bylaws have 'special business' requirements and transparency concerns

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

Hello Dr. Green, CCO President, Ms. Jo-Ann Willson, CCO Registrar, and CCO elected members (please circulate to public members)

I apologize for emailing each of you with this long email but I don't know how else to get this information in front of Council. This material is best explained face to face. I have requested an invitation to meet/present this verifiable information and concerns directly to Council and the Executive committee. To date, this request has been refused. It is not my intention or in my best interest to debate my Regulatory body; I am truly trying to help. I ask all of you to show some professional courtesy by reading this information as well as the feedback regarding Bylaws.

I am hopeful that at least a few Council members reading this email take heed to the importance of getting it right and request Council to slow down with Bylaw re-writes, listen to/read all relevant information, and fully investigate all angles before moving forward with further Bylaw reform. Correctness of process and accuracy of information helps CCO avoid unnecessary challenges. This is the main goal for submitting this information/concerns to CCO's President and Registrar before the February 23, 2024 meeting (as per by CCO's Code of Conduct).

Here is why...

On January 20, 2023 CCO members observed the special meeting of Council. Bylaw amendments were the only items on the agenda. Members express concerns that CCO Bylaw changes had become far too common in recent years and were not strictly about protecting the public interest. Council voted 6-5 to amend a Bylaw. It was declared 'the motion passed' even though CCO Bylaw amendments have required a 2/3 majority since CCO's inception. I immediately emailed the President and Registrar expressing this concern. I asked if they could provide a valid reason or reference why CCO Council was not following the appropriate established procedures. The whole process seemed out of the ordinary. I did not receive a response to this enquiry.

That Bylaw change cost the CCO membership tens of thousands of dollars when CCO had to defend itself in a lawsuit due to questionable procedures. Win or lose, lawsuits against the College presents terrible optics and have financial consequences. Following recognized and established protocol might have saved CCO time and saved CCO members money.

A President's Message was released on January 24, 2023 which suggested Bylaw 8, specifically clause 8.8, applies to CCO Bylaw amendments. This was the justification for suggesting a simple majority was all that was required to alter Bylaws. Bylaw 8 does not apply. This is a verifiable

truth. The President's Message further stated changes were in line with the CNO. After reviewing CNO Bylaws it was identified that CNO clearly specifies (codified in Bylaw) a 2/3 majority requirement for Bylaws amendments and only a 3 year cooling off following a discipline finding. The President's Message was found to be untrue. Something seemed off. To verify accuracy, months were spent reviewing Bylaws from the other 25 Colleges. This review clearly identified the vast majority of other Colleges did not implement the amendments that CCO is now proposing/presenting as 'consistent to others' or 'best practices', nor were the other Colleges amending Bylaws using 8.8 (the simple majority clause). It was found that the vast majority of Regulatory Colleges require a 2/3 majority to amend Bylaws, not just a simple majority. There are too many reasons to list here, but a 2/3 majority is the recognized 'gold standard', not just in the regulatory world, but by many organizations around the world.

It would be reasonable to expect that after CCO received multiple enquiries, which questioned the process, there would be an thorough investigation. Checking and verifying the validity of the content including researching the past and current governing rules. After review, CCO would self-correct and proceed with appropriate processes moving forward. This has not been the case.

Instead, on April 20, 2023 the Past President sent me an emailed letter on CCO letterhead. I thought the letter would provide valid answers; it did not. I became the subject of a personal attack. The letter claimed CCO rules had changed and I was called 'unprofessional' for asking questions. The letter went on to threatened my position as a Peer Assessor. Explaining the correct procedures, holding CCO accountable, and revealing the inconvenient truth about Bylaw reform seemed to anger the leadership. Although the current President sent a partial retraction to the original letter, when I did not receive any Peer Assessments by September 2024, I inquired. Following this inquiry, I received another letter September 6 2024, re-declaring my (same) communications as 'unprofessional' and now further accusing me of breaching a Peer Assessor Code of Conduct. No investigation, no correspondence, just judged and punished. I felt it was an act of intimidation. This is not how CCO is supposed to function. I find it highly hypocritical that as a Peer Assessor, I am sent into a member's office to make sure a member understands and abides by all of CCO rules; it is considered mentoring. However, when I evaluated CCO in a similar fashion, identifying areas where Council could use improvement, the leadership believed it had the right and power to attack the assessor, call me unprofessional, and eliminate me as an Peer assessor. I followed and continue to follow the CCO Code of Conduct procedures by reporting factual truths/concerns to the Registrar and President and for that I was inappropriately punished. It is verifiable that the Executive Committee does not have the legislative authority to declare someone 'unprofessional' (only a discipline panel can following a proper hearing). Legislation dictates that only the QA committee can remove a Peer Assessor (after PA conduct investigation).

NB: It should be mentioned that having the entire Executive committee serve as a Bylaw committee would be considered by most as inappropriate. This is basically forbidden by the RHPA.

In fact, contrary to the actions observed, the Executive committee has very limited powers according to the legislation. The current Executive seem to believe they have powers far greater than those granted to them through Council or legislation. Over-stepping the authority of the RHPA can have unintended repercussions for the organization. It is not in the public best interest to unknowingly/knowingly expose CCO to unnecessary risks when such risks can be easily avoided by simple tweaks in procedures (eg. 3 person Bylaw committee) to produce better policy.

Executive Committee's exercise of Council's powers

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

(2) If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12. By-laws

February 23, 2024 concerns...

1. The February 23, 2024 Public Council package contains only 861 or 1582 pages (45% of the Council package is hidden from the public). This is believed to be contrary to the RHPA rules.
2. There is a real matter of public interest up for Council discussion involving chiropractor's ability to order 21st century diagnostic tests to better service the public of Ontario. Based on this public interest perspective, it is not a good time to be amending Bylaws. Bylaws changes may very well generate an additional lawsuit, a complaint to the Ministry, or other requests for investigations. An investigation and asking for improved diagnostic tests for chiropractors (public interest) appearing on the Minister's desk simultaneously has potential negative effects.
3. The Executive report for the February 23, 2024 Council meeting seems to suggest the CCO leadership is focused on and determined to re-write the rule book that governs the organization. Changing CCO Bylaws is a serious matter bringing with it huge responsibility and individual accountability. Final Bylaws must be submitted to the Minister of Health as per the RHPA. Unknowingly/knowingly exposing CCO to avoidable risks is not in the organization's best interest. Every Council member who votes must clearly understand what they are voting for and that is: to change fundamental organizational rules. Bylaw reform is a task that must be done absolutely correct. A recorded vote is best practices.

Past Council members and many members of the profession have voiced major concerns around this massive Bylaw reform. It is difficult to understand why any changes are necessary. It is questionable why any CCO Council feels it appropriate to hitch its wagons to one undisclosed legal report/opinion instead of relying on well-established protocols? Does this secret report suggest dramatic additions or changes to governance? Suggest a simple majority for voting? Suggest anything else? It is unknown because CCO has not made this information available to the public. Does this comply with the government's transparency obligations? It is well known and legislatively required that all information used in the decision-making process to change any CCO documents or rules are expected to be disclosed to the public. With limited, if any public interest rationale disclosed publicly, and with no government instruction to do so, the Executive Committee is recommending moving forward with their suggested Bylaw changes? Many questioned posed have not been publicly addressed, discussed, or answered as to why any changes are necessary (eg. feedback questions pages 614-621)? Much of the written feedback did not support the proposed changes but is being virtually ignored. Vital information, although factual, has been left behind or relegated. These actions have the very real potential to expose CCO and its leadership to unnecessary and avoidable challenge. There is no shame in deciding no further changes are necessary or in the public interest. However, making changes creates accountability and following acceptable rules, no matter what Council decides, serves to mitigate risk.

I am trying to help. As a past Council member, having previously presented Bylaw changes to CCO Council, I do have an in-depth knowledge of what was considered the appropriate requirements (best practices) to make CCO Bylaw changes in the past and why these procedures are still required and necessary. Since its inception, there are well-established CCO rules and procedures used to make, amend, or revoke by-laws. This is not an opinion, it is a verifiable fact. Below is the accepted protocol following stakeholder feedback.

As a matter of public interest:

1. Feedback is reviewed by all Council members. Any relevant discussion points, concerns, or improvements are publicly addressed, discussed, and referenced publicly.
2. Each Bylaw must be discussed and approved separately and individually (ie. one bylaw at a time). Some Bylaw changes can be approved easily, some require far greater discussion.
3. Legislation requires a publicly available Council package that contain all documents, drafts, reports use for/in the discussion. Discussion/debate is to occur at an open public meeting.
4. Individual clauses within a Bylaw can be questioned/debated by any Council member. A Council member who want to propose to additionally amend, adapt, or improve a Bylaw would need to make such a motion. This motion then become an amendment to the original motion. Council would first need to approve/fail the amendment then approve/fail the full Bylaw.
5. If amendments are heavily debated, then it is appropriate to table that Bylaw motion and sent that specific Bylaw back to the appropriate committee for adaptation.
6. **Final approval:** ALL Bylaws require a 2/3 majority vote of the Council for final approval. This has been the rule since the beginning and has never changed. The 2/3 majority has already been explained and can be further substantiated if necessary (see feedback Council package pages 560-640). A 2/3 majority demonstrates a true consensus of the Council approving the change. Bylaws are special business and all special business always requires a 2/3 vote (ie. removal of president, chair, council member, etc.)

Knowing and abiding by the most appropriate rules (not opinions, undisclosed or otherwise) is what maintains CCO's integrity and keeps CCO protected when challenged.

To protect CCO from challenge, Council must make sure all Bylaw clauses being proposed answer 3 fundamental questions:

- 1) Why is any change being proposed? (provide evidence that a change is necessary - public interest reasoning clearly discussed publicly)
- 2) What change is being proposed? (compare 'what it currently says' to "what it is going to say") (CCO used to underline before and after documents as suggested by Ontario government)
- 3) How is the change an improvement (how does the new change better serve and protect the public interest. Public interest reasoning clearly discussed publicly)

I provide this information in good faith to help protect the organization from avoidable harm. I hope this information is received and utilized as intended and is distributed to all Council members. I am available for an open discussion should any Council member desire a more comprehensive discussion on why a veteran Council member has repetitively voiced such concerns. I am truly worried about chiropractic self-regulation being in jeopardy. I applaud all who dedicate their time and effort to help the chiropractic profession better serve the public of Ontario.

Sincerely and respectfully

Dr. Robbie Berman
Member in good standing since 1995
Past Council member

540

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Sent: Friday, March 8, 2024 9:14 AM
To: Joel Friedman
Subject: CCO President's Message and Newsletter - March 1, 2024

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



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

President's Message - March 1, 2024

Last November, as part of our annual strategic planning session, I and the other members of CCO Council and staff participated in a workshop devoted to how to best measure and ultimately improve the effectiveness of Council and its committees. It was a fascinating and valuable workshop that provided some concrete steps and learnings drawn from other regulators.

Council effectiveness can be characterized in many ways, from evaluating the effectiveness of meetings, adherence to project plans and milestones, maintaining and achieving statistical benchmarks for the college's business (things like registrations, complaints processed, timely disposition of discipline referrals, ongoing quality assurance initiatives, etc.) as well as solid financial stewardship.

Undertaking a formal program to evaluate our effectiveness, as identified by the Ontario College Performance Measurement Framework (CPMF), is relatively new for the CCO, although we have certainly been tracking performance measures for some time. Like any new initiative, it's important that we start simply and then begin to build upon the momentum we create. I am sure it will be a meaningful journey for all of us.

One of the areas that reflects on Council's effectiveness is how we communicate to members and the public, especially with respect to changes to by-laws, standards of practice and guidelines. CCO has a solid record of circulating this information, and also of putting planned changes out for consultation and transparently incorporating feedback which ensures public interest protection remains front and centre. And we will continue to reinforce this. Some of the changes we discussed in our workshop included sending more frequent newsletters to share updates on various Council initiatives and priorities, even those that may be works-in-progress.

One current initiative is a plan to refresh CCO's website so it is the best it can be for all CCO stakeholders, and to ensure both the public and members alike can find the accurate and comprehensive information about the college that they need. CCO received several qualified responses to its recently issued request for proposal to undertake this website rejuvenation. I am excited on behalf of the College to see where this will lead.

Congratulations to Returning Council Members

As of the close of nominations on February 16, 2024, three CCO Council members standing for re-election were acclaimed. Congratulations to returning CCO Council Members **Dr. Angelo Santin** (District 1- Northern), **Dr. Julia Viscomi** (District 4: Central) and **Dr. Dennis Mizel** (District 5: Central West).

It has been my pleasure to work alongside these three colleagues over this past year, and I look forward to their continued contributions in the future.

As a reminder, internal elections to compose CCO committees will be held on April 17, 2024. A warm thank you to all candidates and Council members for their passion and professionalism in ensuring the regulation of chiropractic in Ontario.

Sincerely,



Dr. Sarah Green
President



CCO Council Approves Guideline G-015: Virtual Care and Amendments to Guideline G-014: Delegation, Assignment and Referral of Care and Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs

CCO Council approved a number of new and amended standards of practice and guidelines on November 23, 2023 that came into effect on February 23, 2024. CCO thanks all stakeholders, including members, for providing feedback to the various distributions.

New Guideline G-015: Virtual Care

CCO Council approved new [Guideline G-015: Virtual Care](#), following distribution for feedback in June 2023. Guideline G-015: Virtual Care replaces the temporary guidance on telecare provided during the COVID-19 pandemic.

Please review [Guideline G-015: Virtual Care](#) for protocols on providing care to patients in virtual settings, including registration and professional liability requirements, limitations of virtual care, expectations with respect to clinical competency, privacy and confidentiality and patient interactions, record keeping and business practices, and jurisdictional considerations.

Amendments to Guideline G-014: Delegation, Assignment and Referral of Care

CCO Council approved amendments to [Guideline G-014: Delegation, Assignment and Referral of Care](#), following distribution for feedback in June 2023. Amendments are reflected in underline and cross-out on page 3 of the marked up version of the Guideline.

This guideline was reviewed as a result of a number of complaints to CCO where care was assigned to an assistant as part of a chiropractic treatment plan; however, there were miscommunications and misunderstandings by the patient of the nature of the assigned care. As well, patients were not given an opportunity to communicate or ask questions of their chiropractor, upon request.

Communication with patients is an essential component of the doctor/patient relationship. It is imperative that the nature of care and the right of the patient to communicate and ask questions of their chiropractor is properly and clearly communicated to the patient, especially when elements of care are to be assigned to another individual.

Amendments emphasize the importance of proper and clear communication and consent whenever treatment, as part of a chiropractic plan of care, is to be assigned to another individual. This includes a discussion of the roles and responsibilities of the individual providing the assigned care, the direction and supervision provided by the member, and the right of the patient to communicate with and ask any question of the member at any time during the performance of the assigned care.

Further, the member who has assigned the care must ensure that either the member or another member of CCO is available (which may include availability remotely/virtually) to provide any direction or supervision, communicate with the patient upon request and answer any questions from the patient. Any individual providing assigned care must inform the patient of these rights and facilitate any request for communication between the patient and the member.

Please review the [marked up](#) and [clean version](#) of amended Guideline G-014: Delegation, Assignment and Referral of Care for further details.

Minor Amendments to Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs

CCO Council approved minor amendments to [Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs](#). Amendments are underlined and/or crossed out in the [marked up version](#) of the Standard of Practice.

Amendments reflect the application of consistent language from the record keeping standard of practice and the common practice at many Ontario health regulatory colleges, to collect demographic information as necessary to identify, assess and treat patients. As well, amendments emphasize the importance of collecting information of the pregnancy status of the patient as a contraindication, prior to any ordering or taking of a radiograph.

Annual Gathering of CCO Peer Assessors – January 20, 2024



At the training day, Peer Assessors "workshopped" topics including proposed 5 hours of hands-on continuing education at least once every three CE cycles (or six years) and a proposed webinar on advertising, websites and social media.

The annual Peer and Practice Assessment meeting and workshop for CCO Peer Assessors was held January 20, 2024, at CCO's offices in Toronto. The session, presided over by CCO President Dr. Sarah Green, was led by Dr. Katherine Tibor, Director of Professional Practice, and attended by 29 Peer Assessors alongside members of CCO's Quality Assurance Committee chaired by Dr. Paul Groulx, as well as CCO staff including CCO Registrar Jo-Ann Willson and Deputy Registrar Joel Friedman.

The day-long session followed a packed, objective-driven agenda and featured a mix of presentations, discussion and small group break-out sessions. Participants reviewed updated standards of practice, policies, and guidelines; current trends in regulation; the role of the Peer Assessor and Peer Assessor feedback; and the appropriate use of advertising, websites and social media.

Dr. Groulx thanked Peer Assessors for their tireless efforts throughout 2023 to promote continuing competency among CCO membership, and to uphold the duties and objectives of the College in the service of the public interest. Dr. Tibor reminded all participants of the guiding principle of the peer assessment program: that it is not a punitive undertaking, but rather provides members with the opportunity for learning and support. "It is about developing humane approaches that maintain the strongest focus on risk and patient safety, while also considering practitioner well-being" she said.

One particular area of focus for small-group discussion was the practice of spinal adjustment or manipulation, in relation to Continuing Education (CE) and Peer and Practice Assessments (PPAs). Mr. Joel Friedman noted that draft amendments to Standard of Practice S-003: Professional Portfolio had been circulated for feedback in September 2023, and were currently under review. The draft amendments to Standard of Practice S-003 propose that "every member complete a minimum of a 5-hour structured CE activity, that is a hands-on spinal adjustment or manipulation activity and includes training in the competency of manual spinal adjustment or manipulation skills, at least once every three CE cycles (or six years)". These draft amendments are currently under review, and any final approval of amendments is required to be made by CCO Council.

The groups explored key aspects of assessing competence in spinal adjustment, and discussed the availability of additional workshops or training opportunities for members, the required expertise of the assessor, as well as whether there were key learnings from other jurisdictions and regulated health professions that include a physical technique as a component.

A surprise highlight for all participants was the screening of a video celebrating the ninth year of service of six Peer Assessors: Drs. Pierre Ramlall, Victoria Clarke, Brian Dower, David Hominuk, Janine Taylor and Marlene Turner, who were duly acknowledged for their ongoing contribution to the self-regulation of chiropractic in Ontario.

At the close of the session, Dr. Tibor invited the Peer Assessors to sign the Code of Conduct and Undertaking to Maintain Confidentiality for Peer Assessors. It was a fitting end to a fulsome, educational and enjoyable gathering of peers.



Peer and Practice Assessment Workshop - January 20, 2024

CCO Council Approves By-law Amendments - November 23, 2023 and February 23, 2024

Like many other health regulatory colleges, CCO Council has conducted a by-law review resulting in the approval of several amendments. Draft by-law amendments were circulated for feedback to stakeholders, including members, on September 19, 2023, and were carefully considered by Council along with all feedback received at the November 23, 2023 and February 23, 2024 Council meetings. CCO thanks all stakeholders including members who provided feedback, which is made available as part of the [public Council packages](#). CCO Council also had the benefit of legal advice throughout the by-law review process.

CCO Council approved a number of amendments to by-laws relating to ensuring gender neutral language, correcting minor inconsistencies, improving clarity, and updating the fees by-law to reflect fees for the emergency class of registration and Specified Continuing Education or Remediation Programs (SCERPs) at the November 23, 2023 Council meeting. CCO Council approved further amendments to by-laws related to eligibility for election to Council, allowing the President to vote on motions before Council, and prescribing the Nominating Committee as a non-statutory committee of CCO, which includes the President as a committee member. Due to a number of considerations, including persuasive feedback about the relatively small size of the chiropractic

profession in Ontario, CCO Council has maintained the cooling off period for affiliations with other chiropractic associations and educational institutions at three years for eligibility for election to Council.

CCO by-law amendments are subject to the approval of Council minutes at the subsequent Council meeting and are [posted on the CCO website](#) upon approval of the minutes.

CCO Regulatory Excellence Workshop Takes to the Road!

After a brief hiatus, CCO is once again hitting the road to offer the Regulatory Excellence Workshop (REW) (formerly known as the Record Keeping Workshop) in select Ontario communities. Currently, there are two scheduled in-person workshops. The first will be held at the Hunt Club in **Ottawa Saturday, May 4, 2024**, from 8:30am – 1pm. The second will be in **Kitchener-Waterloo** (venue TBD) on **Wednesday, September 4, 2024**, from 5:30pm-9pm. Please continue to visit the CCO website as information becomes available.

This is a great opportunity for members to meet directly with CCO representatives including council members, staff and peer assessors, ask pertinent questions and to socialize with their peers. Past attendees have shared how beneficial they found the in-person session. Stay tuned for further details.

As a reminder, all members registered in the General (i.e., Active) class of registration are required to attend the REW once every 3 CE cycles (or 6 years). New members are required to complete the workshop following their writing of the Legislation and Ethics examination, or within their first year of registration with CCO. The workshop is free and available for all applicants and members of CCO.

Please note, the [REW](#) continues to be offered online, with the next virtual workshop planned for **June 3, 2024, 8:30 am – 1:00 pm**. Please email Rose Bustria at rbustria@cco.on.ca if you are interested in scheduling a workshop in your district or if you plan to attend the virtual REW or either of the scheduled in-person REW's.



CCO Council - February 23, 2024

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

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

[Update Profile](#) | [Constant Contact Data Notice](#)

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



If you believe you have received the message in error, please contact the author by replying to this message. Constant Contact takes reports of abuse very seriously.



ITEM 4.1.33

549

Reporting

Tools ▼

Create ▼

Sent

CCO Newsletter -... ch 1, 2024

Copy

Share on Social



Details

Reporting

Heat Map

Email Performance

See how your emails are doing with your audience. [Compare your results to the industry average.](#)

Sent

7035

Open Rate

74.1%

Click Rate

3.3%



Opens	5093	Clicks	228
Sent	7035	Did Not Open	1781
Bounces	161	Unsubscribed	4
Successful Deliveries	6874	Spam Reports	0
Desktop Open Percentage	93.7%	Mobile Open Percentage	6.3%

Recommendations

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

Social Share

Try sharing your email in a social post to get your message post that says "I'm here!"



Need Help? Let's Chat!



Home



Reporting

550

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

Click-Through Distribution

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

Link	Uniq... cks	Distr...ion
https://cco.on.ca/wp-content/uploads/2024/02/G-015VirtualCareFeb2024clean.pdf	113	26.2%
https://cco.on.ca/wp-content/uploads/2024/02/G-014Feb2024clean.pdf	104	24.1%
https://files.constantcontact.com/ae8f73ee001/f1244e3b-4fd4-48f1-975f-24d15b67fa10.pdf?rdr=true	61	14.2%
https://cco.on.ca/wp-content/uploads/2024/02/S-006Feb2024clean.pdf	53	12.3%
https://cco.on.ca/members-of-cco/workshops/	44	10.2%
https://files.constantcontact.com/ae8f73ee001/31206f68-6780-4ea0-87f6-29cba4bb17a8.pdf?rdr=true	33	7.7%
https://cco.on.ca/about-cco/by-laws/	12	2.8%
https://cco.on.ca/about-cco/who-we-are/council-meetings/	11	2.6%
Total Click-throughs	431	100%

Send History

History of this email being sent including how many people it was sent to.

Date	Sent Count	Status
Fri, Mar 1, 2024 9:30 am EST	7035	Your email has been successfully sent.

Template Name: CPE-PT1001

[Have a product idea or request? Submit it here!](#)

© 1996 - 2024 Constant Contact, Inc. [Terms of Service](#) [Acceptable Use Policy](#) [Anti-Spam](#)

[Privacy Center](#) [Vulnerability Disclosure](#) [Do Not Sell or Share My Personal Information](#) [Share Screen](#)

[Need Help? Let's Chat!](#)

Subject: FW: CCO President's Message and Newsletter - March 1, 2024

From: gauri shankar
Sent: Saturday, March 2, 2024 8:32 AM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: CCO President's Message and Newsletter - March 1, 2024

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

Great message Thank you CCO team!

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

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Sent: Friday, March 1, 2024 9:31:38 AM
To: _____
Subject: CCO President's Message and Newsletter - March 1, 2024



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

President's Message - March 1, 2024

Last November, as part of our annual strategic planning session, I and the other members of CCO Council and staff participated in a workshop devoted to how to best measure and ultimately improve the effectiveness of Council and its committees. It was a fascinating and valuable workshop that provided some concrete steps and learnings drawn from other regulators.

Council effectiveness can be characterized in many ways, from evaluating the effectiveness of meetings, adherence to project plans and milestones, maintaining and achieving statistical benchmarks for the college's business (things like registrations, complaints processed, timely disposition of discipline

Subject: FW: CCO President's Message and Newsletter - March 1, 2024

From: Dr. Dennis Mizel
Sent: Friday, March 1, 2024 5:29 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: CCO President's Message and Newsletter - March 1, 2024

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

Dr. Green,
I wanted to congratulate you on the recent update to the President's Message. I appreciate the new layout, as it is much easier to read and contemplate. The use of different colors to separate the Standards, Policies, and Guidelines makes reviewing them a breeze. The inclusion of hyperlinks within the article is extremely helpful. Additionally, I found the underlined version highlighting the changes to be very useful. Great job!
Sincerely,
Dr. Mizel

From: College of Chiropractors of Ontario <cco.info@cco.on.ca>
Date: Friday, March 1, 2024 at 9:32 AM
To:
Subject: CCO President's Message and Newsletter - March 1, 2024



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

President's Message - March 1, 2024

Last November, as part of our annual strategic planning session, I and the other members of CCO Council and staff participated in a workshop devoted to how to best measure and ultimately improve the effectiveness of Council and its committees. It was a fascinating and valuable workshop that provided some concrete steps and learnings drawn from other regulators.

Subject: FW: CCO President's Message and Newsletter - March 1, 2024

From: Igor Steiman
Sent: Friday, March 1, 2024 11:41 AM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: CCO President's Message and Newsletter - March 1, 2024

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

Good job -- I like this way of being updated.

Igor Steiman

On Fri, Mar 1, 2024 at 9:31 AM College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:



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

President's Message - March 1, 2024

Last November, as part of our annual strategic planning session, I and the other members of CCO Council and staff participated in a workshop devoted to how to best measure and ultimately improve the effectiveness of Council and its committees. It was a fascinating and valuable workshop that provided some concrete steps and learnings drawn from other regulators.

Council effectiveness can be characterized in many ways, from evaluating the effectiveness of meetings, adherence to project plans and milestones, maintaining and achieving statistical benchmarks for the college's business (things like registrations, complaints processed, timely disposition of discipline referrals, ongoing quality assurance initiatives, etc.) as well as solid financial stewardship.

Subject: FW: CCO President's Message and Newsletter - March 1, 2024

From: Jim Veitch
Sent: Friday, March 1, 2024 2:04 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Re: CCO President's Message and Newsletter - March 1, 2024

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

Dear Dr. Green,

Thank you for this recent update on the College's activities. I am happy that there will be an increased attempt at transparency of the College's activities. This has not been the case in the past. I refer to the current office space acquisition. This was a major cost to the profession without any open consultation of the members. Who exactly owns the office space? By what authority was the College able to put the profession in a mortgaged situation? What happens if an unfriendly government deregulates Chiropractic? Where does the money go when the office space is sold?


These are but a few of the many questions I have.

Thank you for your time.

Regards,

Dr. Jim Veitch
Member 42+ years

On Fri, Mar 1, 2024 at 9:32 AM College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:



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

President's Message - March 1, 2024

Regulatory Excellence Workshops for CCO Members

555

Virtual/Online Workshops

ITEM 4.1.35

CCO hosts the online workshop – Regulatory Excellence Workshop (REW) for CCO members (formerly titled the Record Keeping Workshop) approximately three times per year (in conjunction with CCO's Legislation & Ethics examination).

The next virtual REW is scheduled for **June 3, 2024, 8:30 am – 1:00 pm**. Please see the [following link](#) for more information about this workshop and how to register.

In-Person Workshops

CCO has scheduled in-person REWs for the following dates and locations:

Saturday, May 4, 2024, 8:30 am – 1:00 pm: The Ottawa Golf and Hunt Club, 1 Hunt Club Road, Ottawa, Ontario, K1V 1B8

Wednesday, September 4, 2024, 5:30 pm – 9:00 pm: Location to be determined in the Kitchener/Waterloo area

Please continue to visit this page for announcements of more dates and locations.

All REWs are free to attend. A light meal will be provided.

Please email Rose Bustria at rbustria@cco.on.ca to register for a REW.



[View all](#)

CCO President's Message and Newsletter – March 1, 2024

Last November, as part of our annual strategic planning session, and the other members of Council, Council and staff participated in a workshop devoted to how to best measure and ultimately improve the effectiveness of Council and its committees.

[Read More >](#)

2024 Elections to CCO Council

As of the closing of nominations, the following candidates had submitted nomination papers for election to CCO Council:

[Read More >](#)

Interested in Serving on a CCO Committee?

CCO's statutory mandate to regulate chiropractic in the public interest is enhanced by having competent, qualified individuals to serve on committees.

[Read More >](#)

Request for Proposal: Website Re-design – February 1, 2024

CCO has posted a Request for Proposal for a website re-design. Please see the Request for Proposal for details.

[Read More >](#)

About the College

Everyone is entitled to safe and competent health care. To ensure the public interest is protected, regulated health care providers in Ontario must obtain licences or certificates of registration to practise their profession.

The College of Chiropractors of Ontario (CCO) is the governing body established by the provincial government to regulate chiropractors in Ontario. Every chiropractor practising in Ontario must be a registered member of CCO.

i Communications to CCO

CCO encourages all stakeholders to forward inquiries relating to CCO to CCO directly. A great deal of information is readily available on the CCO website. Some information, including active

Upcoming Events

- April 16, 2024, 8:30 am – 1:00 pm – Council Meeting
- April 17, 2024, 8:30 am – 1:00 pm – Internal Elections/Council Orientation
- May 4, 2024, 8:30 am – 1:00 pm – In-Person Regulatory Excellence Workshop, Ottawa, Ontario
- May 30, 2024 – Legislation and Ethics Examination
- June 3, 2024, 8:30 am – 1:00 pm – Virtual Regulatory Excellence Workshop
- June 14, 2024, 8:30 am – 1:00 pm – Council Meeting
- June 14, 2024, 6:00 pm – 9:00 pm – Annual General Meeting
- September 4, 2024, 5:30 pm – 9:00 pm – In-Person Regulatory Excellence Workshop, Kitchener/Waterloo, Ontario



Members of the Public

- ▶ Scope of Practice and Authorized Acts
- ▶ Who are Chiropractors
- ▶ Quality Care for Ontarians
- ▶ How to File a Complaint
- ▶ Funding for Therapy and Counselling
- ▶ Health Profession Regulators of Ontario
- ▶ Partnership of Care



CCO Resources

- › Regulations
- › Standards of Practice
- › Policies
- › Guidelines
- › Publications
- › Council Meetings
- › Discipline Hearings and Decisions
- › Unauthorized Practice and Court Orders



Quick Links for Members



College of Chiropractors of Ontario

557

Memorandum

The Regulatory Excellence Workshop is coming to Ottawa!

CCO is the self-governing body, established by the provincial government by statute to regulate chiropractors in Ontario in the public interest. One of CCO's key strategic objectives is to communicate of the role, mandate and mechanism of CCO to key internal and external stakeholders.

This will be an opportunity to:

- Complete the mandatory Regulatory Excellence Workshop, in person!
- Interact with CCO staff and Council members;
- Get the latest updates on chiropractic regulation in Ontario;
- Ask questions to enhance your knowledge of CCO.

But wait, that's not all... attendance is free of charge and includes:

- Opportunities to network and connect with your local colleagues;
- 4.5 hours Structured Continuing Education (CE) hours;
- Breakfast!

Date: Saturday, May 4, 2024
Time: 8:30am – 1:00pm
(breakfast to be served at 8:00am)
Location: Ottawa Hunt and Golf Club
1 Hunt Club Road, Ottawa, ON (613-736-1102)
RSVP: Ms Rose Bustria, Administrative Assistant, CCO
at rbustria@cco.on.ca by April 23, 2024



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

558

CCO Regulatory Excellence Workshop (REW) - Ottawa - May 4, 2024

Representatives from the College of Chiropractors (CCO) are coming to Ottawa on Saturday, May 4, 2024 for an in-person Regulatory Excellence Workshop (REW). Please see the memorandum below for further details and how to register.

Please note: seating is limited, so please register ASAP by emailing Ms Rose Bustria at rbustria@cco.on.ca by April 23, 2024 if you will be attending the Ottawa REW.

[Regulatory Excellence Workshop: Ottawa - May 4, 2024](#)

Attendance at a REW is mandatory once every three Continuing Education (CE) Cycles (or once every six years) for members registered in the General class of registration. CCO continues to offer the REW virtually, with the next virtual session scheduled for June 3, 2024.

Please continue to visit the [CCO website](#) for updates on upcoming virtual and in-person workshops.

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

[Unsubscribe](#) jfriedman@cco.on.ca

[Update Profile](#) | [Constant Contact Data Notice](#)

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



Try email marketing for free today!

MANDATORY!



COLLEGE OF CHIROPRACTORS OF ONTARIO
WORKSHOP
REGULATORY EXCELLENCE FOR CCO MEMBERS:
UNDERSTANDING YOUR ROLE IN SELF-REGULATION
JUNE 3, 2024

559

CCO is holding this workshop virtually on June 3, 2024, 8:30 am - 1:00 pm.

The workshop is **MANDATORY** for candidates writing the Legislation & Ethics examination on June 3, 2024, or CCO members within their **FIRST YEAR OF REGISTRATION** with CCO. This workshop is free and available for all applicants and members of CCO.

All members registered in the **GENERAL** (i.e., **ACTIVE**) class of registration are required to attend the workshop, or its predecessor, the Record Keeping Workshop once every 3 CE cycles (or 6 years). As this requirement came into effect for the July 1, 2022 CE cycle, members may complete this requirement over the next three CE cycles (or six years – until June 30, 2028).

To register: Please confirm your attendance with **Ms Rose Bustria**, Administrative Assistant, via e-mail at rbustria@cco.on.ca.

Presenters:

Dr. Katherine Tibor, (Director of Professional Practice),
Mr. Joel Friedman (Deputy Registrar).

DATES

June 3, 2024, 8:30 am - 1:00 pm

Registered participants will receive a Zoom link to the workshop by email.

Check CCO's web site at www.cco.on.ca for updated information.

In addition to reviewing **STEP-BY-STEP**, the best practices in record keeping, this workshop will also cover:

- an introduction to CCO
- accurately documenting the "story" of the doctor/patient relationship (consultation, history, examination, diagnostic imaging, report of findings, communicating a diagnosis, treatment, SOAP notes, re-assessment, dismissal)
- informed consent - when and how
- communication with patients, avoiding boundary crossings and prevention of sexual abuse
- chiropractic scope of practice
- billing and business practices
- adjunctive therapies and assistive devices
- adjunctive therapies and assistive devices
- assignment and referral of care
- advertising, websites and social media
- privacy of personal health information
- leaving a practice
- new and amended CCO standards of practice, policies and guidelines
- current events

**KNOWING THE STANDARDS, POLICIES AND GUIDELINES =
PEACE OF MIND!**

ITEM 4.1.36

560



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

Proposal

ITEM 4.1.37

561

To: **Jo-Ann Willson**
Registrar & General Counsel
The College of Chiropractors of Ontario

Date: 21.03.2024

YOUR NEEDS

The College of Chiropractors of Ontario (CCO) regulates the practice of chiropractors in the province. The CCO is governed by a Council made up of fifteen members and has a staff team of twelve. The College would like to consider the relevance of the current strategic plan and determine the organization's course for the next 3 to 5 years.

CCO has already begun work related to moving the College forward, including a website refresh, participation in a Council Effectiveness Workshop, a phased approach to Council evaluation, and your on-going progress and reporting guided by the College Performance Measurement Framework.

You have asked the Regulator's Practice ("The Practice") to develop a proposal to facilitate a 1½ day in-person strategic planning session for Council members and staff focused on a review and update on CCO's current Mission, Vision and Strategic objectives.

Our team members have significant experience working with and within professional regulators in Ontario and across Canada. As regulatory professionals, we understand the essential need for regulators to identify and focus on their critical priorities when developing a strategic plan.

OUR APPROACH

Our regulatory strategy process is grounded in clarity and simplicity. We work with our regulator clients to define a clear, actionable, and achievable path forward through an engaging and intentional approach, built on the following four core questions:

1. Who are we?

- What makes our organization unique?
- What are the values that define how we do your work?
- What is our regulatory philosophy or principles that guide how we regulate?



2. Where are we now?

- What internal or reputational strengths can we rely on moving forward?
- What is our internal capacity / constraints that need to be taken into consideration?
- What external challenges or demands need to be considered?

3. Where are we going?

- Are there common points on the horizon that leaders and governors agree are worthy of moving towards?
- What is the desired future for our organization - where do we want to be in three to five years, practically and specifically?

4. How are we going to get there?

- Based on who we are, what we want to achieve, and the current environment - what is the critical path to get us to where we want to go?
- What is the priority work we need to be engaging in?
- What could trip us up on the way?

PROPOSED WORK

The Practice will design a strategic planning process that will include an initial Discovery Phase, an Environmental Scan and a facilitated in-person strategic planning session to support the review and development of CCO's new strategic plan.

The Discovery Phase

The goal of the Discovery Phase is to understand the degree of clarity and alignment amongst the CCO Council and staff with respect to the four core questions of strategic planning. This then allows for the remaining planning process to focus on those elements requiring attention and not waste time on elements where clarity and alignment already exist. This process will include:

- + Initial Discovery Meeting - a meeting with CCO's Registrar and Council Chair (or Executive Committee) to understand the College's current environment and strategic plan, context and confirm the strategic planning timelines.
- + Discovery Survey - a short survey to Council members and staff to assess the current strategic objectives, Mission, Vision and Values and determine where there is alignment and what needs additional consideration during the strategic planning session.
- + Discovery Report - the themes and findings gathered during the Discovery Phase with recommendations regarding what areas require focus and attention. This report will be part of the pre-meeting materials for the strategic planning session.



The Environmental Scan

The Regulator's Practice will develop an Environmental Scan for CCO looking at the following:

- + Overview and context of professional regulation in Ontario, Canada and around the world
- + Changes and emerging strategic and regulatory practices of professional regulators, including the CCO.

The scan will also form part of pre-meeting materials for the strategic planning session and support the discussion with respect to the current reality (Where are we now?).

The Facilitated Strategic Planning Session

The design and priority elements of the planning session will be based on the needs emerging from the Discovery Process in consultation with the Registrar and Council Chair. The facilitation team for the in-person session will be determined based on the topics and issues to be dealt with within the session. The session will likely include the following types of discussions:

- + A review and discussion of the Discovery Report and Environmental Scan
- + An interactive session with respect to the College's current reality incorporating elements of the Environmental Scan in addition to Council and staff input regarding elements of CCO's internal and external environment that need to be considered in the strategic plan.
- + An opportunity for participants to think about the future and what specific outcomes they would like to see in 3 – 5 years.
- + Discussion with respect to various options and pathways CCO could take in order to achieve these outcomes.
- + Clarity regarding those elements that could support or become barriers to CCO achieving its strategic priorities.

The Regulator's Practice will work with CCO staff to capture the feedback generated from the strategic planning session to enable CCO staff to develop a draft strategic plan for Council approval at a later date. The Regulator's Practice would be happy to support CCO after the planning session to draft a strategic plan, working with your teams and other consultants, however we have not incorporated that work into this proposal.

OUR TEAM

Depending on your needs and areas of focus that emerge from the Discovery phase, the Regulator's Practice will form a team to support your facilitated strategic planning session that we believe will best support the discussions that need to take place. The team members that we may engage in this process have knowledge of regulation, strategic planning and facilitation .

**Kevin McCarthy**, VP Advisory Services

Kevin will lead this strategy project and be the point of contact for the CCO throughout the process. Kevin is the former Director of Strategy for the College of Nurses of Ontario (CNO), and has led a portfolio responsible for governance, strategic planning, strategic policy development and communications. Kevin was the senior leader accountable for the development and implementation of CNO's *Vision 2020*, an influential report on governance modernization adopted by regulators across Canada. Kevin has served as an advisor to professional regulators and ministries across Canada on governance reform and modernizing regulatory processes and has been appointed to several Ontario Ministry of Health task forces including The Public Inquiry into the Safety of Long-Term Care Residents and the College Performance Measurement Framework (CPMF).

Bradley Chisholm, Principal and Founder

Bradley will be an advisor for this strategy project and be available to support the in-person planning session. For the last ten years Bradley has worked with professional regulators across Canada as both a consultant and an executive leader. Most recently Bradley served as the Chief Officer, Strategy and Governance for the newly formed BC College of Nurses and Midwives (BCCNM), leading two regulatory amalgamations, building a modern governance framework from the ground up, and providing governance advice to regulatory leaders and boards across the country. He is currently supporting the on-going amalgamation of health regulators into two new multi-professional regulators. In 2021 Bradley was named the Governance Professionals of Canada's Governance Professional of the Year for his work influencing and supporting modern, inclusive and effective regulatory governance modernization within Canada.

Charles Holmes, Senior Advisor

Charles is a master facilitator and resource to CCO if needed for the in-person planning session. Charles Holmes is a facilitator working with boards and executive teams across sectors and around the world. Charles has deep experience working with health profession regulators and engaging in the most critical discussions, working through current uncertainty and positioning for impact. Charles has supported numerous strategic planning processes for both professional associations and regulators, most recently working with a number of regulators involved with the multi-professional amalgamation project in British Columbia.

Iain Duncan, Advisor – Strategy and Leadership

Iain Duncan is a collaborator with The Regulator's Practice and brings deep strategic planning experience. Iain is available as a potential resource to CCO for the in-person planning session. Iain Duncan's practice focuses on supported the leaders and strategy that shape social and environmental impact. Iain has worked with The Regulator's Practice to develop a customized leadership development offering for regulatory leaders and collaborates in support of engaging and impactful development of strategy.

Council Effectiveness Workshop +
September Planning Session
Addendum

November 24, 2023 – Final Version (Approved – February 23, 2024)

CCO Head Office

Boyd Neil | Chris Winsor



Council effectiveness workshop report

November 24, 2023

CCO Head Office

Process

3

568

Focus on addressing:

- How Council currently measure its effectiveness
- What indicators should be used to evaluate 'performance' of individual Council members
- What indicators should be used to evaluate 'performance of Council as a whole

Three groups established to discuss/debate

- 'The Gold Finches' (chaired by Dr. Sarah Green)
- 'The Blue Jays' (chaired by Dr. Michael Gauthier)
- 'The Cardinals' (chaired by Ms Zoe Kariunas)

Dotocracy exercise to coalesce central themes

Facilitators

- Boyd Neil and Chris Winsor



Dotocracy Exercise

Four questions tabled out of group discussion and debate, ranked as per the following tables

[Image Credit](#)

#1—Indicators of effectiveness

5

570

Ranked into three categories based on perceived

Priority:

1. LOW
2. MEDIUM
3. HIGH

**LOW-MEDIUM priority as
indicator of effectiveness**

571

1. Moving forward on specific DEI goals



**MEDIUM priority as
indicator of effectiveness**

1. ICRC decisions:
timeliness and trends
2. Fulfilling strategic
objectives
3. Communicating with
other regulators
4. Meeting management
skills
5. Training sub-committee
chairs
6. Knowledge of mission |
vision | values
7. Clear understanding of
Council | individual role



HIGH priority as indicator of effectiveness

1. Public interest evident as Council's 'North Star'
2. Adherence to CPMF benchmarks
3. Timely and transparent communications
4. Budget consistency
5. 3rd party evaluation of Council
6. Council member:
 - Participation
 - Preparation
 - Attendance
 - Soft skills



#2—Data to collect for benchmarking against which changes can be measured

574

Ranking Criteria

Phase 1 (< 1 year)

Phase 2 (1-3 years)

Phase 3 (3-5 years)

Phase 1 (< 1 year)

1. ICRC decisions: and Discipline Committee timelines & summaries (# hearings, # joint submissions)
2. Trends within patient complaints
3. QA aggregate data from peer assessments + post assessment follow-up data
4. Registration statistics (# individuals, schools, decisions)
5. Budget metrics/adherence

Phase 2 (1-3 years)

1. Google analytics re: assessment of communications products

Phase 3 (3-5 years)

1. Turnover of CCO staff/Committees/Council

#3—Information re: results of Council + Council member evaluation to be released internally/ externally

11

576

Ranking Criteria

Phase 1 (< 1 year)

Phase 2 (1-3 years)

Phase 3 (3-5 years)

Externally

Internally

12

577

Phase 1 (<1 year)

1. Executive summary of council effectiveness results (leverage annual report ? CPMF)

Phase 3 (3-5 years)

1. Third-party evaluation of Council effectiveness

Phase 1 (< 1 year)

1. Anonymized Council member + peer effectiveness results

Phase 2 (1-3 years)

1. Consider exit interview results of departing Council members (possibly conducted by third party)

#4—Steps to be taken to ensure processes for individual/Council evaluations are simple, easy to implement, not overly demanding on human or financial resources and result in good quality individuals wanting to participate in Council work

578

Ranking Criteria

Phase 1 (< 1 year)

Phase 2 (1-3 years)

Phase 3 (3-5 years)

Phase 1 (< 1 year)

1. Digital survey with simple quantitative scale (either numbered 1-10 or Likert scale) for evaluating *meeting effectiveness* (should include qualitative “why” option for low score under 7 or ‘disagree’ responses)
2. Timely evaluations – immediately post-meeting/within 24 hours — meeting effectiveness
3. Digital survey with scales as per above and ‘why’ options etc. for *annual personal evaluations of self and peers*

Phase 2 (1-3 years)

1. Digital survey containing simple quantitative scale (either numbered 1-10 or Likert scale) for Annual Council Member evaluations of Council Effectiveness. (should include qualitative “why” option for low score under 7 or ‘disagree’ responses.)

Phase 3 (3-5 years)

1. Third-party evaluation of Council effectiveness

14

579



ADDENDUM

Executive committee consensus on go-forward communications

Post strategic planning weekend (September 9-10, 2023)

Go-forward communications actions

16

581

Parse President's Message into different vehicles as "memos" or "news/updates" to allow single-subject messaging

Continue President's Message in a shorter, personal/friendly manner

Initiate regular newsletters featuring different content types, e.g., infographics, Q&As, feature articles, quizzes, explainer videos) with President's Message as lead

Update website as noted earlier in the meeting

Review metrics of communications tools, e.g., opening and reading of emails

Restart "road shows", i.e., hosted events for CCO to provide updates/"meet and greet/Q&A sessions

Provide for "opt-in" option for members to receive printed annual report + continue to provide to system partners (e.g., MPPs) as hard copies

DRAFT

ITEM 4.1.39

582

Council Meeting Evaluation Form

Council commitment to continuous improvement means that Council members complete an evaluation for the effectiveness and adherence to governance by-laws, internal policies and the code of conduct at the end of each Council meeting. Please rate each item from 1 (low) to 5 (high) and include any comments and/or suggestions for improvement. Your responses from this confidential survey will be summarized and reviewed by the Executive Committee.

1. Meeting Date:

2. Was public interest protection at the forefront of all discussions and decision-making?

- 1
- 2
- 3
- 4
- 5
- N/A

583

3. Comments

4. Were all Council members in attendance, having prepared (i.e. reviewed the information package), and being willing to participate in discussions at the meeting (subject to extenuating circumstances)?

- 1
- 2
- 3
- 4
- 5
- N/A

5. Comments

6. Were all Council members given an opportunity to participate in discussions (e.g., opportunities to speak were extended to those who are quieter, and no one member dominated the discussions)?

- 1
- 2
- 3

584

- 4
- 5
- N/A

7. Comments

8. Was time efficiently managed during the meeting so the agenda was followed and completed (subjected to extenuating circumstances)?

- 1
- 2
- 3
- 4
- 5
- N/A

9. Comments

10. Was the tone of the meeting respectful of all in attendance (e.g., there was no verbal or non-verbal behaviours that could be construed as rude, disrespectful or dismissive)?

585

- 1
- 2
- 3
- 4
- 5
- N/A

11. Comments

12. Did Council keep discussions at a policy or strategic direction (e.g., discussions did not veer into details of operations that are not related to policies or strategic direction)?

- 1
- 2
- 3
- 4
- 5
- N/A

13. Comments

586

14. Were Council's governing documents complied with (e.g., By-laws, Rules or Order)?

- 1
- 2
- 3
- 4
- 5
- N/A

15. Comments

16. Please provide any additional feedback that will help us make Council meetings as effective as possible. Include any topics related to CCO's mandate to be considered for future informational/educational purposes for Council.

Done

Powered by



Should you tip your massage therapist or your chiropractor?
Here's what the experts say



Tip or not to tip: The decision whether to tip your massage therapist or your chiropractor may depend on where you receive your service, some experts say. Dreamstime▲

Manuela Vega
Published: February 17, 2024

So, the service you just received has released weeks of stress you had been carrying in your body. Relieved, you stroll over to the cash register.

To your surprise, the POS system prompts you to tip.

What do you do? And should you have been tipping all along? Here's what the experts say.

590

Should you tip your massage therapist? It depends.

Whether you should tip your massage therapist depends on where you're receiving care, but "there are no rules," and feelings on the matter vary between massage therapists, one practitioner told the Star.

Nicki Iskander, a registered massage therapist (RMT) who provides body-positive, trans-friendly service for women out of her Parkdale home, does not accept tips in her own practice.

One reason for that is because "massage therapy is health care," she said, and she believes accepting tips can give the public the impression that massage is a luxury, when for many people, it is a necessity.

"The massage therapists that came before me fought for recognition as health care providers. Massage therapists have extensive training in the sciences like anatomy, physiology, neurology, pathology, we can be an integral part of a person's injury rehabilitation or chronic pain management or post operative care," she said. "But not everyone knows this."

Having worked at a franchise spa, a chiropractic clinic and a massage studio in the past, though, Iskander highlighted that the norms aren't the same across the board.

"If you go to a clinic, like a chiropractic clinic or physiotherapy clinic or multidisciplinary clinic, tipping is sometimes welcome, but less expected," she said.

"If your massage therapist is self-employed — so they work from home, like I do, or they rent an office — same thing. It's sometimes accepted, but less expected."

Spas come with their own sets of norms

591

Tipping for a massage at a spa, however, “is typically expected” for a few reasons, Iskander said.

Partially, because massages are being provided alongside services like facials and pedicures, where tipping is customary, she explained.

“Also, some spas ... pay their staff lower-than-average wages, knowing that tips will top up their income,” she said. “So this puts the onus on the consumer to pay the therapist a living wage.”

Iskander also noted that only an RMT can provide a massage therapy treatment, but anyone can provide massage as a service, and some spas employ RMTs and non-RMTs.

How much should you tip your massage therapist?

At a spa franchise, tips are usually \$10 and \$20 for massages, Iskander said.

But at high-end spas, it’s “not unusual” for RMTs to receive \$100 or even \$200 tips, she added,

When she worked at a studio that had a tipping prompt, Iskander found it was “pretty common” for people to leave a small tip, usually \$5 to \$10.

When she worked at a clinic without the tipping option, tips were “few and far between” to the point that she wouldn’t factor them into her income, but when people did tip, they would usually leave between \$10 to \$20.

“It’s a murky, controversial subject,” she added. “It can spark heated debate.”

Should you tip your physiotherapist?

592

Tips are not expected or common in physiotherapy, experts told the Star.

Charlotte Anderson, an assistant professor in the University of Toronto's physical therapy department and a practicing physician who owns multiple clinics, said some clinics with RMTs may allow for tips to massage therapists, but most rehab clinics that are physio- or medically owned wouldn't even give the option.

"It is a regulated medical profession working in public and private sectors," said Anderson, who is also a Director on the Ontario Physiotherapy Association Board. "There is no tipping for physiotherapists."

The College of Physiotherapists of Ontario told the Star "it is our understanding that tipping for physiotherapy is not commonplace, just like many other health care services."

There are "no specific rules that prohibit physiotherapists from accepting tips," registrar and CEO, Craig Roxborough, said in an emailed statement. But there are guidelines on accepting gifts to help physiotherapists maintain professionalism.

"The College's standard on boundaries requires that physiotherapists maintain professional boundaries with patients at all times and consider how a gift may impact the therapeutic relationship," the statement said.

Should chiropractors be tipped?

Similar to physiotherapists, tipping for chiropractors seems to be the exception, rather than the rule.

In an emailed statement, the College of Chiropractors of Ontario told the Star, "there is no prohibition on chiropractors accepting gifts or tips from patients," but chiropractors in

the province “must comply with all regulatory standards, policies and guidelines, including provisions relating to billing and conflict of interest.”

The college cited a standard on conflicts of interest in commercial ventures, explaining “it is a conflict of interest for a member ‘to give or receive a rebate, gift or benefit to or from a supplier of health care products or services or to or from a health, legal or any other professional or practitioner for a patient referral.’”

As well, chiropractors have guidance on communicating with patients that notes “boundary crossings and violations may occur with the giving or receiving gifts,” the statement read.

Manuela Vega is a Toronto-based staff reporter for the Star’s Express Desk.

From: Ali, Asna (She/Her) (MOH) <Asna.Ali@ontario.ca>
Sent: Wednesday, March 27, 2024 3:19 PM
To: Jo-Ann Willson
Cc: Maurier, Jason (MOH); Henry, Allison (She/Her) (MOH); Joel Friedman; Rose Bustria
Subject: RE: 2023 CCO College Performance Measurement Framework (CPMF) Report

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

Good afternoon Jo-Ann,

Thank you for the submission. On behalf of my team, I acknowledge receipt of your 2023 CPMF report. We will be in touch if we have any questions.

Regards,
Asna

Asna Ali
Senior Policy Analyst | Health Workforce Regulatory Oversight Branch
Ministry of Health | Ontario Public Service
437-243-8547 | asna.ali@ontario.ca

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



Taking pride in strengthening Ontario, its places and its people

From: Jo-Ann Willson <jpwilson@cco.on.ca>
Sent: March 27, 2024 12:26 PM
To: Regulatory Projects (MOH) <RegulatoryProjects@ontario.ca>; Henry, Allison (She/Her) (MOH) <Allison.Henry@ontario.ca>; Maurier, Jason (MOH) <Jason.Maurier@ontario.ca>; Velji, Karima (MOH) <Karima.Velji@ontario.ca>
Cc: Joel Friedman <JFriedman@cco.on.ca>; Rose Bustria <RBustria@cco.on.ca>
Subject: 2023 CCO College Performance Measurement Framework (CPMF) Report

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

Good afternoon:

I am pleased to enclose CCO's CPMF Report for 2023. The report is also posted on the CCO website at the following link: <https://cco.on.ca/wp-content/uploads/2024/03/2023CPMFReportingToolMarch272024.pdf>

I would like to thank Mr. Joel Friedman, Deputy Registrar, for his significant efforts and work on the completion of this report.

CCO has a strategic planning session scheduled for September 13 – 15, 2024, at which time we hope to review the CPMF Report and CCO's progress, along with any commendable or best practices identified in the reports of our colleagues in health regulation.

Thank you, and please let us know if you have any questions. We look forward to an ongoing dialogue about advancing and ensuring public interest protection.

595

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

Registrar & General Counsel

College of Chiropractors of Ontario

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355 ext. 111

Toll Free: 1-877-577-4772

Fax: (416) 925-9610

E-mail: jpwillson@cco.on.ca

Web Site: www.cco.on.ca

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.



CCO College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

Filed: March 27, 2024

Table of Contents

Introduction.....	4
The College Performance Measurement Framework (CPMF)	4
CPMF Model.....	5
The CPMF Reporting Tool.....	7
Completing the CPMF Reporting Tool.....	7
Part 1: Measurement Domains.....	8
DOMAIN 1: GOVERNANCE	8
DOMAIN 2: RESOURCES	26
DOMAIN 3: SYSTEM PARTNER	30
DOMAIN 4: INFORMATION MANAGEMENT.....	32
DOMAIN 5: REGULATORY POLICIES	34
DOMAIN 6: SUITABILITY TO PRACTICE	37
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	50
Part 2: Context Measures.....	54
Table 1 – Context Measure 1	54
Table 2 – Context Measures 2 and 3.....	56
Table 3 – Context Measure 4	57
Table 4 – Context Measure 5	58
Table 5 – Context Measures 6, 7, 8 and 9	60
Table 6 – Context Measure 10	62

Table 7 – Context Measure 1164
Table 8 – Context Measure 1265
Table 9 – Context Measure 1366
Table 10 – Context Measure 1468
Glossary 69

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

Figure 2: CPMF Domains and Standards

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



The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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

Completing the CPMF Reporting Tool

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


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

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

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.



Part 1: Measurement Domains

		Measure:	
		1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>CCO identifies competencies for candidates for election to Council and appointment of non-council committee members in the following documents:</p> <ul style="list-style-type: none"> Competencies for Council and Committee Members and Peer Assessors - this document was passed by CCO Council on November 25, 2021 and amended on June 21, 2023 to identify competencies for Council and committee members and peer assessors, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities. 2023 Notice of Election - the Notice of Election identifies the criteria for being eligible for election to Council and the factors and the conflicts of interest that would preclude a member from being eligible for election to Council. In the 2023 Notice of Election, CCO has identified various competencies that candidates are encouraged to include in their election material, including: knowledge, expertise, skills and attributes related to: chiropractic care of patients, including patients from different backgrounds, protection of the public interest, serving on boards in an oversight role, interpersonal and communication skills, previous roles and experience in business, organizational planning, human resources, health and safety, policy development, risk management, education and research, financial or accounting, information technology and any other roles relevant to CCO's mandate and functions. CCO By-law 6 and By-law 12 identify criteria and requirements for being eligible to be a Council or committee member.



		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
--	--	---



	<p>ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Candidates, Council and Committee members are required to participate in various orientation and training sessions throughout the year. These include:</p> <ul style="list-style-type: none"> • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2023 Notice of Election) for candidates for CCO Council for the 2023 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 21, 2023 from 6 pm - 8 pm. • On April 20, 2023, 8:30 am - 1 pm, Council and committee members participated in an orientation on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction to the committee mandates and functions at its first meeting. • CCO Council approved an Internal Policy on Guidance for Committee Chairs on April 19, 2023. • On September 8 - 10, 2023 - Council and staff attended strategic planning and educational sessions related to best practices on CPMF, Council evaluation, and communications. • On November 24, 2023, 8:30 am - 11:30 am, Council and committee members attended an educational session on Council effectiveness and evaluation led by outside consultants. • New Council and Discipline committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO). 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		



	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> Competencies for Council and Committee Members and Peer Assessors - this document was passed by CCO Council on November 25, 2021 and amended on June 21, 2023 to identify competencies for Council and committee members and peer assessors, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities. CCO By-law 7 and By-law 12 identify duties and powers of executive officers and committee chair and criteria for appointing committee members. Candidates interested in all committee positions are required to submit a letter of intent and curriculum vitae, identifying their interest, relevant competencies, skills and qualifications for committees. Committee members may also speak to their interest, competencies, skills and qualifications to Council, prior to the appointment to committee. CCO Council passed a policy, Internal Policy I-019: Policy on Nominations and Election Procedures for Committee Positions (page 168 of April 21, 2022 public Council package), on November 25, 2021, to outline the policies and procedures for the nomination and election for committee positions. CCO applied this policy to elections of committee members, which took place on April 20, 2023. This internal policy was amended at the September 8, 2023 Council meeting, and the amended policy will be applied to internal elections to committee in April 2024. Consistent with the CPMF-inspired move toward competency-based selection and appointments process for all members of Council or committees, CCO, like many health regulators in Ontario, has amended its by-laws to permit the appointment of an individual who is neither a member of the college nor a public member appointed by government, but who demonstrates the competencies, skills and judgement to contribute to the work of a specific committee. Consistent with this policy, Mr. Robert MacKay was reappointed to the Discipline Committee on April 20, 2023. With respect to evidencing the suitability of nominees, in keeping with the aspirational objectives of Measure 1.1 of the CPMF this year the CCO Executive Committee directed all Council members to provide their interest, and relevant background and skills for any desired Committee position. These responses were compiled for Council's consideration at its meeting on April 20, 2023. Matching interest with skills and competency for committee membership is a recognized best practice, supported by the MOHLTC and highlighted in the landmark 2018 inquiry into the BC College of Dental Surgeons undertaken by Harry Cayton (known as the 'Cayton Report'). 	<p>Yes</p>
--	--	--	------------

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="619 592 1690 633">The College fulfills this requirement:</td> <td data-bbox="1690 592 2013 633">Yes</td> </tr> <tr> <td colspan="2" data-bbox="619 633 2013 1101"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 21, 2023. • Committee members are required to attend an orientation session, which took place on April 20, 2023, 8:30 am - 1 pm, on the College’s mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction to its committee mandate and functions at its first meeting. • New Council and Discipline Committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 21, 2023. • Committee members are required to attend an orientation session, which took place on April 20, 2023, 8:30 am - 1 pm, on the College’s mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction to its committee mandate and functions at its first meeting. • New Council and Discipline Committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. 	
The College fulfills this requirement:	Yes					
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 21, 2023. • Committee members are required to attend an orientation session, which took place on April 20, 2023, 8:30 am - 1 pm, on the College’s mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction to its committee mandate and functions at its first meeting. • New Council and Discipline Committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. 						
		<table border="1"> <tr> <td data-bbox="619 1101 1690 1136"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="1690 1101 2013 1136">Choose an item.</td> </tr> </table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.					



			<p><i>Additional comments for clarification (optional):</i></p>
--	--	--	---

	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. • Once appointed to Council, new public members participate in informal communication with the President, Registrar and General Counsel, and outside legal counsel on the College's mandate and expectations pertaining to the appointee's role and responsibilities. • Council members, including public members, were required to attend an orientation session, which took place on April 20, 2023, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • New Council and Discipline Committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence	College Response			
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Partially</td> </tr> </table>		Partially	
		Partially		
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an Item. • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>As part of its strategic planning sessions on September 8 – 10, 2023, CCO Council and staff participated in educational and planning sessions led by outside consultants focused on developing a framework for Council evaluation. Council continued this session at its Council meeting on November 24, 2023 and developed an action plan on Council evaluation to begin implementation in 2024. These discussions were part of the November 23, 2023 (page 103 of public Council package) and February 23, 2024 (page 132 of the public Council package) Council meetings.</p>			
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Yes		
<i>Additional comments for clarification (optional)</i> CCO will be rolling out its action plan for Council evaluation in 2024 and in the subsequent years.				

	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
	<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>Although CCO has not engaged a third party for a formal review of the Council's effectiveness in 2023, CCO has brought in outside consultants, including regulatory consultants, legal counsel and communication experts to facilitate education sessions on issues related to governance, best practices for regulators, evaluating Council performance, and duties of Council. On September 8 - 10, 2023 and November 24, 2023, Council and committee members attended Council educational sessions and workshops intending on developing an action plan for evaluating Council performance, led by CCO outside consultants and legal counsel.</p> <p>CCO last updated its missions, vision, values, and strategic objectives using an outside facilitator in 2017 (last full strategic planning to update CCO's mission, vision, values, and strategic objectives).</p> <p>Evaluation and assessment of Council will be a priority in 2024 and will be reported on further in the 2024 CPMF.</p>		
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>	
	<p><i>Additional comments for clarification (optional)</i></p> <p>Evaluation and assessment of Council will be a priority in 2024 and will be reported on further in the 2024 CPMF. CCO Council developed a draft action for Council evaluation from the September 8 – 10, 2023 and November 24, 2023 Council meetings and strategic planning sessions, which will begin implementation in 2024.</p>		





		c. Ongoing training provided to Council and Committee members has been informed by:	The College fulfills this requirement:	Partially
		<ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or 	<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. 	
			<p>Council and committee education and training are informed by council and committee member feedback and direction. Specific education and training in 2023 took place at various times during the year – in February and April for orientation, September for strategic planning and November for an end of year educational session and workshop focusing on Council evaluation. Topics included introduction to CCO and professional regulation, duties of council and committee members, governance, best practices of colleges with respect to CPMF, avoidance of conflict of interest, cyber security training, communication practices and Council evaluation.</p> <p>CCO staff also participated in various education and training, including attending the CLEAR and CNAR conferences in 2023, attending various HPRO meetings and events and continuing education events put on by outside law firms and organizations. Materials from educational sessions are often included in public Council packages.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p> <p>CCO will continue to hold education and training sessions for Council and committee informed by Council and committee member feedback.</p>	Yes

	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2023 Notice of Election) for candidates for CCO Council for the 2023 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 21, 2023 from 6 pm - 8 pm. • On April 20, 2023, 8:30 am - 1 pm, Council and committee members participated in an orientation on CCO's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction and orientation to its committee at the first meeting of each committee. Depending on the committee, staff and outside legal counsel provided this orientation. • On September 8 - 10, 2023 - Council and staff attended strategic planning and educational sessions related to best practices on CPMF, Council evaluation, and communication practices. • As part of its strategic planning sessions on September 8 – 10, 2023, CCO Council and staff participated in educational and planning sessions led by outside consultants focused on developing a framework for Council evaluation. Council continued this session at its Council meeting on November 24, 2023 and developed an action plan to begin implementation in 2024 on Council evaluation. These discussions were part of the November 23, 2023 (page 103 of public Council package) and February 23, 2024 (page 132 of the public Council package) Council meetings. • New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • CCO staff participated in a number of education and training sessions in 2023 including attending educational conferences on topics related to professional regulation, DEI, and legal trends put on by CNAR, CLEAR and HPRO. • Review of standards of practice, policies and guidelines continue to be informed by emerging regulatory issues, input from the Inquiries, Complaints and Reports Committee based on trends and emerging issues in complaints, and correspondences from system partners, such as chiropractic professional associations. • The Health Profession Regulators of Ontario (HPRO)'s DEI Organizational Self-Assessment and Action Guide (including Equity Impact Assessment Tools) will help CCO better understand public expectations. Training opportunities continue to be identified, and the College will participate in HPRO training for all Colleges as part of HPRO membership. 	<p>Partially</p>
--	--	---	------------------

	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional):</i></p> <p>CCO will be reviewing the guidance for demonstrating commitment to DEI at the Board level, including representation, awareness, and appointments), and mitigating unconscious bias in decision making at both system and personal levels.</p> <ul style="list-style-type: none"> • HPRO EDI Organizational Self-Assessment and Action Guide (pdf) • HPRO EDI Organizational Self-Assessment and Action Guide – Case Studies (pdf) • HPRO EDI Organizational Self-Assessment and Action Guide – FAQs (pdf) 	




DOMAIN 1: GOVERNANCE STANDARD 2	Measure: 2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
	Required Evidence	College Response	
	<p>a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:</p> <p style="margin-left: 20px;">i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. <p>CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include:</p> <ul style="list-style-type: none"> CCO Code of Conduct for Council and Committee Members (public document on CCO's website, reviewed annually, last amended June 21, 2023) CCO Code of Conduct for Peer Assessors (public document on CCO's website, reviewed annually, last amended April 23, 2014) CCO Confidentiality Undertaking for Council and Committee Members (public document on CCO's website, reviewed annually, last amended June 21, 2023) CCO Confidentiality Undertaking for Peer Assessors (public document on CCO's website, reviewed annually, last amended January 20, 2024) Internal Policy I-015: Zero Tolerance for Abuse, Neglect and Harassment (internal policy, reviewed on an annual basis, last amended September 2018) <p>Included in every Council and committee information package, are the mission, vision, values and strategic objectives of CCO and the duties and objects of the College under the <i>Regulated Health Professions Act, 1991 (RHPA)</i> and the code of conduct for Council and committee members. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training.</p> <p>CCO also has a Policy on Conflict of Interest for Council and Non-Council Committee Members which is included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website.</p>	
	Yes		

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

	ii. accessible to the public.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>See response above</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>CCO By-law 6: Election of Council Members and By-law 12: Appointment of Non-Council Members identify "cooling off" periods as follows:</p> <ul style="list-style-type: none"> A member may be on CCO council or a committee for a maximum of nine years and then is required to be off CCO council or a committee for at least three years until being eligible for election again to Council or appointment to a committee. A member may only be chair of Council or a committee for a maximum of two consecutive years. A member is required to not be an employee, officer or director of a professional chiropractic organization that is identified as having a conflict of interest with CCO for a period of at least three years before being eligible for election to CCO Council 	

- | | |
|--|---|
| | <ul style="list-style-type: none">• CCO distributed to stakeholders, including members, proposed amendments to various by-laws, including cooling off periods. The distribution can be found at the following link as part of the September 19, 2023 President's Message. All feedback from stakeholders, including members, was included in the November 23, 2023 Supplementary public Council package. CCO Council deferred consideration of by-law amendments related to cooling off periods to its February 23, 2024 Council meeting. |
|--|---|

		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally:</p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: NO • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>CCO's Policy on Conflict of Interest for Council and Non-Council Committee Members and Code of Conduct are included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website. At the beginning of all Council and committee meetings, council and committee members are required to identify any conflict of interest that may arise with any item on the agenda, based on the criteria of this policy. The remainder of Council and committee members will then make a determination of whether this member has a conflict and whether they should be absent from the meeting for this agenda item. Legal advice may also be sought, depending on the issue.</p> <p>CCO Council members complete and sign a code of conduct, confidentiality undertaking, Internal Policy on Zero Tolerance for Abuse, Neglect and Harassment, and elected member undertaking on an annual basis. All of these forms, in addition to the Policy on conflict of interest, identify potential conflicts of interest issues https://cco.on.ca/wp-content/uploads/2023/04/Council-Orientation-Elections-Public-Package-April-20-2023.pdf (pages 313 - 323)</p> <p>Although these forms are completed annually, all council and committee members are required to identify any potential conflicts of interest for council or committee agenda items, at the beginning of a meeting, prior to review of those items.</p> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents. Continuous training on conflict of interest is provided at the annual orientation on April 30, 2023 and other times, such as during the candidate orientation on February 21, 2023 and as part of strategic planning on September 8 – 10, 2023</p>	

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



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



		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. <p>CCO regularly reviews, assesses, and manages internal and external risks in the following manner:</p> <ul style="list-style-type: none"> • CCO reviews all standards of practice, policies and guidelines on an annual basis. This review involves how assessing internal and external risks might inform amendments considered for these documents. Review of standards of practice, policies and guidelines are also informed by internal communication, such as communication from the Inquiries, Complaints and Reports Committee based on trends in complaints, and external communication, such as communication from system partners and stakeholders, as well as circulation of documents for feedback from stakeholders, including members, organizations and patients. • The Inquiries, Complaints and Reports Committee continued to apply risk management tools developed in 2021, available to the public and posted on the complaints webpage, to identify, assess and manage risk associated with complaints. • In 2023, CCO continued to prioritize identifying, assessing and managing risk associated with IT functions and cyber security, including obtaining enhanced cyber security insurance, requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. 	Yes
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.



	<p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p><i>Additional comments for clarification (if needed)</i></p>
--	--	---

DOMAIN 1: GOVERNANCE STANDARD 3	Measure:			
	3.1 Council decisions are transparent.			
	Required Evidence	College Response		
	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>CCO posts on its "News & Updates" page and distributes to members and stakeholders through President's Messages and other communication materials any new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into effect following approval of the Council minutes. Status reports are also publicly communicated through committee reports as part of public Council packages.</p> <p>CCO publishes Council minutes once they are approved, in accordance with Policy I-017: Minutes for CCO Meetings (page 493 of the April 14, 2021 public Council package).</p>		Yes
			Yes	
<i>if the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>		Choose an item.		
	Choose an item.			
<i>Additional comments for clarification (optional)</i>				



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



Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
iv. if decisions will be ratified by Council.

Additional comments for clarification (optional)

Measure:		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 	
	CCO posts its upcoming Council meeting dates and public Council meeting materials once they are prepared, generally one week in advance.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.	
	<i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. 	
	Notices of discipline hearings are posted both on the CCO website and under the member profile on the public register . These postings include a link to the Notice of Hearing and discipline hearing dates once they are scheduled. Following the discipline hearing, an agreed statement of fact, discipline decision and suspension dates are posted.	

		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
Measure:			
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.			
Required Evidence		College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).		The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the College's DEI plan. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. 	Yes
		CCO Council approved a Diversity, Equity and Inclusion (DEI) Plan on April 20, 2022. Among the objectives in the DEI Plan and the actions in 2023: <ul style="list-style-type: none"> Appointing three CCO staff members as DEI officers. Directing CCO committees to review standards of practice, policies and guidelines through a DEI lens. CCO Council approved amendments to several standards of practice, policies and by-laws, including Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and CCO's by-law review and amendments. Amendments included using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program. Identify current CCO standards of practice, policies and guidelines which include DEI principles for both members and CCO, such as Guideline G-001: Communication with Patients and Policy P-057: Accessibility Policy. Publish CCO's Land Acknowledgement on the CCO website, and begin every Council meeting with a reading of this. 	

- Various DEI training and meeting opportunities through HPRO, other regulatory colleges and other providers. In 2023, CCO staff attended the following education sessions related to DEI: Aiming for Equity in Leadership: March 16, 2023, Unconscious Bias Workshop: April 26, 2023, Understanding Gender Diversity in Children and Adolescents: May 10, 2023, Discussing Diversity: May 29, 2023, Anti-Racism in Health Care Regulation: June 29, 2023, Antisemitism in health care: September 19, 2023, CNAR Programs – Compassion in Regulation: Taking a People-Focused Approach, A Roadmap for Centering Equity, Diversity and Inclusion as a Regulator: October 17, 2023
- Including a presentation on DEI and accessibility at the Peer Assessor Workshop on January 28, 2023.
- CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on [Diversity, Equity and Inclusion](#).
- DEI events for staff, including the celebration and education on various events and holidays throughout the year.

CCO is a member of the Health Profession Regulators of Ontario (HPRO), and the CCO Registrar is a member of the Board of Directors. HPRO's Board has committed one of its three strategic priority areas to EDI. All 26 Colleges within the RHPA are members of HPRO and have agreed to this priority. Within HPRO's EDI priority, HPRO has completed an important project that provides an EDI Organizational Self-Assessment and Action Guide (including an Equity Impact Assessment Tool). The Guide addresses the CPMF and its seven distinct domains and provides specific steps to be considered for improvement.

The Guide helps the College carry out its EDI and anti-racism self-assessment across all aspects of the College's work and functions. It also helps the College with its continual EDI and anti-racism integration and improvements. It was based on research and evidence, and it included dedicated efforts and collaboration from College staff who, along with project management provided by external consultants Graybridge Malkam who have expertise in EDI.

The College will continue to support HPRO as it adds to its EDI toolkit and provides ongoing education, information, and training for College staff and governors.


- [HPRO EDI Organizational Self-Assessment and Action Guide \(pdf\)](#)
- [HPRO EDI Organizational Self-Assessment and Action Guide – Case Studies \(pdf\)](#)
- [HPRO EDI Organizational Self-Assessment and Action Guide – FAQs \(pdf\)](#)



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

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:</p> <p>Diversity, Equity and Inclusion Plan</p> <ul style="list-style-type: none"> • Direction to Committees to review standards of practice, policies and guidelines through a DEI lens. <p>Diversity, Equity and Inclusion Progress Update</p> <p>Guideline G-001: Communication with Patients</p> <ul style="list-style-type: none"> • Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary. • Members are to address the patient directly, even if an interpreter or support person is present. <p>Guideline G-009: Code of Ethics</p> <ul style="list-style-type: none"> • Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability. <p>Guideline G-011: Accommodation of Human Rights and Disabilities</p> <ul style="list-style-type: none"> • To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected; • To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to: <ul style="list-style-type: none"> ○ provide health care services without discrimination; and ○ accommodate patients who may face barriers to accessing care. <p>Policy P-045: CCO's Legislation and Ethics Examination</p> <ul style="list-style-type: none"> • CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities. 	<p>Partially</p>
--	---	---	------------------

		<p><u>Policy P-057: Accessibility Policy</u></p> <ul style="list-style-type: none"> • CCO is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services. <p><u>Competencies for Council and Committee Members (November 25, 2021)</u></p> <ul style="list-style-type: none"> • The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario. • Council and committee members should demonstrate a commitment to diversity and inclusion. <p>CCO Council approved amendments to several standards of practice, policies and by-laws, including <u>Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs</u>, <u>Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members</u> and CCO's by-law <u>review</u> and <u>amendments</u>. Amendments including using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue to review and adopt DEI principles, including further review and revisions of CCO's DEI plan, participation and adoption of HRPO DEI resources, and further education and training related to DEI.</p>	

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES STANDARD 4	Required Evidence	College Response	
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Among CCO's strategic objectives is the committee to "Continue to meet CCO's statutory mandate resource priorities in a fiscally responsible manner".</p> <p>Fiscal management is one criterion at which CCO has excelled, as evidenced by the following:</p> <ul style="list-style-type: none"> • Through extensive efforts over many years, CCO built sufficient resources to purchase a new home for CCO headquarters in 2019 at Yonge and Bloor. • CCO's new office space was built out on budget (despite many setbacks). • CCO increased members' fees for 2023 renewal by the Cost-of-Living-Adjustment (COLA), as authorized in By-law 13: Fees. This resulted in a \$50 increase to General members' fees for 2023 renewal. This was the first fee increase since 2011. CCO did not increase any renewal fees for 2024 renewal (launched in October 2023). • CCO approved amendments to By-law 13: Fees on November 23, 2023, following circulation to stakeholders, including members, for feedback. Amendments included a reflection of fees for the emergency class of registration and Specified Continuing Education or Remediation Programs (SCERPs). • The staff complement is small, competent, and loyal; there are 12 staff members for just over 5400 members. <p>CCO has operated in a fiscally responsible manner as evidenced in its financial reports published in its annual reports and in every Council meeting package. 2022 audited financial statements are included in the 2022 Annual Report and 2023 financial statements will be posted in the 2023 Annual Report, on completion of the audit. CCO has operated with a surplus in every year in the recent past and has reserves that are sufficient to operate CCO for at least one fiscal year.</p>

	<p>At every Council meeting, CCO Council reviews its expenses vs. budget for every budget item ongoing during the fiscal year. CCO will review any budget items where the actual expenses may be in excess of the budgeted cost. This may occur for committees such as Inquiries, Complaints and Reports and Discipline where the committee costs are contingent on the number of complaints and discipline hearings and may be difficult to predict exactly when approving a budget. Since these are core functions, CCO has always been able to fulfill the mandate of these committees by increasing the budget line for that particular committee or function. CCO will also use these increased figures as a guide for budgeting for the next year.</p> <p>Despite the requirement to increase particular budget items or committees as described above, CCO has not gone over budget as a whole during a fiscal year.</p> <p>At every Council and Executive meeting, actual financial results are compared with the budget and significant variances are reviewed and investigated further.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	



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



	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CCO includes detailed financial statements in the in-camera section of each Council package as well as each Executive Committee meeting package. At each meeting, the treasurer provides a detailed report on CCO’s updated financial information, including assets and liabilities, yearly spending vs. budget items, details about various fixed costs and reports on human resources, staff and staff training updates.</p> <p>CCO’s financial and human resources information is publicly available in CCO’s annual reports.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			



		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> • Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. 	
			<p>In 2023, CCO continued to prioritize identifying, assessing and managing risk associated with IT functions and cyber security, including requiring two-factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO obtained additional cyber security insurance, and continued requiring two-factor authentication for remote access to CCO emails and files.</p>	
			<p>CCO continues to review its use of technology as it applies to virtual council and committee meetings, virtual discipline hearings, member and corporation renewal, and reporting of quality assurance activities.</p>	
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p>				

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>CCO actively engages with other health regulatory colleges, system partners and stakeholders to align the oversight of the practice of the profession and support execution of its mandate. The following is a description of several of those organizations and CCO's involvement in them. Specific initiatives with stakeholders and system partners are further described in standards 5 and 6.</p> <p>The Health Professions Regulators of Ontario (HPRO): is an organization comprised of all health regulatory colleges governed under the <i>RHPA</i>. HPRO regularly has meetings of all its directors and Executive Committee, as well as several sub-committees, including Communications and Corporate Services. HPRO conducts training and seminars for council and staff of regulatory colleges, such as governance training, basic and advanced discipline training and prevention of sexual abuse of patients. The <u>discipline training</u> is a requirement for CCO Council and committee members to complete before sitting on a Discipline panel. Additionally, HPRO has conducted many virtual and in-person meetings in 2023,</p>

primarily to communicate with the Ontario Government and Ministry of Health and communicate among health regulatory colleges. CCO staff have attended many meetings and educational session conducted by HRPO, including ongoing meetings related to the professional regulation and DEI. CCO staff participate in several HPRO groups including those related to practice advisors, DEI, CPMF and others. Educational sessions related to DEI are summarized in the DEI section of this document.

The [Ontario Fairness Commissioner](#) (OFC) is the organization that assesses the registration practices of regulated professions and trades in Ontario to make sure they are transparent, objective, impartial and fair for anyone applying to practise his or her profession in Ontario. CCO provides annual reports to the OFC, posted on [CCO's website](#) and has annual meetings with the OFC to discuss ongoing developments in registration practices. CCO's [2022 annual report](#) (most recent report) to the OFC is posted on CCO's website.

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

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

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

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



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

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

As a member of its board of directors, CCO attends annual meetings of the CCEB, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, as well as the election of various board positions the review and approval of financial information. CCO attended the CCEB Board Meeting on November 22, 2023. The CCEB has updated its examination structure in late 2023/early 2024. CCO will report on these updates in its 2024 CPMF.

The [Canadian Memorial Chiropractic College](#) (CMCC) is the only English-speaking accredited chiropractic college in Canada. CMCC is a member of the FCC and attends those meetings to participate in discussions and policy development around accreditation and educational. CCO is in continuous communication with CMCC concerning the requirements for new graduates to become registered with CCO following graduation. CCO, along with other stakeholders and system partners will often present to students at CMCC on matters related to professional regulation. On August 25, 2023, CCO presented to CMCC students on topics related to professional regulation.

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

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

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

	<p>CCO received communications and participated in a number of meetings with various chiropractic associations on the topics of changes to entry-to-practice examinations, chiropractic care of animals and the consultations on amendments to the Veterinarians Act and number of CCO distributions for feedback from stakeholders, including members, including introducing an Emergency class of registration, proposed amendments to guidelines on assignment of care, development of a new guideline on virtual care, proposed amendments to various by-laws, and proposed amendments to standards on continuing education requirements.</p>
--	---

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

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

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

Following are examples of key successes and achievements from 2023 in which the College engaged with partners, including patients and the public, to ensure it responds to changing public/societal expectations.

Health Professions Regulators of Ontario (HPRO): CCO Council and committee members attended various training sessions conducted by HPRO related to conducting discipline hearings, governance and other professional regulatory topics. Staff participated in various HPRO meetings, committees and educational sessions related to the Quality Assurance, Practice Advisory, CPMF and DEI training. Council and committee members applied the knowledge from discipline training to serve on [four discipline panels in 2023](#), three of which were uncontested and one of which was contested. CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on [Diversity, Equity and Inclusion](#). Participating in the Quality Assurance and Practice Advisory groups has helped inform amendments to CCO's [Quality Assurance program](#), including introducing more [mandatory continuing education programs](#) for the July 1, 2022 – June 30, 2024 CE cycle, updating a [second version](#) of the [Self Assessment](#) for more experienced practitioners, and updating [Peer and Practice Assessment \(PPA\) 2.0](#) to include more examples and case scenarios to be analyzed as part of Peer and Practice Assessment (PPA). HPRO also meets every other week to discuss any emerging issues in professional health regulatory in Ontario. CCO has staff members of HPRO's EDI Network they actively participate in meetings and educational opportunities. The Network's activities include environmental scans and knowledge sharing, outreach to system partners through HPRO (e.g., Office of the Fairness Commissioner), opportunities for sharing in a safe and inclusive space, and documents and tools that the College can consider for possible implementation.



CCO filed its [2022 Annual Report](#) to the OFC (most recent report) and posted on CCO's website. CCO continues to be meet its key performance indicators for registering applicants in a timely, consistent and transparent manner, as reported to the OFC, including those registering under labour mobility and from other jurisdictions outside of Canada. CCO was indicated as a "low risk" college by the OFC as it relates to registration practices. CCO regularly communicates with other regulators inside and outside Canada to obtain letters of standing and other information relevant to registration of applicants.

CCO attended meetings of the FCC Regulatory Council and full FCC, which included presenting reports from all jurisdictions across Canada, sharing best practices and emerging issues in chiropractic regulation across Canada and accrediting Canadian chiropractic educational programs.

CCO attends annual meetings of the CCEB as a member of the board, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, the election of various board positions the review and approval of financial information. CCO attended the CCEB Board Meeting on November 22, 2023.

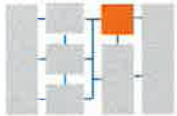
CCO presented to CMCC students on August 25, 2023 on topics related to professional regulation, on August 25, 2023.

CCO received communications and participated in a number of meetings with various chiropractic associations, including the OCA, CCA and AFC on the topics of [changes to entry-to-practice examinations](#), [chiropractic care of animals](#) and the consultations on amendments to the [Veterinarians Act](#) and number of CCO distributions for feedback from stakeholders, including members, including introducing an [Emergency class of registration](#), [proposed amendments to guidelines on assignment of care](#), [development of a new guideline on virtual care](#), [proposed amendments to various by-laws](#), and [proposed amendments to standards on continuing education requirements](#). Feedback on these various consultations from stakeholders, including members, are included in [public Council packages](#).

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



	<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>CCO continued with several cyber security initiatives in 2023:</p> <ul style="list-style-type: none"> CCO continued to use cyber security insurance. CCO continued to apply and expand its use of two-factor authentication access to CCO emails and files while working remotely. 	<p>Yes</p>
		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>In conjunction with its IT providers, CCO will continue prioritizing IT and cyber security reviews in 2023, enhancing security, and performing independent assessments.</p>	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
Required Evidence		College Response	
DOMAIN 5: REGULATORY POLICIES STANDARD 8	<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<p><i>Benchmarked Evidence</i></p>	<p>• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</p> <p>At the first committee meeting, following the constitution of new committees annually, every committee reviews all its standards of practice, policies, guidelines, policies and by-laws and identifies documents that should be reviewed and considered for amendments. Committees may recommend amendments to documents for various reasons, including receiving a memorandum from the Inquiries, Complaints and Reports Committee on recent complaints matters, complying with legislative and regulatory amendments, researching and applying best practices from other professional regulators and other jurisdictions and other communications from system partners such as the Office of the Fairness Commissioner, chiropractic professional associations and malpractice insurance providers and members of the public. The following are examples of revisions made to CCO documents in 2023:</p> <ul style="list-style-type: none"> • CCO <u>circulated</u> draft amendments to its Registration Regulation to introduce an Emergency Class of Registration. Feedback was included in <u>public Council packages</u> (pages 35 – 111) and final approvals for amendments to the <u>Registration Regulation</u> were made on August 31, 2023. • CCO approved amendments to <u>Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members</u> to include more details on the policies and procedures of review of applications for funding. CCO also expanded <u>this section</u> on the website to include more information and common Q&A's and developed a <u>flowchart</u> to visualize the process. • CCO <u>circulated</u> to stakeholders, including members, proposed amendments to guidelines related to assignment of care and a new guideline on virtual care. These reviews were taken as a result of a number of complaints related to the issue of assignment of care in an effort to strengthen the communication and consent regarding assignment of care between the chiropractor and patient. Establishing a permanent guideline on virtual care was done to replace temporary guidance during the COVID-19 pandemic and to address new and emerging areas of practice. Feedback was reviewed and included in the <u>November 23, 2023 public Council package</u> and final approvals of these documents were made by Council on November 23, 2023. Content related to 	

these new and amended guidelines is included in CCO workshops. [Guideline G-014: Delegation, Assignment and Referral of Care](#) and [Guideline G-015: Virtual Care](#) are posted on the CCO website.

- CCO circulated to stakeholders, including members, proposed by-law amendments related to a number of topics, including DEI, using gender neutral pronouns, improving clarity and eliminating redundancies, correcting minor inconsistencies, changing cooling off periods to be eligible for election to Council, allowing the President to vote on matters before Council, and updating the fees by-law to reflect fees for the emergency class of registration and Specified Continuing Education or Remediation Programs (SCERPs). Feedback was included in the [November 23, 2023 public Council package](#). Council approved a number of by-law amendments and deferred consideration of others to the February 23, 2024 Council meeting. [Updated by-laws](#) are posted on the CCO website.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

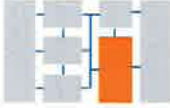


	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College's development and amendment process. <p>CCO reviews all its by-laws, internal policies standards of practice, policies and guidelines on an annual basis or if there is a regulatory reason for review, such as a change in legislation, a direction from the Inquiries, Complaints and Reports Committee or Discipline Committee or a change in public health requirements (e.g., related to the COVID-19 pandemic). In its review, CCO committees will include as part of their review, as included in committee materials:</p> <ul style="list-style-type: none"> • Evidence and data related to inquiries, complaints and discipline trends and results, • Risk based analysis posed to patients and the public, including the review of journal and academic articles, and • Comparable documents from other Ontario Health regulatory colleges and other chiropractic regulators across Canada and sometimes in other jurisdictions (USA, Australia, UK) <p>CCO also reviews submissions and responses to distributions and requests for feedback from members, patients, stakeholders, system partners, professional associations, academic institutions, and professional malpractice insurance providers. As described in the previous section, CCO conducted several distributions for feedback from stakeholders, including members, on various new and amended standards of practice, guidelines and by-laws. Feedback and recommendations for approval of several of these documents are summarized as part of the November 23, 2023 Council meeting:</p> <ul style="list-style-type: none"> • CCO Council Meeting Public Package • CCO Council Meeting Public Supplementary Package – Compilation of Feedback re: By-law Distribution as at November 20, 2023, excluding legal advice which may be discussed in camera by Council pursuant to Ss. 7(2) of the Code • CCO Council Meeting Public Supplementary Package – Compilation of Feedback Related to Quality Assurance Committee Recommendations to Council <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
--	---	---	------------

	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:</p> <p><u>Diversity, Equity and Inclusion Plan</u></p> <ul style="list-style-type: none"> • Direction to Committees to review standards of practice, policies and guidelines through a DEI lens. <p><u>Diversity, Equity and Inclusion Progress Update</u></p> <p><u>Guideline G-001: Communication with Patients</u></p> <ul style="list-style-type: none"> • Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary. • Members are to address the patient directly, even if an interpreter or support person is present. <p><u>Guideline G-009: Code of Ethics</u></p> <ul style="list-style-type: none"> • Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability. <p><u>Guideline G-011: Accommodation of Human Rights and Disabilities</u></p> <ul style="list-style-type: none"> • To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected. • To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to: <ul style="list-style-type: none"> ○ provide health care services without discrimination; and ○ accommodate patients who may face barriers to accessing care. <p><u>Policy P-045: CCO's Legislation and Ethics Examination</u></p> <ul style="list-style-type: none"> • CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities. 	<p>Yes</p>
--	--	---	------------

		<p><u>Policy P-057: Accessibility Policy</u></p> <ul style="list-style-type: none"> • CCO is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services. <p><u>Competencies for Council and Committee Members (November 25, 2021)</u></p> <ul style="list-style-type: none"> • The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario. • Council and committee members should demonstrate a commitment to diversity and inclusion. <p>CCO Council approved amendments to several standards of practice, policies and by-laws, including <u>Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs</u>, <u>Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members</u> and CCO's by-law <u>review</u> and <u>amendments</u>. Amendments including using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	



		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9		Required Evidence	College Response
		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <table border="1" data-bbox="1612 532 1974 570"> <tr> <td data-bbox="1612 532 1619 570"></td> <td data-bbox="1619 532 1974 570">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>CCO's Prospective Members section of its website includes all regulations, by-laws, policies, application forms, decision-making charts for requirements for registration and links to outside organizations, such as educational accrediting agencies and the clinical competency examining board.</p> <p>CCO's Registration Coordinator receives completed applications from prospective members and verifies them to determine if all the requirements for registration are included. As part of the registration application submission, CCO will receive documents from outside organizations, such as transcripts from accredited chiropractic educational institutions, examination results from the CCEB and Vulnerable Sector Police Checks from police departments.</p> <p>Once a completed application is received and reviewed by the Registration Coordinator, it will then be reviewed by the Registrar and General Counsel. The Registration Coordinator and Registrar and General Counsel will review each application to ensure that all requirements for registration in CCO's Registration Regulation and various registration by-laws and polices have been met.</p> <p>If any application is missing a requirement or if there is a question as to the completeness of an application, the applicant will be asked to provide additional information.</p>
	Yes		

Only after review and approval from the Registrar and General Counsel, will an application for registration be approved and the applicant be issued a certificate of registration. Approximately 95% of applications are approved by the Registrar and General Counsel.

If there is a question whether the applicant meets the requirements for registration, the application and additional information will be referred to the Registration Committee for review and a decision. Review of the application may include a request for additional information for review, such as a member's professional portfolio, outlining their quality assurance and continuing education activities, letters of good standing from other regulated jurisdictions in which the member practised and any applicable letters from medical or legal practitioners or experts. The Registration Committee will also review CCO [regulations](#) and [policies](#) as well as decision-making charts based on specific criteria and past precedents to help guide its decisions for [previous members](#) and [new applicants](#).

Following review of an application and all applicable information, the Registration Committee may make the following decisions:


- Register the applicant,
- Register the applicant with terms, conditions and limitations,
- Not register the applicant,
- Require the applicant to complete further requirements to be eligible for registration, or
- Request further information.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.



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

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.			
	<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. 	<p>Yes</p>
		<p>The Registration Committee reviews its annual renewal processes each year to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. Every two years, during the same renewal period, members are also required to report on their compliance with CCO's Quality Assurance requirements, such as compliance with self-assessment and continuing education. Quality Assurance requirements and reporting are found in the Quality Assurance section of this document. Information related to 2024 renewal can be found at the following link.</p> <p>CCO's Registration Committee reviews legislation and regulation, specifically the <i>RHPA</i> and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation. As well, in its review, the Registration Committee will review all relevant by-laws, regulations and policies for any updates to the renewal process. If necessary, CCO will consult with outside legal counsel for any advice.</p> <p>For the 2024 renewal process, the Registration Committee met in July 2023 to review the 2024 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2024.</p> <p>If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO's Registration Coordinator will automatically be notified by email through the renewal system, and that member's renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.</p>	

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

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

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: Completed <p>CCO's OFC reports can all be found at the following link. CCO has been identified as a "low risk" college by the OFC, as of February 21, 2024.</p> <p>CCO has continuously updated the "Prospective Members" section of its website to ensure that its registration practices are transparent, objective, impartial and fair. These updates, based on its meetings and self-assessments with the OFC, have included more links to outside organizations, costs associated with the registration process, lists of requirements and forms to be completed for registration with CCO, links to all relevant by-laws, regulations and policies associated with registration, and flowcharts to visualize requirements for registration for different types of applicants, depending on their circumstances.</p> <p>CCO's meetings with chiropractic stakeholders, such as educational accrediting boards and clinical competency examination providers include discussions and meetings to ensure that CCO's registration practices, including those administered by third parties, are transparent, objective, impartial and fair.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	



Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants - % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>CCO approved amendments to Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members to include more details on the policies and procedures for review of applications for funding. CCO also expanded this section on the website to include more information and common Q&A's and developed a flowchart to visualize the process.</p> <p>CCO circulated to stakeholders, including members, proposed amendments to guidelines related to assignment of care and a new guideline on virtual care. These reviews were taken because of a number of complaints related to the issue of assignment of care in an effort to strengthen communication and consent between the chiropractor and patient regarding assignment of care. A permanent guideline on virtual care was created to replace temporary guidance during the COVID-19 pandemic and to address new and emerging areas of practice. Feedback was reviewed and included in the November 23, 2023 public Council package and final approvals of these documents were made by Council on November 23, 2023. Content related to these new and amended guidelines is included in CCO workshops. Guideline G-014: Delegation, Assignment and Referral of Care and Guideline G-015: Virtual Care are posted on the CCO website.</p> <p>CCO Council approved amendments to several standards of practice, policies and by-laws, including Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and CCO's by-law review and amendments. Amendments including using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.</p>



CCO communicated amendments and supported implementation of new amended documents by means of various messages to stakeholders, including members, and communicate many of these amendments in its [March 1, 2024 distribution](#) (following the February 23, 2024 Council meeting, when many of these provisions came into effect. CCO also presents updates on these amended documents as part of its [Regulatory Excellence Workshop](#) (REW) (which is offered for free virtually three times a year, and will be offered as part of free, in-person road shows in 2024 around Ontario – three are scheduled), updates to its PPA [1.0](#) and [2.0](#) checklists and programs. Further statistics about these initiatives can be found in the Quantitative section of this document related to Quality Assurance initiatives.

As of July 1, 2022, the REW has become a mandatory component of [CE requirements](#), to be completed once every six years. The REW is continuously updated to include the most recent version of standards of practice, policies and guidelines, as they related to all aspects of professional regulation and patient care, as well as new and amended documents and how they apply to practice.

CCO staff is always available to respond to questions from members, stakeholders, and members of the public. If there is a novel issue raised, this may be brought to the attention of the appropriate committee for further review.

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

Choose an item.

Additional comments for clarification (optional)

Measure:					
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .					
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<table border="1"> <thead> <tr> <th>The College fulfills this requirement:</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to the policy.</i> <p>CCO's QA Program, details which are available on the CCO website consists of many components, including Professional Portfolio, Self Assessment, Continuing Education, PPA 1.0, PPA 2.0 and REW and the Core Competencies Document.</p> <p>All members are required to participate in the QA program and are required within a two-year Continuing Education (CE) cycle to complete a self-assessment, participate in continuing education and report these activities to CCO through the member portal.</p> <p>The requirements of the quality assurance program are described in Standard of Practice S-003: Professional Portfolio. As well, approximately 250 – 500 members are randomly selected each year for either PPA 1.0 or 2.0. However, there are several factors which may trigger a specific member being selected for a PPA, a requirement to attend a REW or additional educational activities:</p> <ul style="list-style-type: none"> Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a REW and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in Policy P-053: Returning to the General Class of Certificate of Registration. Members who are subject to the inquiries, complaints and reports or discipline process are often required to participate in various components of the QA program, such as the REW and PPA, through undertakings and discipline decision. These activities are intended to remediate deficiencies found through the complaints or discipline processes. </td> <td></td> </tr> </tbody> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to the policy.</i> <p>CCO's QA Program, details which are available on the CCO website consists of many components, including Professional Portfolio, Self Assessment, Continuing Education, PPA 1.0, PPA 2.0 and REW and the Core Competencies Document.</p> <p>All members are required to participate in the QA program and are required within a two-year Continuing Education (CE) cycle to complete a self-assessment, participate in continuing education and report these activities to CCO through the member portal.</p> <p>The requirements of the quality assurance program are described in Standard of Practice S-003: Professional Portfolio. As well, approximately 250 – 500 members are randomly selected each year for either PPA 1.0 or 2.0. However, there are several factors which may trigger a specific member being selected for a PPA, a requirement to attend a REW or additional educational activities:</p> <ul style="list-style-type: none"> Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a REW and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in Policy P-053: Returning to the General Class of Certificate of Registration. Members who are subject to the inquiries, complaints and reports or discipline process are often required to participate in various components of the QA program, such as the REW and PPA, through undertakings and discipline decision. These activities are intended to remediate deficiencies found through the complaints or discipline processes. 	
The College fulfills this requirement:	Yes				
<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to the policy.</i> <p>CCO's QA Program, details which are available on the CCO website consists of many components, including Professional Portfolio, Self Assessment, Continuing Education, PPA 1.0, PPA 2.0 and REW and the Core Competencies Document.</p> <p>All members are required to participate in the QA program and are required within a two-year Continuing Education (CE) cycle to complete a self-assessment, participate in continuing education and report these activities to CCO through the member portal.</p> <p>The requirements of the quality assurance program are described in Standard of Practice S-003: Professional Portfolio. As well, approximately 250 – 500 members are randomly selected each year for either PPA 1.0 or 2.0. However, there are several factors which may trigger a specific member being selected for a PPA, a requirement to attend a REW or additional educational activities:</p> <ul style="list-style-type: none"> Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a REW and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in Policy P-053: Returning to the General Class of Certificate of Registration. Members who are subject to the inquiries, complaints and reports or discipline process are often required to participate in various components of the QA program, such as the REW and PPA, through undertakings and discipline decision. These activities are intended to remediate deficiencies found through the complaints or discipline processes. 					

	<p>CCO receives feedback on its QA program in a number of ways:</p> <ul style="list-style-type: none"> • CCO holds an annual PPA workshop with all its peer assessors. In 2023, CCO held an in-person peer assessor workshop on January 28, 2023. This workshop provided an opportunity for peer assessors to offer valuable feedback on both versions of the PPA. Presentations to the peer assessors was also provided on new and updated standards of practice, policies and guidelines, DEI and competencies as they relate to controlled acts. Each peer assessor conducts approximately 10 – 20 peer assessments per year and, as representatives of CCO who have the opportunity to assess and interact with members in an educational setting, they provide invaluable feedback on strengths, weaknesses and areas for improvement for the PPA and the QA program in general. Peer Assessors can also provide feedback on the program through a variety of systems and all feedback is brought forward to the QA Committee for analysis and consideration of further ways to improve the program. • Each PPA includes a feedback form that is completed by the member being assessed. All feedback is reviewed by the QA Committee for the purposes of improving the program. • All substantive new or amended by-laws, regulation, standards of practice, policies and guidelines are distributed to members and stakeholders for feedback, as well as posted publicly on the “News & Updates” section of the CCO website providing an opportunity for the public and patients to provide feedback as well. All feedback related to quality assurance initiatives is reviewed by the Quality Assurance Committee and Council for further amendments. • In 2023, The QA Committee reviewed in detail the “Right Touch” regulation document and will be including it in all committee information packages. The current PPA program utilizes the “Right Touch” principles as it is meant to be educational and remedial rather than punitive. Only continued non-compliance results in punitive measures, such as referral to the Inquiries, Complaints and Reports Committee.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of other Ontario health regulatory colleges in order to advance its understanding of best practices and areas for improvement for CCO’s QA Program. CCO also continue to review the “Right Touch” model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.</p>

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

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



	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>As described above, the QA program and the PPA Program specifically are primarily an educational and remediation program, and punitive measures, such as referral to the Inquiries, Complaints and Reports Committee have only occurred in situations of non-compliance. Individual PPAs may result in additional remediation or member requirements, such as re-submitting patient health records for review.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>




		<i>Additional comments for clarification (optional)</i>	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes
	<ul style="list-style-type: none"> • Please insert a link to the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Both PPA streams, 1.0 and 2.0 are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. Further remediation follow-up is scheduled on a case-by-case basis and CCO staff follows up with these members to ensure remediation recommendations are incorporated into their practices. This can occur through resubmission of updated record keeping forms.</p>		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (if needed)</i>			



	<p>sexual abuse therapy); and;</p>	<p><i>Additional comments for clarification (optional)</i></p>
--	--	--



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

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



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



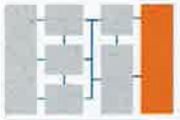
Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:
	<div style="text-align: right; border: 1px solid black; padding: 2px;">Yes</div> <ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The College provides formal letters to the complainant and member within the timelines of the complaints process under the Health Professions Procedural Code under the <i>RHPA</i>. CCO will log and track complaints within the internal member database which includes key dates that are required for communications consistent with the <i>RHPA</i> requirements. Information and sample letters are included in the inquiries, complaints and reports webpages.</p>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
Choose an item.	



		<p><i>Additional comments for clarification (optional)</i></p>
--	--	--




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

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.					
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response				
		a. Outline the College's KPIs, including a clear rationale for why each is important.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="604 581 1606 617"> The College fulfills this requirement: </td> <td data-bbox="1606 581 1959 617" style="text-align: center;"> Yes </td> </tr> <tr> <td colspan="2" data-bbox="604 617 1959 1198"> <ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>In addition to its mission, vision, values and strategic objectives and committee objectives, CCO approved the Key Performance Indicators document for core CCO functions. KPIs are regularly included in Council and committee packages, and are intended to identify the core objectives of certain statutory committees and the annual review of standards of practice, policies and guidelines. CCO continues to meet its KPIs, in terms of registering applicants in a timely manner, processing complaints in accordance with the requirements of the <i>RHPA</i>, conducting PPAs on approximately 5 – 10% of members registered in the General class of registration annually, and reviewing all by-laws, standards of practice, policies and guidelines annually, or more often if there is a regulatory reason for review.</p> </td> </tr> <tr> <td data-bbox="604 1198 1606 1242"> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> </td> <td data-bbox="1606 1198 1959 1242" style="text-align: center;"> Yes </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>In addition to its mission, vision, values and strategic objectives and committee objectives, CCO approved the Key Performance Indicators document for core CCO functions. KPIs are regularly included in Council and committee packages, and are intended to identify the core objectives of certain statutory committees and the annual review of standards of practice, policies and guidelines. CCO continues to meet its KPIs, in terms of registering applicants in a timely manner, processing complaints in accordance with the requirements of the <i>RHPA</i>, conducting PPAs on approximately 5 – 10% of members registered in the General class of registration annually, and reviewing all by-laws, standards of practice, policies and guidelines annually, or more often if there is a regulatory reason for review.</p>	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>In addition to its mission, vision, values and strategic objectives and committee objectives, CCO approved the Key Performance Indicators document for core CCO functions. KPIs are regularly included in Council and committee packages, and are intended to identify the core objectives of certain statutory committees and the annual review of standards of practice, policies and guidelines. CCO continues to meet its KPIs, in terms of registering applicants in a timely manner, processing complaints in accordance with the requirements of the <i>RHPA</i>, conducting PPAs on approximately 5 – 10% of members registered in the General class of registration annually, and reviewing all by-laws, standards of practice, policies and guidelines annually, or more often if there is a regulatory reason for review.</p>							
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes						

		<p><i>Additional comments for clarification (if needed)</i></p> <p>CCO has prioritized review of its mission, vision, values and strategic objectives as part of its strategic planning session in September 2024, which may have an effect on its KPIs.</p>								
	<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="611 609 1648 657">The College fulfills this requirement:</td> <td data-bbox="1648 609 1967 657">Yes</td> </tr> <tr> <td colspan="2" data-bbox="611 657 1967 917"> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>Public Council packages include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</p> </td> </tr> <tr> <td data-bbox="611 917 1648 966"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="1648 917 1967 966">Yes</td> </tr> <tr> <td colspan="2" data-bbox="611 966 1967 1253"> <p><i>Additional comments for clarification (if needed)</i></p> <p>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>Public Council packages include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</p>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes	<p><i>Additional comments for clarification (if needed)</i></p> <p>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p>	
The College fulfills this requirement:	Yes									
<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>Public Council packages include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.</p>										
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes									
<p><i>Additional comments for clarification (if needed)</i></p> <p>CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.</p>										



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

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



Part 2: Context Measures

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

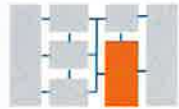
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
<p>Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:</p>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	
<p>1. Regulatory Excellence Workshops (REW)</p> <p>For many years, CCO has mandated all its new registrants to attend the interactive REW (formerly known as the Record Keeping Workshop) within the first year of registering with CCO. Additionally, to ensure all members are maintaining their knowledge and understanding of the College's standards, policies and guidelines, it is mandatory for all members to attend a REW once every three CE cycles (6 years). This change was approved by Council and made effective on July 1, 2022.</p> <p>This workshop is led by CCO staff, including one member of the profession, the Director of Professional Practice. Since the pandemic, CCO continues to deliver the workshop virtually as this facilitates access to all its members throughout the province. It should also be noted that the College does not charge a fee to attend the workshop.</p> <p>Below is compilation of the REWs from 2023:</p>	<p>3 workshops 362 attendees</p>	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>



Workshop Date	Actual Number of Attendees Present		
Feb 17	120		
June 2	126		
Nov 1	116		
<p>This interactive workshop continues to be an excellent opportunity for the College to set member expectations; to talk about emerging trends; quantify, qualify and address potential risks as members enter their practice life, all in keeping with the principles of "Right Touch regulation". REW provides its members and any interested parties (i.e. insurance companies) the ability to review any updates to standards of practice, policies and guidelines and their implementation strategies.</p>			
<p>The workshop features a step-by-step approach, broaching the following topics:</p> <ul style="list-style-type: none"> • an introduction to CCO • accurately documenting the "story" of the doctor/patient relationship (consultation, history, examination, diagnostic imaging, report of findings, communicating a diagnosis, treatment, SOAP notes, re-assessment, dismissal) • informed consent – when, how, and why • communication with patients, avoiding boundary crossings and prevention of sexual abuse • chiropractic scope of practice • billing and business practices • adjunctive therapies and assistive devices (including orthotics) • delegation, assignment and referral of care • advertising, websites and social media • privacy of personal health information (including the use of electronic health care records) • changes to and dissolution of practice • new and amended CCO standards of practice, policies and guidelines 			

<ul style="list-style-type: none"> • current events <p>For further information regarding CCO's REW, please see the following link: https://cco.on.ca/members-of-cco/workshops/</p> <p>2. Peer and Practice Assessment (PPA)</p> <p>Details surrounding the PPA Program can be found on CCO's website:</p> <ul style="list-style-type: none"> • PPA 1.0 • PPA 2.0 <p>CCO's Quality Assurance (QA) Committee developed the PPA Program to enhance members' learning opportunities and ensure their compliance with the regulations, standards of practice, policies, and guidelines.</p> <p>On becoming registered with CCO, members have the right to call themselves chiropractors and to practice chiropractic within the scope of practice identified in the <i>Chiropractic Act, 1991</i>. In assuming the right to practice, members also assume the responsibilities associated with this right, including the responsibility to maintain competence.</p> <p>The public must feel confident that chiropractors within Ontario, who demonstrated entry-level competencies when they registered with CCO, continue to demonstrate their competence for the duration of their practice. As such, there is an expectation that members engage in life-long learning, and continually build their competencies throughout their career.</p> <p>During the assessment, peer assessors can flag any deficiencies noted with the members' record keeping and/or knowledge of the College's standards of practice, policies, and guidelines. This process also allows the member to engage in conversations with their peer assessor regarding any noted deficiencies so that they may address them immediately.</p>	<p>PPA 1.0 = 242 PPA 2.0 = 274</p>	
---	---	--



CCO has developed two phases (thus far) to the PPA Program to acknowledge and address the changes in member competencies that are gained with clinical experience. **PPA 1.0** is intended for use with entry-to-practice new registrants/practitioners. Its focus is to ensure members:

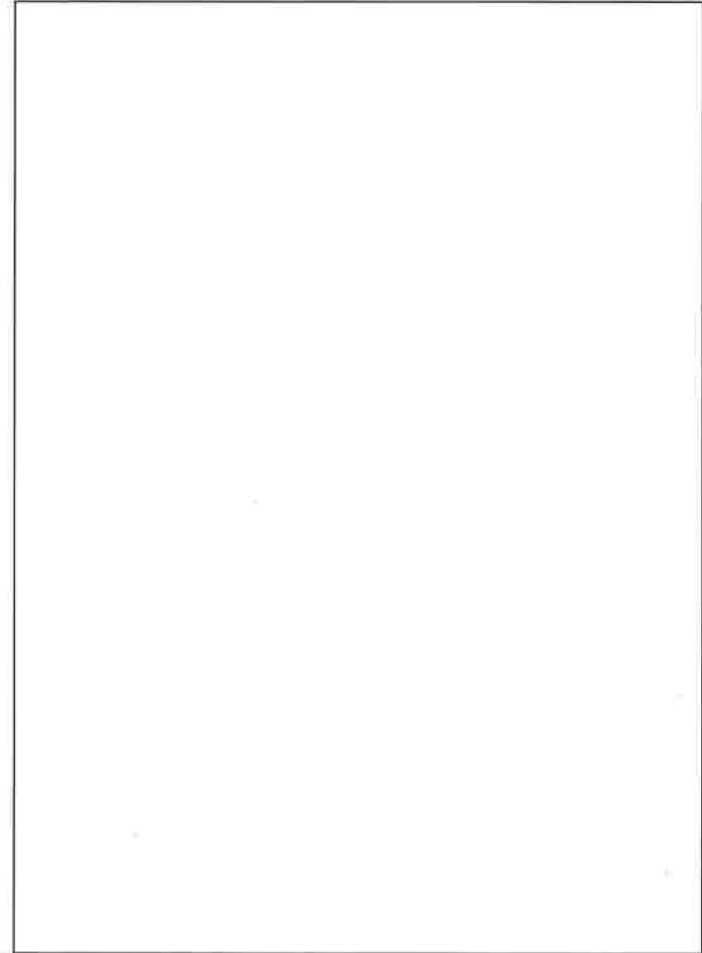
- Are adhering to *S-002: Record Keeping* (<https://cco.on.ca/wp-content/uploads/2023/02/S-002Feb2023.pdf>) with the review of five (5) sterilized patient files;
- Fully understand all standards of practice, policies, and guidelines in a “Q and A” formatted section;
- Fully understand all components of the professional portfolio and are able to demonstrate their clinical competencies via continuing education activities.

PPA 2.0 has been developed for assessing more experienced practitioners and typically, is only used after a member has undergone PPA 1.0 and addressed any issues revealed in that process. These two streams of assessments also provide opportunities to interact, one-on-one, with members at different stages of their professional lives.

Building on successful elements of PPA 1.0, the PPA 2.0 assessment process involves:

- A more in-depth, conversational review of a selection of four (4) patient files to better ensure that members are maintaining an accurate patient health record, reflective of the patient encounter and “story”;
- A review and conversation related to scenarios commonly encountered in clinical practice that show implementation of regulations, standards of practice, policies, and guidelines in real life situations;
- A more complete review of the member’s professional portfolio to ensure that all components, especially areas needing improvement identified in the member’s Self-Assessment Plan of Action, are being addressed by the member.

Both PPA streams are designed to be non-punitive, providing real-time feedback to



members on a wide range of topics related to chiropractic practice. Members are randomly selected to participate in the program. Once assessments have been completed, the QA Committee reviews the summary reports and provides all members with an official disposition report. This report would include, if appropriate, specific remedial recommendations for the member to address. If required, further remedial follow-up is scheduled on a case-by-case basis. A system has been implemented to track members who require additional submissions due to deficiencies noted during their PPA. This is to help reduce the potential risk of members receiving complaints and maintain the interest of the public.

The numbers of completed peer assessments for 2023 are as follows:

PPA, 2023

1.0	242
2.0	274

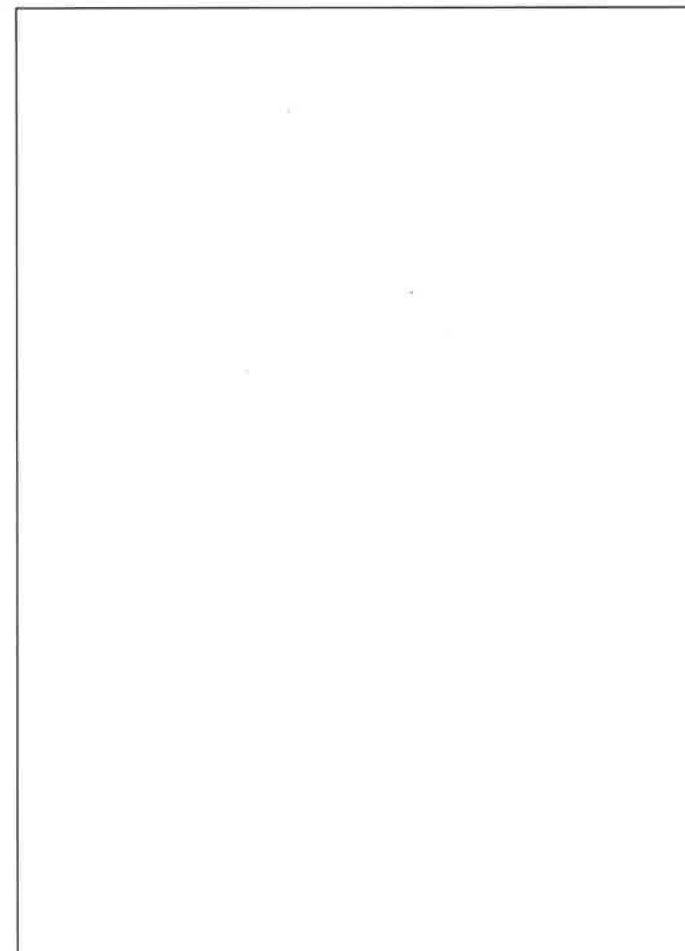
Participation is Mandatory

Members who hold a General (i.e., General Active, General Non-Practising and General Non-Resident) Certificate of Registration are required to participate in this program.

If a member is registered as General Non-Practising and General Non-Resident, they will undergo a modified assessment. For example, if the member does not actively see patients (General Non-Practising), the assessment would entail a review of their knowledge of CCO regulations, standards of practice, policies, and guidelines.

The QA Committee has taken steps to ensure that ALL members registered, regardless of whether they work in direct patient care or not, take steps to maintain the skills and knowledge that are core to providing direct patient care.

Information gathered during the peer assessment is shared with the members of the QA Committee only.





Member Selection

CCO randomly selects members to participate in the program and matches the selected member with a suitable peer assessor: a colleague trained to identify areas of improvement and encourage members to strive for continuous quality improvement will conduct the assessment, designed to be educational, not punitive.

It should also be noted that, in keeping with “Right Touch regulation” principles, the PPA Program has been increasingly used by both CCO’s Registration Committee (e.g. having members undergo a proactive PPA when returning to practice after an absence) and ICRC (e.g. creating the Peer Mentoring Program, based on PPA 2.0, that helps guide members’ understanding and implementation of better practices for members having been identified as non-compliant in some manner).

Peer Assessors, Training and Support

CCO continues to maintain a core group of highly trained peer assessors since the inception of the program. These assessors play a key and vital role in the success of both the development and implementation of the program. Successful peer assessors must meet the conditions and elements outlined in our *P-051: Peer Assessors* (<https://cco.on.ca/wp-content/uploads/2018/12/P-051.pdf>).

In 2023, CCO had a roster of 31 trained and experienced peer assessors working in the field providing valuable guidance to members, in-person and remotely.

Each year, since the start of the PPA program, the QA Committee has hosted all peer assessors for an in-person day-long training workshop. This workshop typically involves the following elements:

- Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;

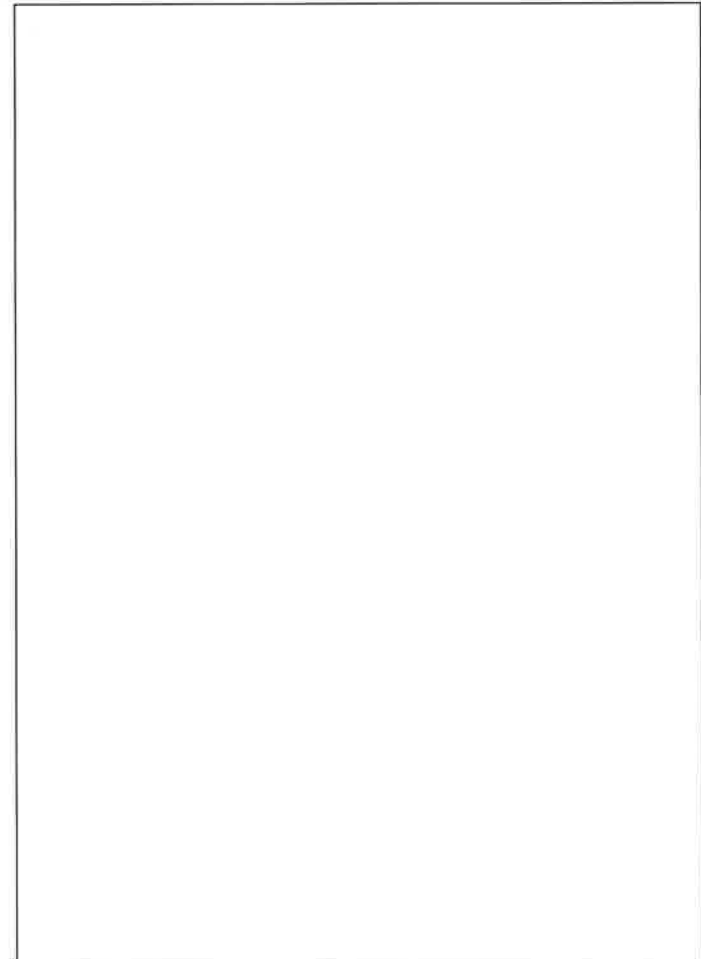


- Review of changes to the PPA programs to accommodate the above updates;
- Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle;
- Group and/or individual performance feedback to peer assessors;
- Small group break-out sessions that often task assessors with brainstorming, creating and developing ideas for new elements, changes or refinements of future PPA or other QA initiatives;
- Guest speakers with experience in quality assurance, continuing competencies or other areas relevant to this initiative;
- Updates on current events such as professional or government trends and/or initiatives;
- Plenty of opportunity for assessors from all over the province to interact with their colleagues.

On January 28, 2023, the annual Peer Assessor Workshop was held in-person at the CCO offices, with the option to attend virtually. Attendees included peer assessors, Council President, elected professional and public-appointed members of the QA Committee, and CCO staff. This year's break-out sessions focused on assessing core competencies and controlled acts, as well as diversity, equity and inclusion.

Once again, feedback was overwhelmingly positive, and assessors provided various suggestions for future workshops.

Peer assessors are always encouraged to contact the Director of Professional Practice if they have any questions/concerns regarding the PPA Program or if they encounter a unique situation/question during an assessment.





New Peer Assessors

In the fall of 2022, CCO appointed nine (9) new peer assessors. Criteria included:

- Need for peer assessor(s) in each CCO district
- Geographical location of the member's practice
- Type of practice and/or practice style
- Experience
- Additional professional qualifications, expertise and/or specialty
- Languages spoken
- Communication skills

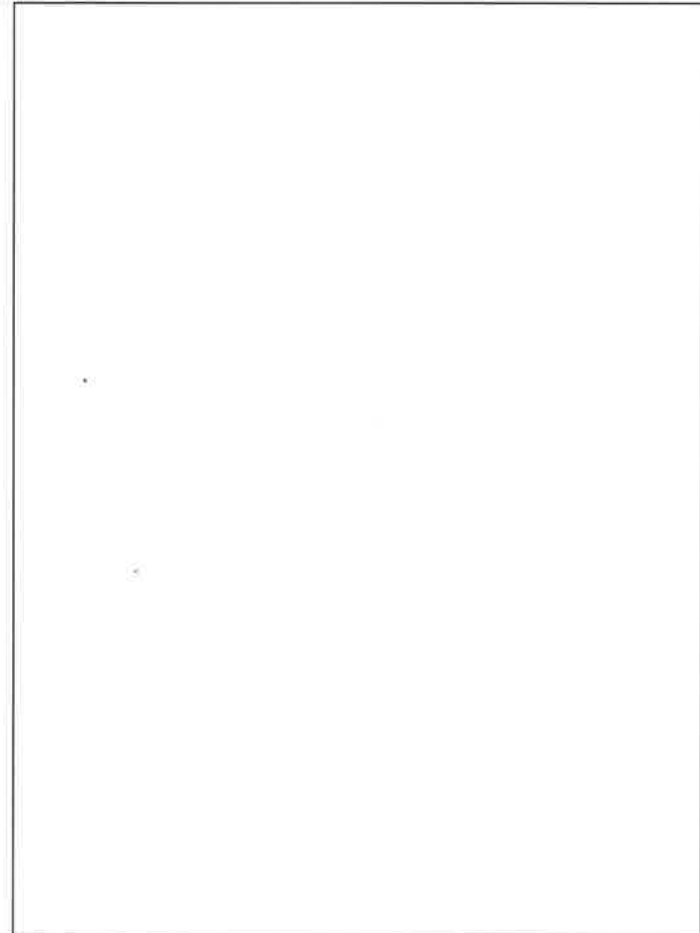
In-field training began in 2022 with each new assessor being required to observe a current peer assessor as they conducted both a PPA 1.0 and a PPA 2.0. Any new assessor who had yet to complete PPA 2.0 was required to undergo this assessment which counted toward their observations.

Training for the new assessors continued on January 27, 2023 with an Orientation Day, as well as their required attendance at the Peer Assessor Workshop the following day.

This full-day event included the following objectives:

- Overview of CCO (duties and objectives; mission and strategic objectives; mandate of QA;
- The role of a Peer Assessor and the PPA Program;
- S-002: Record Keeping ;
- Professional Portfolio.

It was during this session that new assessors were provided step-by-step instructions and demonstrations on how to conduct both PPA 1.0 and PPA 2.0. New peer assessors were then given the opportunity to work through the assessment paperwork by way of mock assessments.



The final step to the new assessors' training took place in the field whereby each new assessor conducted one PPA 1.0 and one PPA 2.0, with an experienced peer assessor present. The experienced peer assessor ensured that their colleague completed all components of the assessment, assisted with the assessment (if necessary), and provided the new assessor with recommendations on how to enhance their assessment skills.

3. Professional Portfolio and Continuing Education

CCO requires that members maintain a Professional Portfolio log where they track compliance with all CCO continuing competency initiatives. The professional portfolio would include, among other things:

- [Self-Assessment Plan of Action Summary Sheet](#)
- A log of all completed continuing education activities
- Materials collected while fulfilling their continuing education (CE) requirements (e.g., course outlines brochures from conventions/conferences, etc.)
- Current samples of advertising.

All professional portfolio information is available at the following links:

- <https://cco.on.ca/members-of-cco/quality-assurance/professional-portfolio/>
- https://cco.on.ca/wp-content/uploads/2017/10/PP_handbook_Jan2017.pdf

Members were encouraged to log and track all their continuing education activities through a confidential on-line member portal. This was developed to provide CCO with the ability to track member activities as well as link registration actions to a member's completion of other mandatory activities.



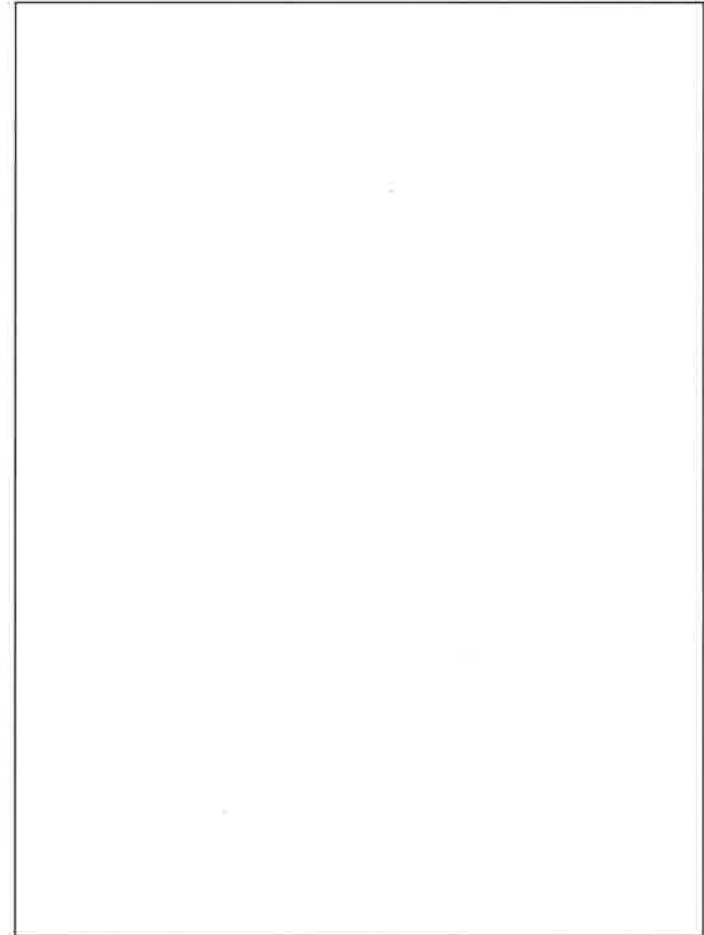
Self-Assessment

As noted above, in the report on PPA, CCO acknowledges the evidence which supports that members should be demonstrating ongoing and evolving competencies throughout their careers. This would be demonstrated in the types of CE activities undertaken. It was the Committee's view that it would also be prudent to have a self-assessment suitable to reflect on basic, entry-to-practice competencies and then to have further self-assessments that engaged the member in self-reflection on competencies more relevant to advancing experience and expertise.

The new version of the Self-Assessment, now referred to as "[SA 2.0](#)", was launched at the start of the new CE cycle, July 1, 2022. It is important to note that, where elements of SA 1.0 focus on entry-to-practice competencies such as knowledge of regulations, standards of practice, policies and guidelines, SA 2.0 was framed around the revised [CCO Core Competencies for CCO Members](#).

SA 2.0 is designed to assist more experienced members of the profession to reflect on their competencies after several years of practice. For example, members reflect on various scenarios they may have encountered or may encounter in practice. These scenarios are based on archival case examples and trends. The Core Competencies for CCO Members also clearly lays out basic expectations members should be aware of when providing care to the public in the section titled: "What to Expect when attending a chiropractor appointment: an application of the core competencies."

As part of PPA 2.0, assessors reminded members of SA 2.0's purpose and the College's recommendation that it be completed within the first three months of a new CE cycle. Peer assessors reviewed the Plan of Action Summary Sheet (as part of SA 2.0) and spoke to members about the steps they will can take to improve and enhance their competencies.





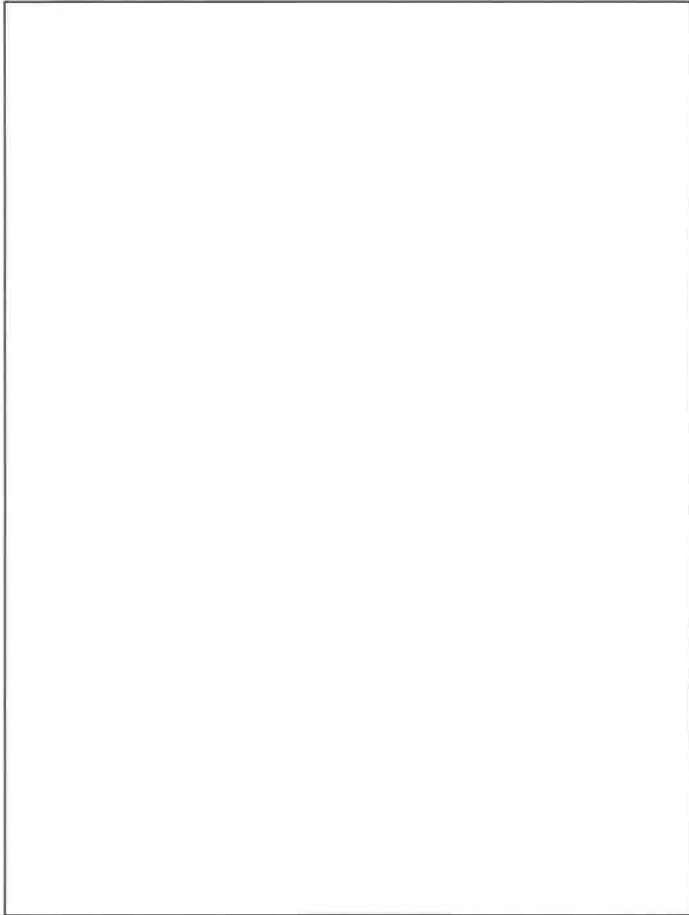
Continuing Education Requirements

As in all previous CE cycles, CCO has developed a mandatory [CE program](#) that is built on the best available evidence, with respect to professional continuing competency. As such, our program is a balance of “trust” and “proof” models, i.e., providing members a range of options for meeting their requirements that embrace the diversity of practices and populations served by those practices.

Additionally, CCO has always allowed members to engage in ongoing, continuing competency development that is relevant to their areas of interest and expertise. Additionally, members are to utilize their self-assessment (SA 1.0 or 2.0) to help guide them toward any CE activity that will help “fill in the gap” with respect to deficiencies discovered after the completion of the self-assessment questionnaire.

CCO acknowledges that there are some members who do not engage in direct patient care, but rather serve in administrative, research or academic roles; yet, they still maintain a General registration. CCO still requires that all members who maintain a General registration comply with the completion of all 40 hours of continuing education, including five hours of structured activities related to the controlled acts permitted within the chiropractic scope of practice (e.g., diagnosis and treatment of patients), should they choose to engage in direct patient care at any point in time.

As mentioned in the section REW, it is now mandatory for members to attend one REW every three CE cycles, or rather, once every six years. This measure is meant to be proactive and educational in nature, to ensure all members are keeping up to date with all standards of practice, policies, and guidelines, including their record keeping skills. Attendance at a REW can be counted toward the member’s continuing education hours.





4. Peer Mentoring Program

The QA Committee continues to work collaboratively with the ICRC and Discipline Committee in the delivery of the Peer Mentoring (PM) Program. The program acts as a specified continued educational remedial program (SCERP) option for ICRC, as well as a course of action for members with disciplinary findings.

CCO maintains a roster of 13 peer mentors throughout the province. This group is composed of current and former peer assessors who demonstrate excellent knowledge of CCO's standards of practice policies, and guidelines, and some of whom may be considered experts within the field (e.g., the peer mentor is a Fellow of the College of Chiropractic Orthopedic Specialists).

This program is built from PPA 2.0. Since the Peer Mentoring Program is remedial in nature, peer mentors conduct their sessions similar to an assessment with stronger focus on the deficiencies/poor habits/disciplinary findings.

After each PM session, a disposition report is provided to the member to summarize all pertinent findings. Mentors will then conduct subsequent PM sessions (approximately three months later), with the expectation that the member will have enhanced their record keeping skills and can demonstrate improved knowledge of all standards of practice, policies, and guidelines. The number of peer mentoring sessions depends on the member's ability to demonstrate changes and understanding of CCO's standards of practice, policies, and guidelines and/or decisions made by the committee.

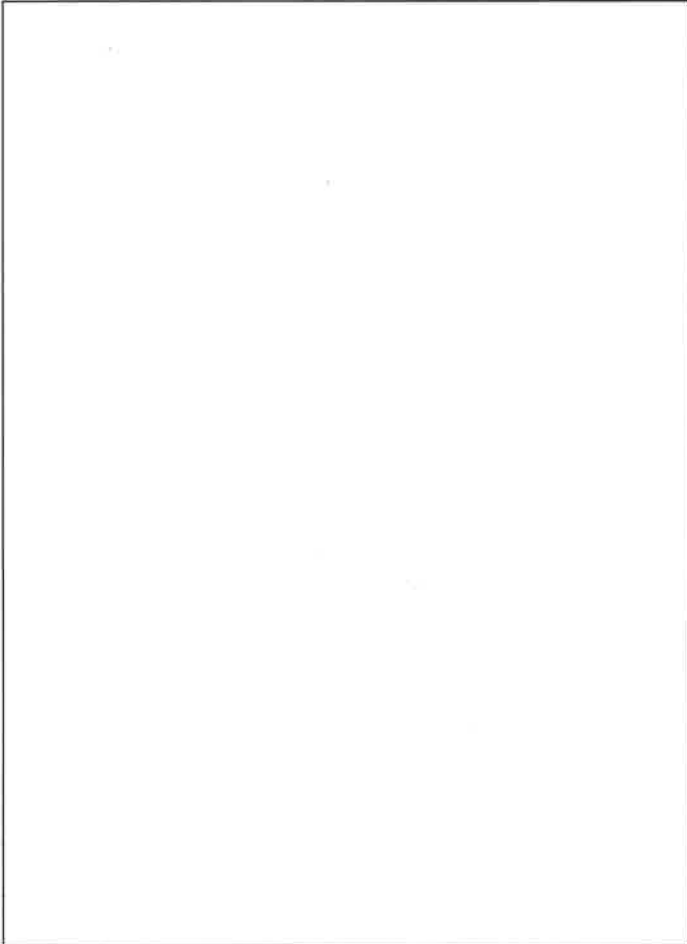
In 2023, three (3) members began the Peer Mentoring Program and another three (3) members, who began the program in 2022, completed it.

v. <Insert QA activity or assessment>

vi. <Insert QA activity or assessment>

3 members began PM Program

3 members completed PM Program





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

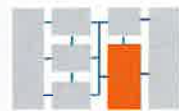


** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes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

NR

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	REW: 362 PPA 1.0: 242 PPA 2.0: 274	REW: 7.2% PPA 1.0: 4.8% PPA 2.0: 5.5%	<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i> <i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>



	Self Assessment, Professional Portfolio and Continuing Education: Approximately: Approximately 5002 Members (Members registered in the General class of registration)	Self Assessment, Professional Portfolio and Continuing Education: 100% of members registered in the General class of registration
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	6	0.12%
<u>NR</u>		
<i>Additional comments for clarification (if needed)</i>		

Table 3 – Context Measure 4

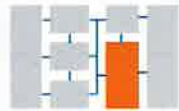
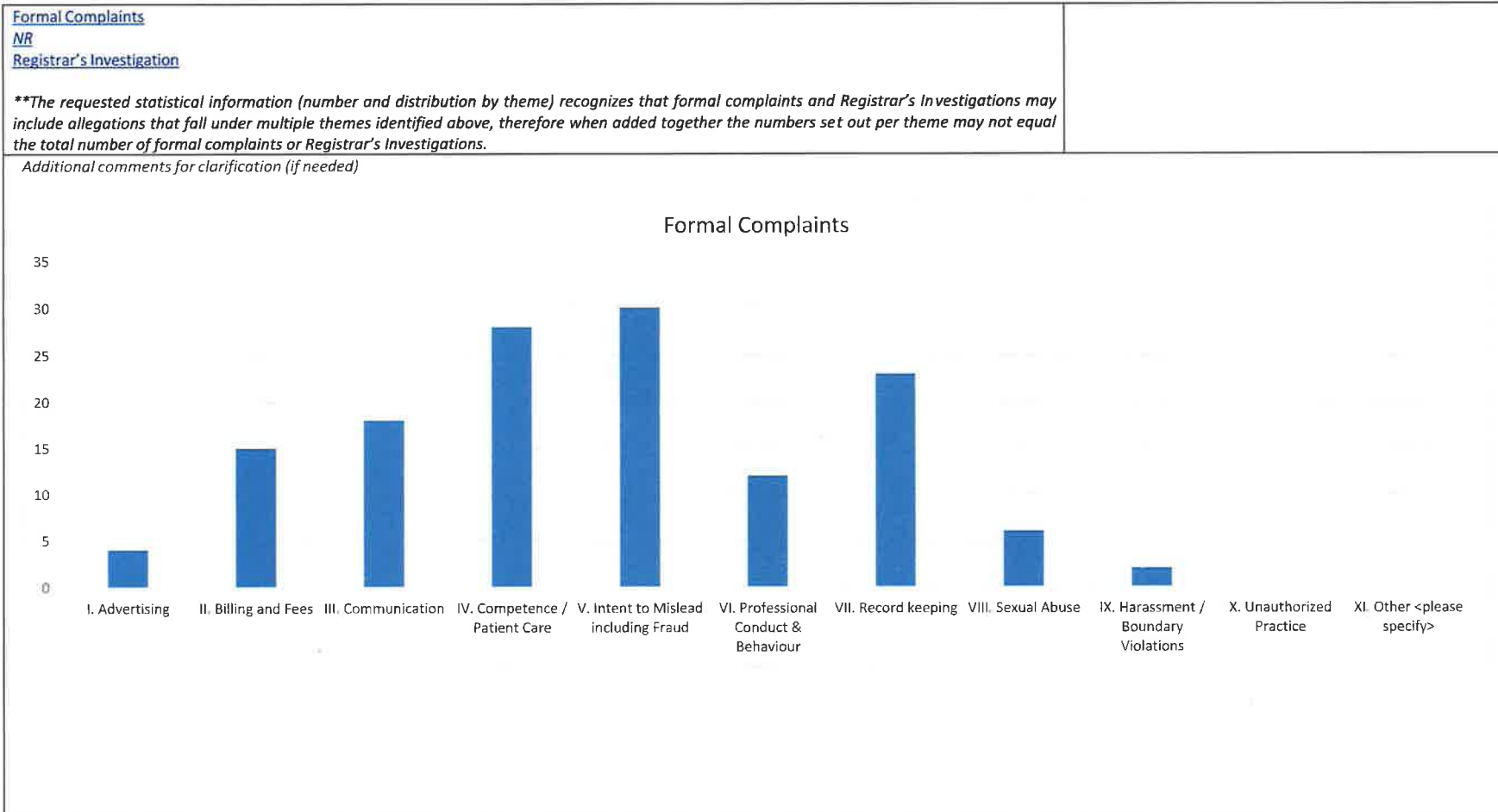
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities as at the end of CY 2023:**			<i>What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3	50%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	3	50%	
<p><u>NR</u></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>** This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	4	3	0	0
II. Billing and Fees	15	11	3	20
III. Communication	18	13	0	0
IV. Competence / Patient Care	28	20	0	0
V. Intent to Mislead including Fraud	30	22	1	7
VI. Professional Conduct & Behaviour	12	9	4	27
VII. Record keeping	23	17	0	0
VIII. Sexual Abuse	6	4	3	20
IX. Harassment / Boundary Violations	2	1	2	13
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify> (failure to cooperate with the College)	0	0	2	13
Total number of formal complaints and Registrar's Investigations**	138	100%	15	100%

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.



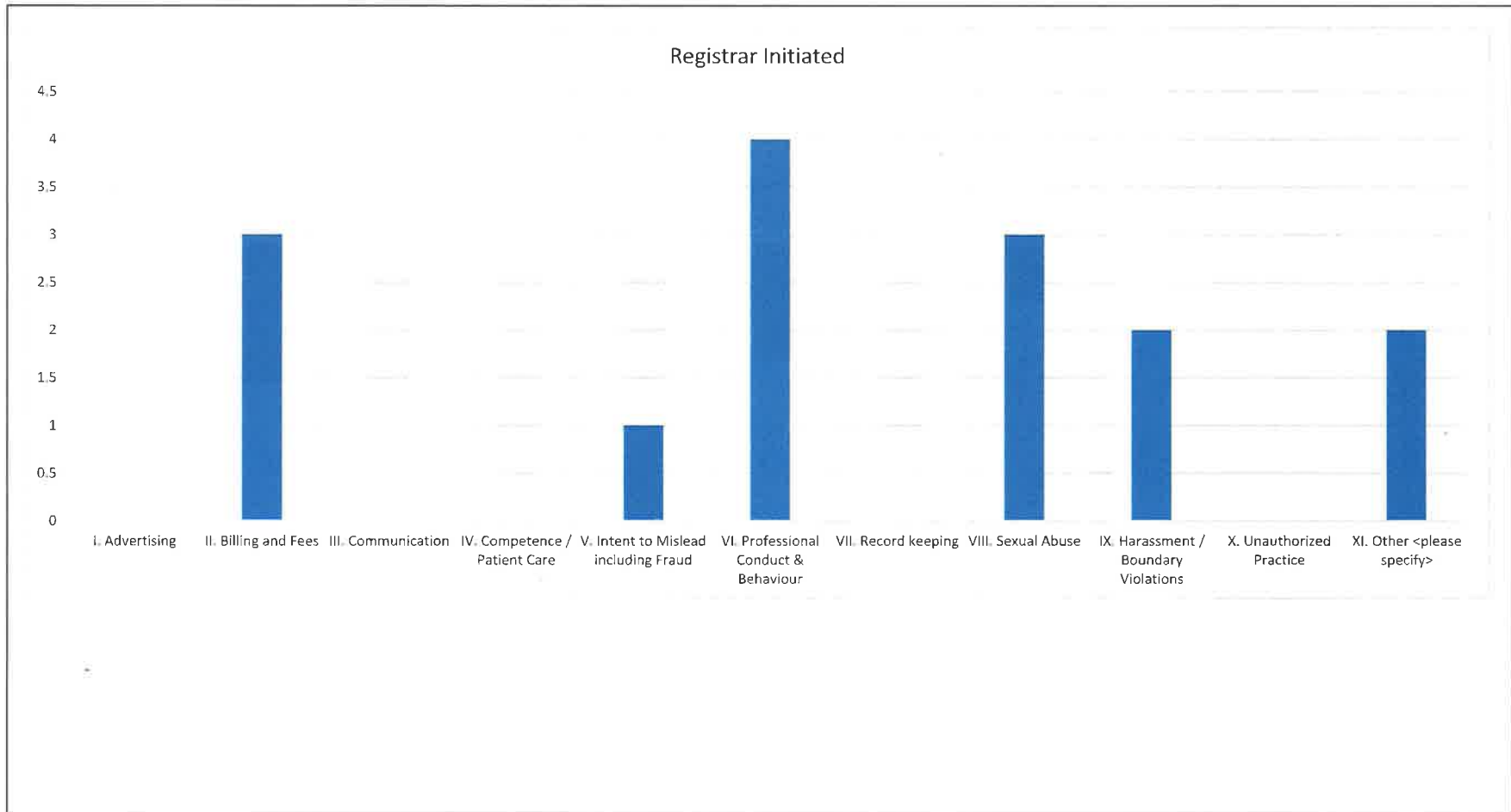
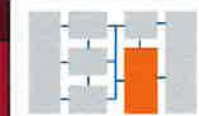


Table 5 – Context Measures 6, 7, 8 and 9



DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	144		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2023	15		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2023	9		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2023**:	#	%	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.</i>
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	72	50	
IV. Formal complaints that proceeded to ICRC and are still pending	65	45	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

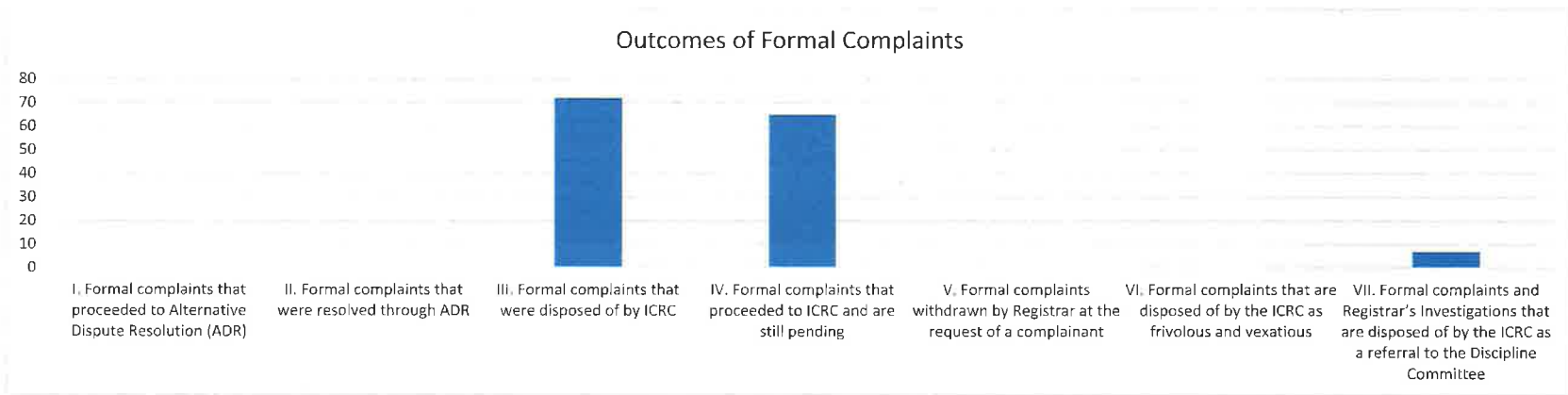
VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	7	5	
--	---	---	--

[ADR](#)
[Disposal](#)
[Formal Complaints](#)
[Formal Complaints withdrawn by Registrar at the request of a complainant](#)
[NR](#)
[Registrar's Investigation](#)

May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Outcomes of Formal Complaints





Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	3	1	0	0	0	0	0
II. Billing and Fees	8	2	0	2	0	1	0
III. Communication	4	6	1	0	0	0	0
IV. Competence / Patient Care	15	3	0	0	0	0	0
V. Intent to Mislead Including Fraud	4	0	0	0	0	2	0
VI. Professional Conduct & Behaviour	10	0	0	0	0	0	0
VII. Record Keeping	3	5	0	1	0	1	0
VIII. Sexual Abuse	3	1	0	0	0	2	0
IX. Harassment / Boundary Violations	0	1	0	0	0	0	0



X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	0	0	0	0	0	1	0
<p>• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2023. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions. NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p>							

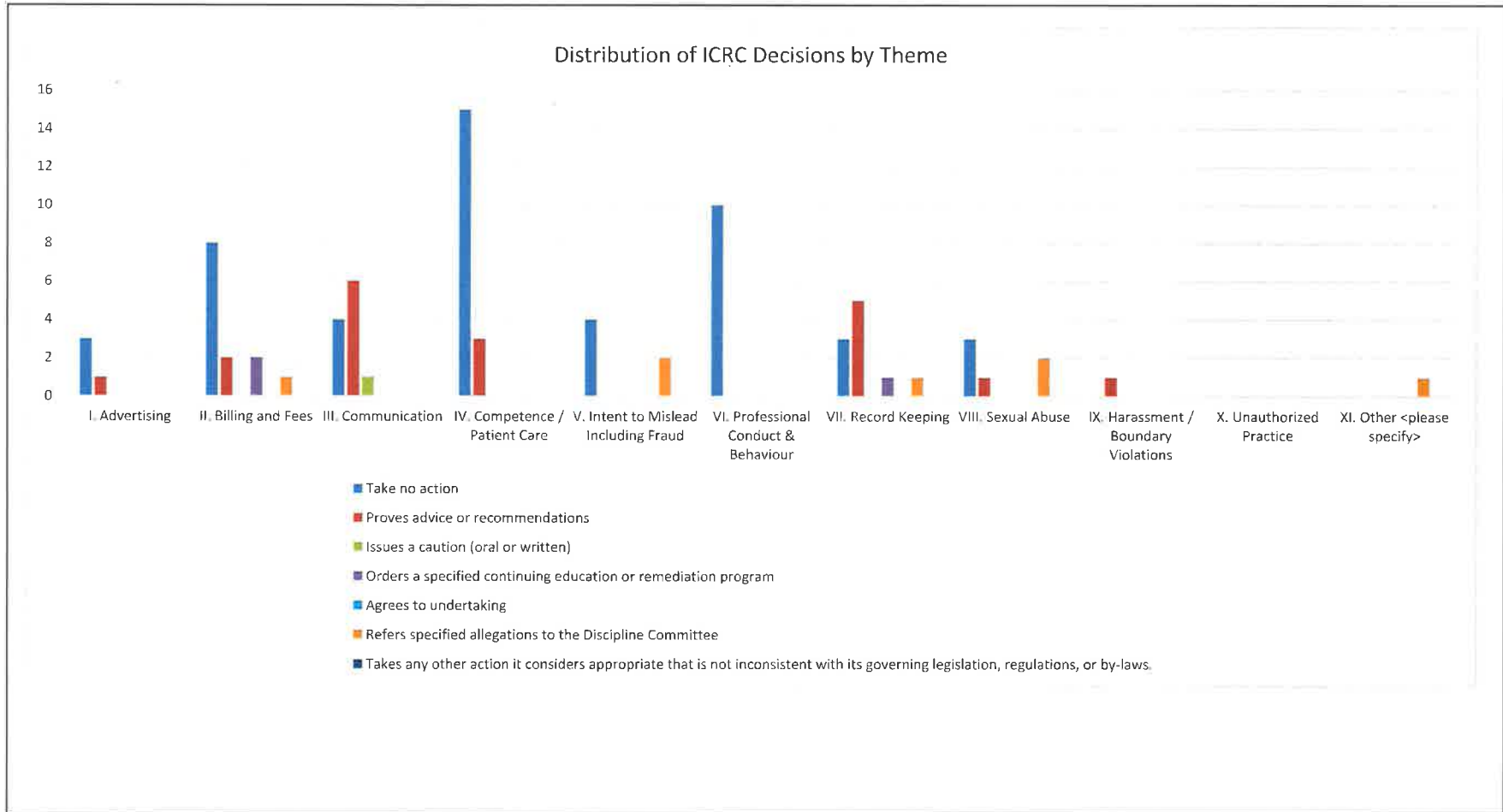


Table 7 – Context Measure 11

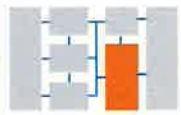
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If College method is used, please specify the rationale for its use:</i>			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2023	241	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2023	238		
Disposal			
<i>Additional comments for clarification (if needed)</i>			

Table 8 – Context Measure 12

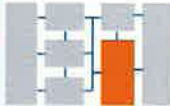
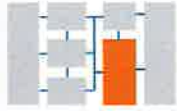
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>	
I. An uncontested discipline hearing in working days in CY 2023	180		
II. A contested discipline hearing in working days in CY 2023	885		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
<i>Additional comments for clarification (if needed)</i>			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. <i>If College method is used, please specify the rationale for its use:</i> Discipline decisions may have more than one finding type. There were a total of 4 discipline decisions in 2023.			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*			
Type	#	<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.</i>	
I. Sexual abuse	0		
II. Incompetence	0		
III. Fail to maintain Standard	3		
IV. Improper use of a controlled act	0		
V. Conduct unbecoming	0		
VI. Dishonourable, disgraceful, unprofessional	4		
VII. Offence conviction	1		
VIII. Contravene certificate restrictions	0		
IX. Findings in another jurisdiction	0		
X. Breach of orders and/or undertaking	0		
XI. Falsifying records	2		
XII. False or misleading document	0		
XIII. Contravene relevant Acts	0		

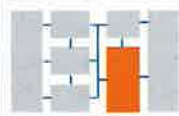


**The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
I. Revocation	1	
II. Suspension	3	
III. Terms, Conditions and Limitations on a Certificate of Registration	3	
IV. Reprimand	3	
V. Undertaking	3	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p>		
Additional comments for clarification (if needed)		



Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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



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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

From: Jo-Ann Willson
Sent: April 2, 2024 4:18 PM
To: Rose Bustria
Subject: FW: Ontario Government and Association of Ontario Midwives Reach Agreement

Council.

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

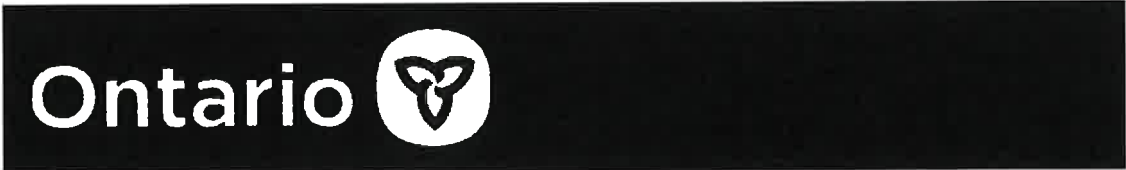
In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:
 This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ontario News <newsroom@ontario.ca>
Sent: Tuesday, April 2, 2024 4:17 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Ontario Government and Association of Ontario Midwives Reach Agreement

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



NEWS RELEASE

Ontario Government and Association of Ontario Midwives Reach Agreement

April 02, 2024
[Ministry of Health](#)

TORONTO — Today, the Government of Ontario and the Association of Ontario Midwives (AOM) announced that they have successfully ratified a new interim funding agreement starting April 1, 2024.

This interim agreement includes an investment of more than \$15 million to increase compensation and help connect people to midwifery services. By working together, the Ontario government and AOM are ensuring families and newborns can continue to connect to high-quality care from midwives closer to home.

“The important work of midwives has an immense impact on the lives of parents and their newborns,” said Sylvia Jones, Deputy Premier and Minister of Health. “This interim agreement is a step towards a stronger partnership that benefits both midwives and growing families across Ontario.”

Ontario's midwives play an important role in our public health care system. Ontario will continue to work with the AOM to support midwifery in Ontario and ensure that midwives can continue to provide high-quality care to families and newborns across the province.

Additional Resources

- [Your Health: A Plan for Connected and Convenient Care](#)

Media Contacts

Hannah Jensen
Minister Jones' Office
Hannah.R.Jensen@ontario.ca

Anna Miller
Communications Branch
media.moh@ontario.ca
[416-314-6197](tel:416-314-6197)

We have recently updated Ontario Newsroom Subscription. You may receive additional emails. If you would like to update your subscription preferences or unsubscribe, click the 'manage your subscriptions' or 'unsubscribe' links down below.

From: Jo-Ann Willson
Sent: April 3, 2024 10:28 AM
To: Rose Bustria
Subject: FW: Ontario Building New Medical School at York University Focused on Primary Care Doctors

Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Dr.Mizel <drmizel@stcatharineschiropractic.com>
Sent: Wednesday, April 3, 2024 10:27 AM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Sarah Green <drsarahgreen1@gmail.com>
Subject: Fwd: Ontario Building New Medical School at York University Focused on Primary Care Doctors

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

FYI
Sent from my iPhone

Begin forwarded message:

From: Ontario News <newsroom@ontario.ca>
Date: April 3, 2024 at 9:19:36 AM EDT
To: drmizel@stcatharineschiropractic.com
Subject: Ontario Building New Medical School at York University Focused on Primary Care Doctors



NEWS RELEASE

Ontario Building New Medical School at York University Focused on Primary Care Doctors

New school is one of a number of provincial initiatives that will help connect up to 98 per cent of Ontario residents to primary care

April 03, 2024
[Premier's Office](#)

TORONTO — The Ontario government is providing an initial investment of \$9 million through the 2024 budget, *Building a Better Ontario*, to begin the design and planning for York University's new medical school in Vaughan. The new medical school will be the first in Canada that is focused on training primary care doctors and is helping fulfill Ontario's commitment to ensure that everyone who wants to have a primary care provider can access one.

"Today's announcement is part of our plan to connect more Ontario families to more convenient care, including primary care," said Premier Doug Ford. "As the first medical school in Canada focused primarily on training family doctors, this new school will make an enormous impact in the lives of people in York Region and across Ontario."

This new medical school will include up to 80 undergraduate seats and up to 102 postgraduate seats starting in September 2028, with up to 240 undergraduate seats and 293 postgraduate seats on an annual basis once operating at full capacity.

By focusing primarily on training family doctors, the York University training model will devote approximately 70 per cent of the new postgraduate training seats to primary care, when the medical school becomes operational in 2028. In addition to other historic investments to increase the number of medical school seats, expand interprofessional primary care teams and efforts to break down barriers so highly skilled internationally trained doctors can care for people in Ontario, Ministry of Health modelling shows that these initiatives will help connect up to 98 per cent of people in Ontario to primary care in the next several years.



“Our government is taking historic action to grow our health care workforce by launching the largest expansion of Ontario’s medical education system in over a decade,” said Sylvia Jones, Deputy Premier and Minister of Health. “Our investment in York University’s new medical school is another way our government is increasing the number of doctors in our health care system to make it easier for people to connect to world class care in their community for years to come.”

Ontario is rolling out the largest expansion of medical education in over 10 years as it continues to build a stronger, more resilient health care system, especially in growing and underserved communities. The expansion includes all six medical schools currently across Ontario, as well as the new medical school at Toronto Metropolitan University when it becomes operational in 2025, adding 260 undergraduate seats and 449 postgraduate positions over the next five years. These seats are in addition to the new seats planned for York University’s new medical school.

“Our investment in York University’s new medical school will make it easier for future doctors to access the exceptional postsecondary education that Ontario is so well known for,” said Jill Dunlop, Minister of Colleges and Universities. “By helping to train more primary care physicians, we will ensure Ontario families in growing communities like York, Simcoe and Muskoka continue to have access to the care they need, closer to home.”

The 2024 Budget, *Building a Better Ontario*, continues to support the province’s work through the [Your Health](#) plan to build a robust health system that puts people at the centre of care, making it easier and more convenient for them to connect to care.

Quick Facts

- Announced as part of the [2022](#) and [2023](#) Ontario Budgets, Ontario is adding 260 undergraduate medical seats and 449 postgraduate seats, starting in 2022-23, as part of the province’s largest expansion of medical education in more than 10 years.
- These medical expansions will bring the total number of undergraduate seats and postgraduate training seats to 1,212 and 1,637 respectively, by 2028, in addition to the new seats being created at York University.
- The [Ontario Learn and Stay Grant](#) provides full, upfront funding for tuition, books and other direct educational costs to students in return for working in the region where they studied for a term of service after graduation. The grant application for the 2024-25 academic year will open this spring for students entering the first year of an

eligible nursing, paramedic or medical laboratory technologist program.

Quotes

"This new investment to support increased physician education in Ontario comes at a critical time and marks an important milestone in York's trajectory as an internationally recognized leader in higher education. Amidst growing demand for family doctors and other primary care general specialists, I want to thank Premier Ford and his government for being responsive to this pressing need, for their vision and clear commitment to York's School of Medicine – and a healthier future for Ontarians."

- Rhonda Lenton
President and Vice-Chancellor, York University

"By building a new medical school in Vaughan, our government is taking action to ensure families in Vaughan and King have access to better healthcare, closer to home. This game changing investment was my top local priority to deliver, and by doing so, we will train the next generation of doctors for decades to come. The York medical school in Vaughan will be situated beside the state-of-the-art Cortellucci Vaughan hospital, and the soon-to-be built long-term care home; that together will significantly improve the quality of care of our families and seniors."

- Stephen Lecce
MPP King-Vaughan

Additional Resources

- [2024 Ontario Budget: Building a Better Ontario](#)

Media Contacts

Caitlin Clark
Premier's Office
Caitlin.Clark2@ontario.ca

Liz Tuomi
Minister Dunlop's Office
Liz.Tuomi@ontario.ca

Media Desk
Communications Branch
mcu.media@ontario.ca

We have recently updated Ontario Newsroom Subscription. You may receive additional emails. If you would like to update your subscription preferences or unsubscribe, click the 'manage your subscriptions' or 'unsubscribe' links down below.

Visit the Newsroom
Manage your subscriptions
Unsubscribe

ITEM 4.1.44

720

ADVERTISING COMMITTEE TERMS OF REFERENCE (Approved by Council: June 17, 2020)

1. Composition

- 1.1 The Advertising Committee is composed of two elected members, one public members, and one non-Council member.

2. Mission, Vision, Values and Strategic Objectives

Mission

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

Vision

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

Values

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

Strategic Objectives

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

3. Accountability and Reporting

721

3.1 The Advertising Committee is a non-statutory committee pursuant to By-law 11 in accordance with S. 94 (1)(i) of the *Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act, 1991*.

3.2 The Committee reports to the governing Council via the Executive Committee.

4. Duties under the *Regulated Health Professions Act, 1991*

4.1 The Advertising Committee will:

- advise members of the Committee's procedures for reviewing advertising;
- review advertising submitted by a member for approval and feedback, in accordance with Policy P-004: Advertising Committee Protocol;

5. Meetings

5.1 The Advertising Committee will conduct meetings approximately twice per year in person or by teleconference call as often as necessary.

5.2 The Advertising Committee will review submitted advertisements, in accordance with Policy P-004: Advertising Committee Protocol, between meetings.

From: Jo-Ann Willson
Sent: March 7, 2024 1:28 PM
To: Rose Bustria
Subject: FW: Letter from the Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs
Attachments: 302-2024-194 CCO.pdf

Exec, Council, QA.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) <minister.omafra@ontario.ca>
Sent: Thursday, March 7, 2024 1:11 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Letter from the Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs

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

Please see the attached letter from the Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs.

Confidentiality Warning: This email contains information intended only for the use of the individual named above. If you have received this email in error, please notify us by return email and destroy all copies of this message. Thank you.

Corporate Correspondence Unit
 Communications Branch
 Ontario Ministry of Agriculture, Food and Rural Affairs

Ministry of Agriculture,
Food and Rural Affairs

Office of the Minister

77 Grenville Street, 11th Floor
Toronto, Ontario M7A 1B3
Tel: 416-326-3074
www.ontario.ca/OMAFRA

Ministère de l'Agriculture, de
l'Alimentation et des Affaires rurales

Bureau du ministre

77, rue Grenville, 11^e étage
Toronto (Ontario) M7A 1B3
Tél. : 416 326-3074
www.ontario.ca/MAAARO



725

March 7, 2024

Jo-Ann Willson
Registrar and General Counsel
College of Chiropractors of Ontario
jpwillson@cco.on.ca

Dear Ms. Wilson:

I am pleased to share with you that today, our government introduced the proposed *Enhancing Professional Care for Animals Act, 2024*. If passed, this will be the first significant change to the legislative framework that oversees veterinary medicine in Ontario in almost 35 years.

Our government undertook extensive consultations to explore opportunities to modernize the existing *Veterinarians Act*, gathering feedback and submissions from a broad spectrum of stakeholders, organizations and the public. Thank you for taking the time to share your perspective on modernizing the legislative framework for the veterinary profession and the importance of animal chiropractic care. Our government values our partner and stakeholder relationships, and I want to assure you that your feedback was carefully considered during this process.

The proposed legislation acknowledges that there are other qualified non-veterinary practitioners providing care to animals. Section nine, subsection 5 of the bill authorizes exemptions for Chiropractors to continue to practice on animals, subject to regulations. There is also a provision being proposed that details title protection for chiropractors while caring for animals. I also want to clarify that chiropractors working on animals would remain members of the College of Chiropractors and would not have to be a member of two different regulated colleges.

I recognize that there is a vital need for collaboration and consultation in order to develop an oversight framework that reflects animal care provided by non-veterinarians, including chiropractors and especially between different regulatory colleges. Should this bill pass, the legislation would require the College (which would be renamed the College of Veterinary Professionals of Ontario) to consult with any profession which provides treatment that would be addressed in regulations under the new statute, such as chiropractors, and report those outcomes to the Minister.

.../2



Good things grow in Ontario
À bonne terre, bons produits

Ministry Headquarters: 1 Stone Road West, Guelph, Ontario N1G 4Y2
Bureau principal du ministère: 1, rue Stone ouest, Guelph (Ontario) N1G 4Y2

Again, thank you for your and your team's ongoing participation in this consultation process and for your thoughtful feedback to date. I hope the productive dialogue will continue moving forward as we work together. As always, my Ministry and I are open to answering any questions you may have.

Please accept my best wishes.

Sincerely,

A handwritten signature in blue ink that reads "Lisa M. Thompson". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Lisa M. Thompson
Minister of Agriculture, Food and Rural Affairs

Did you know about the Farmers' Wellness Initiative?

- Your mental health is important! If you're a farmer or a member of a farm family and in need of mental health support, please call 1-866-267-6255 and arrange to speak with a professional today.
- For additional resources visit: <https://farmerwellnessinitiative.ca/>.

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

727

1ST SESSION, 43RD LEGISLATURE, ONTARIO
2 CHARLES III, 2024

ITEM 4.1.47

Bill 171

**An Act to enact the Veterinarian Professionals Act, 2024
and amend or repeal various acts**

The Hon. L. Thompson
Minister of Agriculture, Food and Rural Affairs

Government Bill

1st Reading March 7, 2024
2nd Reading
3rd Reading
Royal Assent



EXPLANATORY NOTE

**SCHEDULE 1
VETERINARY PROFESSIONALS ACT, 2024**

The *Veterinarians Act* is repealed and replaced with the *Veterinary Professionals Act, 2024*. The following are highlights from the *Veterinary Professionals Act, 2024*.

Part I provides for how terms used in the Act are to be interpreted.

Part II deals with the governance of the College of Veterinary Professionals of Ontario. In this Part the objects of the College are established. Rules respecting the Council and committees of the College are also set out.

Part III sets out the rules respecting authorized activities and provides limits on who can carry out authorized activities and the circumstances in which they can be carried out. This Part also deals with reasonably foreseeable serious bodily harm to animals or persons resulting from treatment, advice and omission from treatment or advice. Finally, this Part sets out the persons who may use certain restricted titles and the circumstances in which such titles can be used.

Part IV deals with licensing of members of the College, including rules respecting applications for, terminations of and hearings respecting licences. The Part also deals with accreditation of veterinary facilities and the process and rules respecting certificates of accreditation.

Part V deals with the College's Executive Committee.

Part VI provides for a quality assurance program to be established by the regulations which will aim, amongst other objects, to assure the quality of the practice of members of the College.

Part VII sets out requirements for certain persons to report certain things the Registrar of the College. The Part also sets out the process for making, investigating and addressing complaints against members and former members of the College.

Part VIII deals with investigations and resolutions. The powers and duties of the College's Investigations and Resolutions Committee in considering and investigating the conduct of members and former members of the College are set out.

Part IX provides for addressing professional misconduct, incompetence and impairment to fitness to practise. The powers and duties of the College's Discipline and Fitness to Practise Committee are set out with respect to such matters.

Part X deals with appealing decisions or orders of certain committees of the College or of the Board to the Divisional Court.

Part XI provides the process and rules for persons to apply for a certificate of authorization to establish a professional corporation for the purpose of practising veterinary medicine. Rules respecting such professional corporations are also set out.

Part XII deals with contravention or failure to comply with the Act or the regulations. Two categories of offences are established.

Part XIII sets out the powers of the Minister and Lieutenant Governor in Council with respect to the College.

Part XIV deals with assorted administrative and miscellaneous matters.

Part XV deals with regulations made by the Council of the College, subject to the approval of the Lieutenant Governor in Council, by the Minister and by the Lieutenant Governor in Council. This Part also deals with the Council of the College's by-laws and standards for veterinary facilities and the practice of veterinary medicine.

Part XVI deals with transitional matters.

Part XVII sets out amendments to the *Veterinary Professionals Act, 2024* and consequential amendments to other Acts.

**SCHEDULE 2
ONTARIO ASSOCIATION OF VETERINARY TECHNICIANS ACT, 1993**

Currently, the *Ontario Association of Veterinary Technicians Act, 1993*, gives the Association the power to grant its members the right to the exclusive use of certain professional designations. The Schedule amends the Act to remove that power as the new *Veterinary Professionals Act, 2024*, enacted elsewhere in the Bill, grants members the exclusive right to use the titles. Various other amendments are made to the Act respecting the objects of the Association, the composition of the board, the Association's by-law making powers and other similar and related matters.

**An Act to enact the Veterinary Professionals Act, 2024
and amend or repeal various acts**

CONTENTS

1.	Contents of this Act
2.	Commencement
3.	Short title
Schedule 1	Veterinary Professionals Act, 2024
Schedule 2	Ontario Association of Veterinary Technicians Act, 1993

Preamble

The Government of Ontario:

Recognizes the importance of access to professional care for animals in Ontario.

Is supporting the health and well-being of animals in Ontario, and creating conditions to increase access to care for animals, including companion animals and those in the agricultural industry.

Believes that any legislation governing veterinary professionals should embrace modern approaches to professional self-regulation and governance as well as allowing for modern practices and new technologies.

Is improving oversight of the veterinary profession in the public interest and increasing transparency to benefit veterinary professionals and their clients.

Therefore, His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Contents of this Act

1 This Act consists of this section, sections 2 and 3 and the Schedules to this Act.

Commencement

2 (1) Except as otherwise provided in this section, this Act comes into force on the day it receives Royal Assent.

(2) The Schedules to this Act come into force as provided in each Schedule.

(3) If a Schedule to this Act provides that any of its provisions are to come into force on a day to be named by proclamation of the Lieutenant Governor, a proclamation may apply to one or more of those provisions, and proclamations may be issued at different times with respect to any of those provisions.

Short title

3 The short title of this Act is the *Enhancing Professional Care for Animals Act, 2024*.

**SCHEDULE 1
VETERINARY PROFESSIONALS ACT, 2024**

CONTENTS

**PART I
INTERPRETATION**

1. Interpretation

**PART II
GOVERNANCE**

2. College of Veterinary Professionals of Ontario
3. Objects

COUNCIL

4. Council
5. Officers
6. Quorum

COMMITTEES

7. Committees
8. Panels of committees

**PART III
AUTHORIZED ACTIVITIES, RISK OF HARM AND RESTRICTED TITLES**

9. Authorized activities
10. Exceptions

AUTHORIZED ACTIVITIES

RISK OF HARM

11. Risk of harm

RESTRICTED TITLES AND TERMS

12. Restricted titles
13. Restricted terms

**PART IV
LICENSING AND ACCREDITATION**

14. Licensees
15. Application
16. Issuance of licence
17. Consideration by Licensing Committee
18. Termination of licences
19. Continuing jurisdiction
20. Applications after revocation, suspension, etc.

LICENSING

ACCREDITATION

21. Certificate of accreditation required
22. Application
23. Inspections
24. Issuance of certificate of accreditation
25. Consideration by Accreditation Committee
26. Referral of existing certificate of accreditation

REVIEW BY BOARD

27. Hearing or review
28. Hearing public
29. Exception to closed hearings
30. Procedure for hearings, reviews

**PART V
EXECUTIVE COMMITTEE**

31. Executive Committee

**PART VI
QUALITY ASSURANCE**

32. Quality assurance program

QUALITY ASSURANCE PROGRAM

33. Function of the Committee

QUALITY ASSURANCE COMMITTEE

34. Co-operation by members
35. Confidentiality of information
36. Quality assurance and other information

COMPLIANCE WITH QUALITY ASSURANCE

PART VII
REPORTS AND COMPLAINTS
MEMBERS' REPORTING OBLIGATIONS

37. Report by member
38. Self-report re offences
39. Self-report re professional negligence and malpractice
40. Self-report re other professional memberships and findings
41. Self-report re charges and bail conditions
42. Publication ban

COMPLAINTS

43. Complaints
44. Complaints in bad faith

ALTERNATIVE DISPUTE RESOLUTION

45. Process

REGISTRAR'S INVESTIGATIONS

46. Appointment of investigator
47. Powers of investigator
48. Copying of documents and objects

PART VIII
INVESTIGATIONS AND RESOLUTIONS
INVESTIGATIONS AND RESOLUTIONS COMMITTEE

49. Duties of the Investigations and Resolutions Committee
50. Complaints in bad faith

INTERIM ORDERS

51. Interim orders

FITNESS TO PRACTISE

52. Definition
53. Interim order

REVIEW BY BOARD

54. Review of certain decisions
55. Rules re review process
56. Reviews by Board public
57. Exception to closed reviews

PART IX
DISCIPLINE AND FITNESS TO PRACTISE
DISCIPLINE AND FITNESS TO PRACTISE COMMITTEE

58. Duties of the Discipline and Fitness to Practise Committee

PROFESSIONAL MISCONDUCT AND INCOMPETENCE

59. Professional misconduct
60. Orders of Discipline and Fitness to Practise Committee
61. Publication and delivery of decisions
62. Stay of decision on appeal

FITNESS TO PRACTISE

63. Powers of Discipline and Fitness to Practise Committee
64. Reports of medical practitioners
65. Stay of decision on appeal, fitness to practise
66. Hearings Public

DISCIPLINE AND FITNESS TO PRACTISE COMMITTEE HEARING PROCESS

67. Committee
68. Process

PART X
APPEAL TO COURT

69. Appeal to court

PART XI
PROFESSIONAL CORPORATIONS

70. Professional corporations
71. Notice of change of shareholder
72. Application re members
73. Professional, fiduciary and ethical obligations to clients
74. Conflict in duties
75. Restrictions re certificate

PART XII
OFFENCES

76. Type A offences
77. Type B offences
78. Limitation period

**PART XIII
POWERS OF MINISTER AND LIEUTENANT GOVERNOR IN COUNCIL**

79. Powers of Minister
80. Reports
81. College supervisor

**PART XIV
GENERAL**

82. Registers
83. Confidentiality
84. Hearings and submissions
85. Evidence in civil proceedings
86. Court orders
87. Registrar's certificate as evidence
88. Delivery of notice, order or document
89. Posting of timelines
90. Crown liability
91. No personal liability or liability of College
92. Proceedings barred

**PART XV
REGULATIONS, STANDARDS AND BY-LAWS
REGULATIONS**

93. Regulations, Council
94. Lieutenant Governor in Council Regulations
95. Regulations, Minister
96. General provisions re regulations

STANDARDS

97. Standards

BY-LAWS

98. By-laws

**PART XVI
TRANSITION**

99. Definitions
100. Transition Council
101. Registrar
102. Members
103. Certificates of accreditation continued
104. Certificates of authorization
105. Orders and directions
106. Reporting re fitness to practise
107. Regulations

**PART XVII
SELF-AMENDMENTS, CONSEQUENTIAL AMENDMENTS AND REPEAL**

108. Self-amendment
109. Animal Health Act, 2009
110. Animals for Research Act
111. Business Corporations Act
112. Dog Owners' Liability Act
113. Drug and Pharmacies Regulation Act
114. Fair Access to Regulated Professions and Compulsory Trades Act, 2006
115. Livestock Community Sales Act
116. Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998
117. Ontario Labour Mobility Act, 2009
118. Opioid Damages and Health Care Costs Recovery Act, 2019
119. Provincial Animal Welfare Services Act, 2019
120. Repeal

**PART XVIII
COMMENCEMENT AND SHORT TITLE**

121. Commencement
122. Short title
Schedule 1 Authorized activities

Vacancies

(4) If one or more vacancies occur in the membership of a committee, the remaining members shall constitute the committee unless the committee has fewer members than is necessary to constitute a quorum.

Chairs

(5) The Council shall name one member of each committee to chair the committee.

Term

(6) No person shall be a member of the same committee for more than six consecutive years.

Other committees

(7) The Council may establish and appoint members to such other committees as it considers necessary.

Panels of committees

8 (1) Unless provided otherwise under this Act, the chair of a committee, other than the Executive Committee, may, in accordance with the regulations and subject to any quorum and composition rules in the regulations and by-laws,

- (a) establish panels to carry out any of the work of the committee; and
- (b) appoint the members of such panels.

Appointments

(2) Appointments to panels shall be at the discretion of the Chair but shall comply with any requirements under this Act.

Multiple panels

(3) A member of a committee may sit on more than one panel of the committee during the same period.

Simultaneous panels

(4) A committee may sit in two or more panels simultaneously so long as a quorum is present in each panel.

Authority of panels

(5) Unless provided otherwise under this Act, a panel of a committee can exercise all of the authorities of the committee.

**PART III
AUTHORIZED ACTIVITIES, RISK OF HARM AND RESTRICTED TITLES**

AUTHORIZED ACTIVITIES

Authorized activities

9 (1) No person shall carry out an authorized activity described in section 1 of Schedule 1 while engaged in the practice of veterinary medicine unless the person is a member.

Limitations

(2) A member may only carry out an authorized activity while engaged in the practice of veterinary medicine and subject to any prescribed conditions or prohibitions and any terms, conditions or limitations imposed on their licence.

Authorized activities — non-members

(3) Despite subsection (1), a person who is not a member may, subject to any prescribed conditions or prohibitions, carry out an authorized activity while engaged in the practice of veterinary medicine if,

- (a) the regulations permit a person who is not a member to carry out the authorized activity; and
- (b) the authorized activity is delegated to that person by a member.

Authorized activities — students

(4) Despite subsections (1) and (3), a student may carry out an authorized activity if the student is doing so while engaging in the undergraduate curriculum of studies at a veterinary medicine program or a veterinary technician program provided for in the regulations or the by-laws.

Authorized activities — professionals

(5) Despite subsections (1) and (3), the following persons may, subject to and in accordance with any prescribed guidelines, processes, terms, conditions, limitations or prohibitions, carry out such authorized activities as may be prescribed:

1. A person who, under the *Chiropractic Act, 1991*, is a member of the College of Chiropractors of Ontario.
2. A person who, under the *Pharmacy Act, 1991*, is a member of the Ontario College of Pharmacists.
3. A person who belongs to or practises a prescribed profession or such other persons as may be prescribed.

Collaboration

(6) When developing a proposal for regulations in relation to subsection (5), the College shall take reasonable steps to consult with such professions as would be addressed in those regulations and shall report to the Minister on the outcome of those consultations.

Exceptions

10 (1) Subsection 9 (1) does not apply to prevent a person from carrying out an activity described in sections 2 and 3 of Schedule 1.

Application of *Drug and Pharmacies Regulation Act*

(2) The *Drug and Pharmacies Regulation Act* does not apply to prevent a member from compounding, dispensing or selling drugs in the course of engaging in the practice of veterinary medicine.

Sale of drugs

(3) Regulations made under the *Animal Health Act, 2009* do not apply to prevent a member from selling a drug in the course of engaging in the practice of veterinary medicine to an owner of livestock for the treatment of livestock.

RISK OF HARM**Risk of harm**

11 (1) No person other than a member acting within the scope of the practice of veterinary medicine shall treat an animal, or advise an owner or their representative with respect to an animal's health, in circumstances in which it is reasonably foreseeable that serious bodily harm to an animal or a person may result from the treatment or advice or from an omission from the treatment or advice.

Exceptions

(2) Subsection (1) does not apply with respect to,

- (a) any treatment by a person who is acting under the direction of or in collaboration with a member if the treatment is within the scope of the practice of veterinary medicine;
- (b) an activity carried out by a person if the activity is an authorized activity that was delegated under subsection 9 (3) to the person by a member;
- (c) an activity set out in section 2 of Schedule 1, if the person carrying out the activity is not otherwise prevented to do so under the Act; or
- (d) any prescribed treatment, advice, authorized activity or person.

RESTRICTED TITLES AND TERMS**Restricted titles****Veterinarian members**

12 (1) Unless otherwise permitted by the regulations, no person other than a veterinarian member shall use the title "veterinarian", "veterinary surgeon" or "doctor" or variations, abbreviations, abbreviations of variations or equivalents in another language, while engaged in the practice of veterinary medicine.

Veterinary technician members

(2) Unless otherwise permitted by the regulations, no person other than a veterinary technician member shall use the title "Registered veterinary technician" or "Registered veterinary technologist" or variations, abbreviations, abbreviations of variations or equivalents in another language, while engaged in the practice of veterinary medicine.

Exception, chiropractors

(3) Despite subsection (1), a member of the College of Chiropractors of Ontario may use the title "doctor" while providing or offering care to animals but shall not use the title "doctor" in written format in relation to the providing or offering such care without using the phrase, "doctor of chiropractic" or "D.C.", immediately following their name.

Restricted terms

13 No person shall use the term "veterinary facility" or variations, abbreviations, abbreviations of variations or equivalents in another language to refer to their building, vehicle or land unless they hold a certificate of accreditation in relation to that building, vehicle or land.

From: Jo-Ann Willson
Sent: March 7, 2024 1:33 PM
To: Rose Bustria
Subject: FW: Ontario Introducing Measures to Help Improve Access to Veterinary Services

Exec, Council, QA.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ontario News <newsroom@ontario.ca>
Sent: Thursday, March 7, 2024 1:19 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: Ontario Introducing Measures to Help Improve Access to Veterinary Services

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



NEWS RELEASE

Ontario Introducing Measures to Help Improve Access to Veterinary Services

New legislation recognizes important role veterinary technicians play in providing care

March 07, 2024

[Ministry of Agriculture, Food and Rural Affairs](#)

TORONTO — Today, the Ontario government introduced legislation designed to enhance access to professional animal care.

The *Enhancing Professional Care for Animals Act* would, if passed, pave the way to formalizing the broad scope of practice for veterinary technicians that could result in an expanded role. The legislation would also streamline the complaints resolution process and increase penalties for actions that intentionally harm an animal.

“Continued access to safe and professional care is critical for pet owners and farmers which is why we are proposing to modernize the 35-year-old legislative framework regulating the veterinary profession,” said Lisa Thompson, Minister of Agriculture, Food and Rural Affairs. “This bill is designed to enable better access to veterinary services, recognize the important role of veterinary technicians, improve oversight of the profession and increase quality assurance through measures like continuing education.”

Following extensive public consultations with stakeholders and partners on ways to modernize the laws governing veterinarians and improve access to care in Ontario, the proposed new legislation would provide a number of important benefits, including:

- Enabling the creation of a formal scope of practice for veterinary technicians that would allow them to perform to the full potential of their training and expertise.
- New requirements for continuing education similar to other regulated professions.
- An improved complaints resolution process to allow disputes to be addressed more quickly.
- Increased penalties to better reflect the seriousness of actions that could harm animals.
- Ensuring more public representation on the council of the regulatory college overseeing veterinary professionals to bring broader perspectives.

If passed, the new legislation would better align oversight of Ontario's veterinary profession with other self-regulated health professions in the province.

Quick Facts

- Through the proposed *Enhancing Professional Care for Animals Act*, the Ontario government is meeting commitments made in the 2023 Ontario Budget and taking action to reach the goals set out in the Grow Ontario Strategy.
- The government is expanding veterinary capacity in underserved areas of Ontario through the [Veterinary Incentive Program](#) which provides up to \$50,000 for up to 100 recently licensed veterinarians who locate in an underserved area to provide care to livestock and poultry in these communities.
- The government is also working to increase access to veterinary care by providing \$14.7 million over two years to create 20 new veterinary school spaces each year.
- For more information about OMAFRA programs and services, contact the Agricultural Information Contact Centre (AICC) by phone at 1-877-424-1300 or by e-mail at ag.info.omafra@ontario.ca.

Quotes

"Today is a pinnacle moment, a significant step towards a robust and effective legislative framework to govern veterinary medicine in Ontario. This legislation strengthens public protection and more accurately reflects current veterinary practice. Our council and the licensed members of our college recognize that this legislation will support veterinary teams and enable us to serve the public with efficiency, transparency and accountability. This is good news for the public, for veterinary medicine, and for veterinary teams in Ontario."

- Dr. Wade Wright
President, College of Veterinarians of Ontario

"After nearly a decade of tireless advocacy, OVMA is pleased that the concerns of the veterinary profession, stemming from an outdated legislative framework, have been heard and that a new Act has been introduced. OVMA supports legislation that reduces the regulatory burden on the profession by recognizing the vital role of Registered Veterinary Technicians. The association remains committed to ensuring that outcomes are fair, balanced, and reflective of the current profession and meet the needs of pet owners, producers, and Ontario's animals by providing a flexible framework that protects the public interest."

- John Stevens
CEO, Ontario Veterinary Medical Association

"This is a historic moment for Registered Veterinary Technicians (RVTs), and I am so proud of the work we have done together with Minister Thompson to get here. This new legislation will expand scope of practice for RVTs, positioning Ontario as a future-ready leader in the regulation of veterinary medicine by enabling RVTs to participate in team-based veterinary care to the full extent of their abilities and training. We look forward to continuing to work with the Ontario government to grow our profession."

- Kirsti Clarida
President, Ontario Association of Veterinary Technicians

"The Ontario SPCA and Humane Society strongly supports allowing registered veterinary technicians to practice at a level reflecting their training and expertise. This is an important step to increase access to veterinary care in Ontario and we look forward to working with the province to further ensure all animals can get the care they need."

- Doug Brooks
President & CEO, Ontario SPCA and Humane Society

"The Ontario Federation of Agriculture is pleased to see the Ontario government's modernization of the Veterinarians Act. Veterinarians play a critical role, promoting the health and welfare of animals and maintaining a healthy, safe and sustainable agri-food system. These proposed changes to modernize and streamline the Act will ensure Ontario farmers have access to modern and quality care for their livestock, a crucial component to the economic stability of Ontario's rural communities."

- Drew Spoelstra
President, Ontario Federation of Agriculture

Additional Resources

- [Ontario Modernizing Legislation for Veterinary Professionals](#)
- [Ministry of Agriculture, Food and Rural Affairs](#)
- [2023 Ontario Budget: Building a Strong Ontario](#)
- [Grow Ontario Strategy](#)
- [College of Veterinarians of Ontario](#)

Media Contacts

Sam McCormick
Minister's Office
Sam.McCormick@Ontario.ca

Connie Osborne
Communications Branch
OMAFRA.media@ontario.ca
[519-826-3145](tel:519-826-3145)

We have recently updated Ontario Newsroom Subscription. You may receive additional emails. If you would like to update your subscription preferences or unsubscribe, click the 'manage your subscriptions' or 'unsubscribe' links down below.

Visit the Newsroom
Manage your subscriptions
Unsubscribe

CHIROPRACTIC CARE OF ANIMALS



Standard of Practice S-009

Quality Assurance Committee

Approved by Council: April 25, 1998

Amended: February 19, 2008, December 4, 2015, November 24, 2022 (came into effect February 24, 2023)

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

INTENT

To advise members on when and how they can conduct chiropractic care of animals, and to remind them that the primary responsibility for the health care of animals is with veterinarians.

OBJECTIVES

- To promote professionalism, safety and effectiveness in the chiropractic care of animals.
- To inform members of CCO of their obligations relating to the chiropractic care of animals.
- To ensure appropriate coordination and consultation between chiropractors and veterinarians in the chiropractic care of animals.
- To educate the public as to the appropriate nature of the chiropractic care of animals.

DESCRIPTION OF STANDARD

A member is advised that:

- The primary responsibility for the health care of animals is with registrants of the CVO, who are responsible for appropriate history taking, comprehensive examination, including clinical pathology, and imaging, and the overall care/management of animals.
- Consent to the chiropractic care of animals must be fully informed and voluntarily given by the owner of the animal, and members are required to comply with all standards of practice and applicable legislation relating to chiropractic.

In providing chiropractic care to an animal, a member shall:

- demonstrate successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;

- ensure the record of care includes the name of the treating registrant of CVO and the relevant portions of the veterinary record;
- provide, upon request and only with the consent from the owner of the animal or otherwise in accordance with the *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)*¹ a copy of relevant portions of the record to the treating registrant of CVO within a reasonable time of providing chiropractic care to an animal;
- maintain separate appointment books, separate health and financial records and, where animals are provided with chiropractic care in the same office as humans, maintain a separate portion of the office devoted to animal chiropractic²; and
- ensure that the owner of the animal(s) is fully informed about the member's insurance coverage³.

Exemption

A member will be exempted from the first bulleted item above if she/she:

- is enrolled and participating in an approved program in animal chiropractic, leading to the successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas, anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities;
- completes the approved program in animal chiropractic within two years of their enrolment;
- provides chiropractic care to animals within the parameters of their course of study; and
- informs the owner of the animal(s) that they have enrolled and are participating in but have not yet graduated from an approved program in animal chiropractic.

¹ Since the chiropractic care of animals does not involve human health care, the *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)* and not the *Personal Health Information Protection Act, 2004 (PHIPA)* would apply to the collection, use and disclosure of information related to the chiropractic care of animals.

² Maintenance of separate office space is a minimum requirement for health and sanitation reasons, particularly in light of the various communicable diseases common to human and animals.

³ This requires the member to advise the owner of the animal if the member's policy of insurance or membership in a protective association does not provide coverage for the chiropractic care of animals. The owner should be informed about the member's insurance coverage as part of the general requirement that there be "informed" consent.

LEGISLATIVE CONTEXT

The governing legislation as it relates to human health care is the *Regulated Health Professions Act, 1991*, as amended (*RHPA*) and the *Chiropractic Act, 1991*. The governing legislation as it relates to animal health care is the *Veterinarians Act, 1990*. Specific relevant provisions are outlined below. The *RHPA* and the *Chiropractic Act* are administered by CCO and the *Veterinarians Act* is administered by CVO.

Sections of the *RHPA*

Objects and Duty of the CCO – Section 3 of the Regulated Health Professions (Code), Schedule 2 to *RHPA* (Code):

(1) [CCO] has the following objects:

- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
- To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members.

(2) In carrying out its objects, the [CCO] has a duty to serve and protect the public interest.”

Sections of the *Chiropractic Act*

Section 3: Chiropractic Scope of Practice

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- dysfunctions or disorders arising from the structures or functions of the joints.”

Section 9: Restricted Titles for Chiropractic

“(1) No person other than a member shall use the title ‘chiropractor’, a variation or abbreviation or an equivalent in another language.

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a chiropractor or in a specialty of chiropractic.

(3) In this section, ‘abbreviation’ includes an abbreviation of a variation.”

Sections of Regulation 852/93 under the *Chiropractic Act*

Section 1 (2): Definition of Professional Misconduct for Chiropractors (Standards of Practice)

“The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.”

Sections of the *Veterinarians Act*

Subsection 1 (1): Definition of Veterinary Medicine

“The ‘practice of veterinary medicine’ includes the practice of dentistry, obstetrics (including ova and embryo transfer) and surgery in relation to an animal other than a human being.”

Section 3: Objects of CVO

- “(1) The principal object of the [CVO] is to regulate the practice of veterinary medicine and to govern its members in accordance with this Act, the regulations and the by-laws so as to serve and protect the public interest.
- (2) For the purpose of carrying out its principal object, the [CVO] has the following additional objects:
- establish, maintain and develop standards of knowledge and skill among its members; and
 - establish, maintain and develop standards of qualification and standards of practice for the practice of veterinary medicine.”

Subsection 11 (1): Licence Required to Practice Veterinary Medicine

“No person shall engage in the practice of veterinary medicine or hold himself/herself out as engaging in the practice of veterinary medicine unless the person is the holder of a license.”

Sections of Regulation 1093 (General – Part II Practice Standards) under the *Veterinarians Act*

Section 17: Definition of Professional Misconduct for Veterinarians (Standards of Practice)

“For the purposes of the Act, professional misconduct includes the following: Failing to maintain the standard of practice of the profession.”

From: Joel Friedman
Sent: Tuesday, March 26, 2024 3:57 PM
To: sci@ola.org
Subject: Request to Present to the Standing Committee on the Interior regarding Bill 171, Enhancing Professional Care Animals Act, 2024

Good Afternoon,

I am writing to the attention of Ms. Thushitha Kobikrishna, Clerk of the Committee, Standing Committee on the Interior (Legislative Offices).

I am writing from the College of Chiropractors of Ontario (CCO) with a request for CCO to present to the Standing Committee regarding Bill 171, *Enhancing Professional Care Animals Act, 2024*. CCO is the regulator for chiropractors and in Ontario and had previously made written submissions to the consultations on Bill 171 as it relates to the chiropractic care of animals.

This subject has been a topic of debate in the second reading of the Bill 171 and CCO would welcome the opportunity to present on the regulation of the chiropractic care of animals, the current standard of practice, the complaints and discipline process, and any other public interest considerations related to the chiropractic care of animals by members of CCO.

I have also put in a request to appear to present on the Legislative Assembly of Ontario website but was given your contact by a professional colleague to contact as well.

We look forward to hearing back and please let me know if you have any questions.

Regards,

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

In-office services are available by appointment only. Please use the email or phone contact above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately. CCO is committed to providing inclusive, accommodating, and responsive services and ensuring that individuals are treated with dignity and respect. Please contact us if you require accommodations. Please ensure that all communications with CCO are respectful and professional.

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Legislative Assembly of Ontario <donotreply@ola.org>
Sent: Tuesday, March 26, 2024 2:29 PM
To: Joel Friedman
Subject: Request to appear as a committee witness: submission confirmation

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

Thank you for your application to appear in front of a committee at the Legislative Assembly of Ontario. Your information has been successfully received.

Please note that submitting an application does not guarantee you will be selected to appear in front of the committee.

The Procedural Services Branch organizes hearings under the direction of committee members or the House. The Clerk of the Committee will contact you if you are chosen to present.

If you would like to make changes to any information you have already submitted or add any additional material, please contact us and reference your application ID.

Your application ID is: 130386

If you are chosen to appear before a committee you can also bring hard copies of any additional material you would like to submit, as long as you bring 25 copies and follow our [guidelines for printed material](#).

If you have any questions about public hearings, appearing at a consultation, or submitting material, please refer to the [participating in committees](#) page on our public website. You can also contact our office at:

Procedural Services Branch
Whitney Block
Room 1405
99 Wellesley St. W
Toronto, ON M7A 1A2
Telephone: 416-325-3500
Fax: 416-325-3505
TTY: 416-325-3538

Collect calls are accepted.

Here is a copy of your application, for your records.

Submitted on Tue, 03/26/2024 - 14:24

The bill or item of business you have chosen is: **Bill 171, Enhancing Professional Care for Animals Act, 2024**

752

Choose a topic

Do you know the bill title or business (e.g., pre-budget consultations) you'd like to speak or submit material about?

Yes

Choose an application

Which application would you like to submit?

Request to appear as a committee witness (with the option of submitting material)

Which public hearing(s) would you like to apply for?

[Deadline: Wednesday, April 3rd, 2024 at 12:00 PM \(EDT\)](#)

Add your information

Are you applying to appear as an individual or on behalf of an organization?

I am an employee or member applying to appear on behalf of an organization

Full name

Mr Joel Friedman

Job title or role

Deputy Registrar

Contact phone number

[416 922 6355 ext. 104](#)

Email address

jfriedman@cco.on.ca

Organization name

College of Chiropractors of Ontario

Address line 1

59 Hayden Street

Address line 2

Suite 800

City

Toronto

Postal or zip code

M4Y 0E7

753

Province or state

ON

Country

Canada

To be decided

No

Presenter1

Ms Jo-Ann Willson, Registrar and General Counsel

Presenter2

Mr Joel Friedman, Deputy Registrar

Language of your presentation

English

Do you require any special accommodation (e.g., accessibility, technology)?

No

Do you want to include an electronic written brief alongside your application to appear (optional)?

No



Specialty Colleges Council

Conseil des collèges de spécialité

756

CCEC 1.14.2

Jan 19, 2024

To Whom it May Concern:

The Specialty Colleges Council (SCC) of the Federation of Canadian Chiropractic serves as a facilitator for members to meet, share information and advance their profession. The SCC provides a forum for the exchange of best practices regarding regulatory issues that relate to chiropractic specialists and takes great interest in the actions and activities of specialty colleges. There is currently an open public member position on the SCC.

I am reaching out to you today to request your assistance in conveying the message to potentially interested members of the public. Please feel free to recommend to us the name of any potential candidates and we can follow up with them. We encourage interested members of the public to self-identify, or, for you to nominate worthy individuals for the role of a public member with the SCC. More details are contained in the attachment, which outlines the responsibilities of the role, skills that we are seeking, an outline of the time commitment required, and details on the honoraria and expenses policies. We are particularly seeking those with educational or project management experience. Those with a health professions background and experience with specialists in other fields are particularly sought after.

This is an excellent opportunity for a member of the public to be involved in the development and governance of chiropractic specialties in Canada. I am more than willing to answer any questions that you or prospective applicants may have.

We look forward to your reply.

Yours truly,

Specialty Colleges Council

François Hains, DC
Chair



Specialty Colleges Council

Conseil des collèges de spécialité

757

Request for expressions of interest
Public Member
Specialty Colleges Council, Federation of Canadian Chiropractic

January 2024

The Federation of Canadian Chiropractic is a national organization accountable for three discrete functions. Accreditation of Doctor of Chiropractic Programs in Canada through the Council on Chiropractic Education Canada, Regulatory Council, a forum through which chiropractic regulators across Canada engage on matters of interest to them, and the Specialty Colleges Council, which represents the five chiropractic specialities in Canada.

Specialty Colleges Council is seeking a public member to join their team. The Federation Board appoints the public member to the Specialty Colleges Council and does so from lists of candidates provided by each of the five specialty colleges.

In order to be effective in the role, the public member should have experience with or exposure to post-secondary education at the graduate level, particularly as it relates to teaching, research, project management, governance, or administration. Those with a health professions background and specialists in other fields are particularly sought after.

Representatives will be expected to attend up to two face-to-face meetings a year and up to five 1.5 hour teleconferences annually. In addition, to be fully effective it is anticipated that representative would invest approximately 15 hours of meeting preparation time each year.

In recognition of the workload, public members of Specialty Colleges Council are eligible for a per diem as follows:

- a. for meetings greater than six hours in length \$400 per meeting day
- b. for meetings less than six hours in length \$200 per session
- c. for meetings of 1-2 hours in length \$100

Reasonable travel expenses to in-person meetings will be reimbursed on a pay and claim basis within 30 days of receipt of travel expenses.

Term of appointment is for two years, with term limits still in development. To be fully conversant and effective in the role, it is anticipated that the minimum commitment would be two terms (four years) of service to the Council.

Those eligible to be appointed to a public member role on Specialty Colleges Council must:

- a. not have any conflict of interest with any accredited Canadian chiropractic program or specialty college,

The Federation of Canadian Chiropractic • La Fédération chiropratique canadienne
604-5657 Spring Garden Road, Lobby Box 142, Halifax, NS B3J 3R4
www.chirofed.ca Tel: 902.406.4351



Specialty Colleges Council Conseil des collèges de spécialité

758

- b. not concurrently be employed by or serve on the Federation of Canadian Chiropractic (FCC) Board or the boards of any chiropractic provincial, territorial or national association or regulatory board during the term of their appointment,
- c. not be or have been an elected member of the governing body of a DCP or a chiropractic specialty college within the three years immediately prior to the commencement of such person's term on Specialty Colleges Council, and;
- d. not be or have been a faculty member, executive officer or other administrator of a Canadian chiropractic program or a chiropractic specialty college for the three years immediately prior to the commencement of such person's term.

Applicants should provide contact details, a cover letter and a CV to the council as follows:

Specialty Colleges Council
602-5647 Spring Garden Rd, Box 142
Halifax, NS B3J 3R4

gmacdonald@pathfinder-group.com
902.406.4351

<https://chirofed.ca/specialty-colleges/>

From: Jo-Ann Willson
Sent: February 29, 2024 5:27 PM
To: Rose Bustria
Subject: FW: Invitation to Chiropractic Stakeholder Summit
Attachments: Letter to CCO_Summit Representation_Feb 2024.docx

Importance: High

Exec and Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ayla Azad <aazad@chiropractic.ca>
Sent: Thursday, February 29, 2024 3:19 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Dean Wright <dwright@ccpaonline.ca>; Caroline Brereton <cbrereton@chiropractic.on.ca>
Subject: Invitation to Chiropractic Stakeholder Summit
Importance: High

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

Hello Jo-Ann,

Attached please find a letter of invitation to the 2024 National Chiropractic Stakeholder Summit on behalf of the CCA, CCPA and OCA.

We sincerely hope the CCO leadership will consider our invitation to attend this important event.

Thank you,
 Ayla

Dr. Ayla Azad, DC, MBA (She/Her)
 Chief Executive Officer

Chef de la Direction

Association
chiropratique
canadienne



Canadian
Chiropractic
Association

875

184 Front St. East, Suite 200 Toronto, ON M5A 4N3

Tel: 416-585-7902 X 225

1-877-222-9303

Fax: 416-585-2970

CHIROPRACTIC.CA | CHIROPRACTIQUE.CA    

**LEARN
CONNECT
ENGAGE**

CCA
NCT'24

NATIONAL
CONVENTION
& TRADESHOW
A Team Approach for
a Healthy Future

Westin Harbour Castle Hotel,
Toronto, ON

April 19 - 20th, 2024

WWW.CCA-NCT.CA

CNSE24 DE L'ACC • 19 - 20 AVRIL 2024
HÔTEL WESTIN HARBOUR CASTLE, TORONTO, ON

The CCA acknowledges the enduring and vibrant presence, culture, history and inherent rights of First Nations people, Métis and Inuit across Canada on whose traditional territories CCA members live and work, as well as where the CCA has its head office in Toronto. // L'ACC reconnaît la culture et l'histoire des membres des Premières nations, des Métis et des Inuits de tout le Canada, ainsi que leur présence durable et dynamique et leurs droits inhérents sur les territoires traditionnels où vivent et travaillent des membres de l'ACC et où est établi son siège social à Toronto.

NOTE: This e-mail message, and any attachments, is intended only for the named recipient(s) above and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message. Thank you.



February 29, 2024

876

College of Chiropractors of Ontario
59 Hayden St., Suite 800
Toronto, ON M4Y 0E7

Attn: Dr. Sarah Green, CCO President
Dr. Dennis Mizel, CCO Vice -President
Dr. Shawn Southern, CCO Treasurer
Jo-Ann Willson, CCO Registrar and General Counsel

Dear CCO leaders,

The Canadian Chiropractic Community is holding a joint meeting on April 18th, 2024, called the National Chiropractic Stakeholder Summit. This biennial one-day meeting brings together leaders in the chiropractic profession to strengthen relationships and find opportunities for collaboration between all stakeholders in order to advance the profession.

Since the last Summit meeting, many relationships across the profession have strengthened and we are now experiencing the benefits shared collaboration can have on our strategic priorities. It is in this renewed spirit of collaboration and mutual respect for each other's mandates, the CCA, CCPA, and your Ontario Association, OCA, would like to personally extend an invitation to the CCO to attend the National Chiropractic Stakeholders Summit.

This meeting will take place from 8:30 am – 4:30 pm on Thursday April 18th at the Westin Harbour Castle Hotel in Toronto, ON. Up to three representatives from each organization are invited to attend the 2024 Summit. Please note, organizations will be billed back the meeting costs for room rental, food & beverage and AV for the meeting on a per attendee basis.

The Summit is followed by the [CCA National Convention and Tradeshow](#) and again all stakeholders are welcome to attend.

CCO is a key stakeholder in the chiropractic profession in Canada, regulating the largest number of Chiropractors in a complex health system environment. Your perspectives are invaluable. We are looking forward to having the CCO represented at this important Summit.

If you have any questions, please do not hesitate to contact any of us. Please RSVP the names of your organization's representatives to Sarah Perry at sperry@chiropractic.ca by Friday March 8th, 2024.

Sincerely,

Dr. Ayla Azad, CCA CEO & Dr. Judy Forrester, CCA Chair
Dr. Dean Wright, CCPA CEO & Dr. Shane Taylor, CCPA President
Caroline Brereton, OCA CEO & Dr. Raquel Marques, OCA Chair

From: Jo-Ann Willson
Sent: March 12, 2024 12:59 PM
To: Rose Bustria
Subject: FW: Invitation to Chiropractic Stakeholder Summit

Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ayla Azad <aazad@chiropractic.ca>
Sent: Tuesday, March 12, 2024 12:37 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Dean Wright <dwright@ccpaonline.ca>; Caroline Brereton <cbrereton@chiropractic.on.ca>
Subject: RE: Invitation to Chiropractic Stakeholder Summit

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

Hi Jo-Ann,

Thanks so much for your response and we are very much looking forward to seeing you and Dr. Mizel at the event.

We are working on the agenda with an organising committee and will be sharing it prior to the event.

We do have Denise Gerein from Saskatchewan who is on the organising committee to ensure there is a "regulatory lens" as we work on items for discussion.

I hope that helps.

Ayla

Dr. Ayla Azad, DC, MBA (She/Her)
Chief Executive Officer
Chef de la Direction

184 Front St. East, Suite 200 Toronto, ON M5A 4N3

Tel: 416-585-7902 X 225

1-877-222-9303

Fax: 416-585-2970

CHIROPRACTIC.CA | CHIROPRACTIQUE.CA    



**LEARN
CONNECT
ENGAGE**

CCA
NCT'24

NATIONAL
CONVENTION
& TRADESHOW
A Team Approach for
a Healthy Future

Westin Harbour Castle Hotel,
Toronto, ON

April 19 - 20th, 2024

WWW.CCA-NCT.CA

CNSE24 DE L'ACC • 19 - 20 AVRIL 2024
HÔTEL WESTIN HARBOUR CASTLE, TORONTO, ON

The CCA acknowledges the enduring and vibrant presence, culture, history and inherent rights of First Nations people, Métis and Inuit across Canada on whose traditional territories CCA members live and work, as well as where the CCA has its head office in Toronto. // L'ACC reconnaît la culture et l'histoire des membres des Premières nations, des Métis et des Inuits de tout le Canada, ainsi que leur présence durable et dynamique et leurs droits inhérents sur les territoires traditionnels où vivent et travaillent des membres de l'ACC et où est établi son siège social à Toronto.

NOTE: This e-mail message, and any attachments, is intended only for the named recipient(s) above and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message. Thank you.

From: Jo-Ann Willson <jwillson@cco.on.ca>
Sent: Wednesday, March 6, 2024 7:53 AM
To: Ayla Azad <aazad@chiropractic.ca>
Cc: Dean Wright <dwright@ccpaonline.ca>; Caroline Brereton <cbrereton@chiropractic.on.ca>
Subject: [EXTERNAL] RE: Invitation to Chiropractic Stakeholder Summit

Thank you very much for the invitation, and also for the efforts to establish and maintain positive relationships with stakeholders within the chiropractic community. Are you able to share the agenda for the Thursday, April 18, 2024 meetings? It would be helpful to confirm that there are items that relate to the role of regulators and their public interest protection mandate. Based on early discussions, it looks like Dr. Mizel and I will be able to attend. Dr. Green and Mr. Southern will be away on planned holidays. Look forward to hearing from you further.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Toll Free: 1-877-577-4772

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Ayla Azad <aazad@chiropractic.ca>
Sent: Thursday, February 29, 2024 3:19 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: Dean Wright <dwright@ccpaonline.ca>; Caroline Brereton <cbrereton@chiropractic.on.ca>
Subject: Invitation to Chiropractic Stakeholder Summit
Importance: High

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

Hello Jo-Ann,

Attached please find a letter of invitation to the 2024 National Chiropractic Stakeholder Summit on behalf of the CCA, CCPA and OCA.

We sincerely hope the CCO leadership will consider our invitation to attend this important event.

Thank you,

Ayla

Dr. Ayla Azad, DC, MBA (She/Her)

Chief Executive Officer

Chef de la Direction

Association
chiropratique
canadienne



Canadian
Chiropractic
Association

184 Front St. East, Suite 200 Toronto, ON M5A 4N3

Tel: 416-585-7902 X 225

1-877-222-9303

Fax: 416-585-2970

CHIROPRACTIC.CA | CHIROPRACTIQUE.CA    

**LEARN
CONNECT
ENGAGE**

CCA
NCT'24



NATIONAL
CONVENTION
& TRADESHOW
A Team Approach for
a Healthy Future

Westin Harbour Castle Hotel,
Toronto, ON

April 19 - 20th, 2024

WWW.CCA-NCT.CA

880

CNSE24 DE L'ACC • 19 - 20 AVRIL 2024
HÔTEL WESTIN HARBOUR CASTLE, TORONTO, ON

The CCA acknowledges the enduring and vibrant presence, culture, history and inherent rights of First Nations people, Métis and Inuit across Canada on whose traditional territories CCA members live and work, as well as where the CCA has its head office in Toronto. // L'ACC reconnaît la culture et l'histoire des membres des Premières nations, des Métis et des Inuits de tout le Canada, ainsi que leur présence durable et dynamique et leurs droits inhérents sur les territoires traditionnels où vivent et travaillent des membres de l'ACC et où est établi son siège social à Toronto.

NOTE: This e-mail message, and any attachments, is intended only for the named recipient(s) above and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message. Thank you.

Subject: FW: Canadian Chiropractic Association Facebook

From: Jo-Ann Willson <jpwillson@cco.on.ca>
Sent: Friday, February 16, 2024 12:22 PM
To: Rose Bustria <RBustria@cco.on.ca>
Subject: FW: Canadian Chiropractic Association Facebook

Exec and Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Dr.Mizel <drmizel@stcatharineschiropractic.com>
Sent: Friday, February 16, 2024 12:17 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: Sarah Green <drsarahgreen1@gmail.com>
Subject: Canadian Chiropractic Association Facebook

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



Indigenous Chiropractors take a crack at curbing opioid crisis
eaglefeathernews.com

882



**Canadian
Chiropractic Ass...**

2,013 followers

15m • 🌐



883

The CCA is excited to support a major milestone in our mission to improve healthcare access for rural and Indigenous communities. Under the leadership of Dr. David Peeace and co-chair Jennifer Ward, the Chiropractic Indigenous Caucus (CIC) is filling critical care gaps and mentoring future chiropractors to meet rural and Indigenous healthcare needs.

By increasing access to care, the CCA and CIC are working to address the opioid crisis with non-pharmaceutical solutions. Together, we're dedicated to culturally competent care and bettering the well-being of Indigenous communities nationwide.

Stay tuned for updates on our progress!

Read more: <https://lnkd.in/d5kA6XMq>

884



Indigenous Chiropractors take a crack at curbing opioid crisis

eaglefeathernews.com • 3 min read

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

College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355
Fax: (416) 925-9610
Mobile: (905) 401-8977
E-mail: drmizel@stcatharineschiropractic.com
Web Site: www.cco.on.ca

From: Jo-Ann Willson
Sent: February 27, 2024 12:05 PM
To: Rose Bustria
Subject: FW: CCPA Communiqué

Exec and Council.

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

Registrar & General Counsel

College of Chiropractors of Ontario

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355 ext. 111

Toll Free: 1-877-577-4772

Fax: (416) 925-9610

E-mail: jwillson@cco.on.ca

Web Site: www.cco.on.ca

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: CCPA <admin@ccpaonline.ca>
Sent: Tuesday, February 27, 2024 12:01 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Subject: CCPA Communiqué

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



CANADIAN
CHIROPRACTIC
PROTECTIVE
ASSOCIATION

February 2024



A note from the CEO: Something New

By Dr. Dean Wright

Last year I wrote to you about CCPA undertaking a strategic planning process. Now that plan has been approved by our Board of Directors, and we are in the process of putting it into action. One of the key themes of CCPA's plan revolves around the question, how can we offer more to you – our members –while not asking more from you financially?

Fees freeze for 2024

We realize these past few years have created a significant financial impact on running a practice, as well as taking care of every day requirements. In 2022 the CPI, depending on where you reside, was around six per cent. Then in 2023 it reached four per cent. When we account for a compounding factor, we have seen a more than 10 per cent increase in just two years. While CCPA has felt this inflationary impact, we realize it has been harder on our members. This is why we took the step to freeze our membership dues for 2024. Your fees for this year are exactly the same as in 2023.

Parental leave*

Also new for 2024, we have introduced a parental leave category that allows new parents to take a six-month leave from practice without having to pay CCPA membership fees for this period. While we know this is an amazing time for parents, it can also be stressful. We hope, by offering a parental leave option, we can help reduce the burden so you can focus on your family.

No-cost prior-acts protection

When a chiropractor retires from practice, whether with CCPA or an insurer, they typically have the option to purchase something known as “tail protection”. This coverage protects doctors for six years after they retire, as lawsuits are rarely filed and served at the time of the incident. A suit usually trails an incident by an average of 18 months. Remember, CCPA's coverage works on a “claims-made” basis, meaning a DC must be a member in good standing of CCPA at the time the lawsuit is filed, not just when the incident occurs. This is the standard across the insurance industry. As of 2024, we have waived the fee for this coverage, providing tail protection at no cost to our retiring members.

These changes are centred on CCPA helping you reduce your bottom-line costs, while maintaining exceptional service. We understand the challenges of running a practice and we are committed to helping you have the best practice experience possible.

There are other strategic plan initiatives underway that we believe will help improve your member experience. We are investigating ways to expand and enhance our service to you. Stay tuned; there is more to come from CCPA.

And remember: if you have an issue or concern, or you are just not sure where to turn, reach out to us. We are just a phone call or email away.

*Members in Alberta are encouraged to call the CCOA to discuss the regulatory ramifications of this category.

888

New OUCH File Online

In this month's installment of the Ouch Files, you'll find an example of why it's essential to follow your instincts when you feel a pull toward a particular course of action during care. The story is written by Dr. Shima Shahidy, CCPA Director of Claims.

[Read the OUCH File now](#)

Our records indicate you prefer receiving correspondence in English. To update your communication preferences, please contact us at admin@ccpaonline.ca. [Click here to unsubscribe.](#)

CCPA: 802 The Queensway, Etobicoke, ON M8Z 1N5
admin@ccpaonline.ca, 416-781-5656, (TF) 800-668-2076

Copyright © 2024 Canadian Chiropractic Protective Association, all rights reserved.

ITEM 4.1.59



Health Profession Regulators of Ontario (HPRO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
Phone: 416-986-0576

February 28, 2024

890

Irwin Glasberg, Ontario Fairness Commissioner
Office of the Fairness Commissioner (OFC)
3rd Floor, Suite 300
180 Dundas St W
Toronto ON M7A 2S6

Transmitted by email: Irwin.Glasberg@ontario.ca

Re: OFC Risk-Informed Compliance Framework (RICF)

Dear Mr. Glasberg:

I am writing to you in my capacity as Chair of the Board of Directors of the Health Profession Regulators of Ontario (HPRO). HPRO is a collective of the 26 health regulatory Colleges in Ontario, advocating for ongoing regulatory improvement that supports the public interest. HPRO and its members share your Office's commitment to transparency, objectivity, impartiality, and fairness in registration practices.

Fair registration practices are vitally important for a safe and effective health system. Registration is a key area of Colleges' day-to-day functions, and Ontario's health regulatory Colleges register or renew almost 400,000 healthcare professionals annually. Robust registration practices enable regulators to measure the quality of new practitioners and help to prevent future problems in practice, all in the public interest.

I write today about the RICE and to engage in discussions with your Office to work toward its implementation and improvements in the coming months.

GENERAL COMMENTS

HPRO supports the OFC's focus on equity, diversity, and inclusion (EDI), and the OFC is to be applauded for its recognition of the need to promote inclusion and address anti-racism concerns in Colleges' registration processes. Similarly, HPRO has identified EDI as a strategic priority area and we have just completed an Anti-Racism in Health Regulation (ARHR) Project that provides training and education related to EDI for College staff, Boards/Councils, and Committees as well as a number of tools and resources to help Colleges in their EDI journeys. This project's deliverables included an equity impact assessment (EIA) tool that Colleges can use to review their registration processes. EIAs are a part of Colleges' annual reporting processes, and their regular reporting makes Colleges accountable for their work in this area.

Also, HPRO appreciates the structure of the accountability mechanism in the RICE, which sets out clear compliance expectations, including the flexibility to recognize the individuality of

health regulatory Colleges. We are also pleased that the risk rating framework is not designed to be punitive in nature. Similar to other College reporting processes, the sharing of commendable practices would allow for a focus on continued quality improvements.

Third, we would like to discuss the assumptions underpinning the RICE risk factors, some of which are not within the College's sole control, including third-party service providers, addressing labour market shortages, and contributing to health human resource planning. In addition, there may be an opportunity to improve the understanding of metrics reported by the Colleges that are used in determining the RICE risk factor ratings.

THIRD-PARTY SERVICE PROVIDERS (TPSPS)

Recognizing the OFC's mandate to monitor third parties and advise Colleges regarding the assessment of TPSPs' qualifications related to registration practices, HPRO would like to discuss with the OFC how to best identify the most effective accountability measures that are feasible in a landscape of independent organizations involved in the ultimate licensure of internationally trained professionals. It is also important to note that many regulators engage TPSPs along with their provincial/territorial counterparts and individual influence may be moderated by the views of other regulators.

PUBLIC POLICY CONSIDERATION – ADDRESSING LABOUR MARKET SHORTAGES

Colleges have improved the speed and efficiency of their registration processes as part of their ongoing continuing quality improvements and recognition of the current health human resources (HHR) crises. Recognizing these improvements, it should be noted that Colleges' registration practices are not a contributing factor to market shortages, which are complicated and complex for the entire health professions' sector. While Colleges can provide data related to those they register, other aspects of HHR shortages are understandably outside of Colleges' control.

Labour market shortages are comprised of complex environmental, social, financial, and political issues. It is concerning that regulators may be considered at risk if they are not seen to be "helping to address critical labour shortages in its occupational sphere" or that it has not "constructively engaged in consultations with its responsible minister to ensure that Ontarians have access to adequate numbers of qualified, skilled, and competent regulated professionals". While regulators have made great efforts to streamline their processes, it should be recognized that regulators are reliant on applications for registration to increase the number of health professionals in the system. HPRO would welcome more discussion about what "constructive engagement" should look like so that our members are able to meaningfully contribute to discussions related to HHR.

There are numerous methods to alleviate shortages and, particularly, regional distribution disparities, such as the creation of employment offerings that are attractive to health professionals in areas where shortages exist as well as addressing educational program, and

in academic bridging opportunities. Assessing a regulator's risk on the basis of factors not within a regulator's control seems to be an area that requires more conversation.

IN CLOSING

We thank you for being committed to alleviating barriers to licensure and recognizing that health human resource planning is necessary to achieve Ontario's health system goals.

HPRO's members are committed to effective and efficient licensure practices and are interested in contributing to broader provincial policy decisions to address labour shortages in specified professions and geographic regions. I would like to extend an invitation for you to attend an upcoming Board meeting to discuss these important issues.

Please feel free to contact me at dfaulkner@rcdso.org, or, to schedule a meeting with HPRO, please have your office contact our Executive Director Beth Ann Kenny at bakenny@regulatedhealthprofessions.on.ca.

We look forward to working with you.

Sincerely,



Dan Faulkner, Chair

cc. Ministry of Health
Assistant Deputy Minister Dr. Karima Velji
Director Allison Henry
HPRO Board of Directors

**College of Chiropractors of Ontario
Discipline Committee Report to Council
April 16, 2024**

925

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

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

Committee Mandate

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

Report

Since the last report to Council, there have been no hearings of the committee. However the Committee has met once (Hybrid) on March 15, 2024.

Recommendation

The Committee has the following recommendations for Council:

Recommendation 1

Approve amendments to Rules of Procedure of the Discipline Committee pursuant to the SPPA.

Recommendation 2

Approve amendments to Policy-020: Adjournment of Discipline Hearings.

Additional Reporting**926**

The Health Profession Regulators of Ontario (HPRO) is holding its next Discipline Orientation on May 16, 2024 (Basic) and June 13, 2024 (Advanced). Just a reminder that according to our bylaws, every member of Council may be called upon to serve on a discipline panel to ensure the timely adjudication of discipline referrals. If any Council members are interested in the above training and have not attended the program previously, please contact Ms Rose Bustria. The training is offered three times per year.

I would like to thank the members of the discipline committee for their time and commitment. Also, appreciation goes to all Council members who have given their time and expertise to serve on a panel or panels. Thank you to Mr. Robert MacKay, Council appointed member, for addressing urgent discipline matters in a timely manner. The Discipline Committee continues to meet its mandate while conducting hearings as required to ensure compliance with CCO's public interest mandate.

Respectfully Submitted,

Dr. Dennis Mizel,
Chair

ADJOURNMENT OF DISCIPLINE HEARINGS

Policy P-020
Discipline Committee
Approved by Council: October 28, 1995
Amended: November 15, 1996, 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 reduce the number of adjournments of discipline hearings.

CCO is concerned about the number of requests for adjournments of discipline hearings. Members of discipline panels are notified well in advance of the discipline hearing dates so they may make appropriate arrangements to travel to and attend the hearing.

Prosecutors and members charged with allegations of professional misconduct, incompetence or incapacity are similarly given notice of the date and time of a hearing well in advance of the hearing date.

Requests for adjournments result in delays in the hearing, time and expense for panel members, and increased costs for all parties. Further, adjournments generally do not serve the public interest, which CCO is charged with the responsibility of protecting.

DESCRIPTION OF POLICY

The Registrar will advise all members and counsel that:

- The general practice is to decline requests for an adjournment of discipline hearings.
- If, on receiving the Notice of Hearing, the member or counsel has a conflict on the date referred to in the Notice of Hearing, he/she shall immediately contact the Chair of the Discipline Committee (or his/her designate) and the Independent Legal Counsel (ILC) to advise him/her of the conflict.
- There may be extenuating circumstances for which an adjournment is required. Examples of the types of extenuating circumstances that may persuade the Chair of the Discipline Committee to exercise his/her discretion to grant an adjournment include:
 - death in the family;
 - emergency health situation;

- personal matters of extreme crises;
- uncovering of new evidence that is critical and, despite reasonable efforts, was not available at an earlier point in time; and
- counsel is required to attend to another matter that was scheduled before receipt of the Notice of Hearing and about which counsel immediately advised the Registrar.

Requests for Adjournment

All requests for adjournments must:

- be in writing;
- be directed to the attention of the Chair of the Discipline Committee or his/her designate and ILC;
- be copied to all counsel involved in the hearing (prosecutor, defence counsel and ILC);
- be made at the earliest opportunity that counsel becomes aware that an adjournment is required; and
- clearly set out the extenuating circumstances which necessitate an adjournment.

In addition, the Registrar will:

- advise all members served with a Notice of Hearing that they are strongly encouraged to immediately retain legal counsel;
- draw the attention of all members and counsel to subsections 42 and 42.1 of the *Health Professions Procedural Code (Code)* Schedule 2 to the *Regulated Health Professions Act 1991* respecting disclosure of evidence and section 66 of the Code relating to reports of health professionals;
- encourage counsel to make proper disclosure in accordance with the *Code* well in advance of the hearing date; and
- urge counsel to advise all potential witnesses of the hearing date at the earliest opportunity.

Procedure

The Registrar will notify all members and counsel involved in a discipline hearing of the contents of this policy by appropriate means, which may include providing them with a copy of the policy.

ITEM 4.3

977

**College of Chiropractors of Ontario
Quality Assurance Committee Report to Council
April 16, 2024**

Members:

Dr. Paul Groulx, Chair
Dr. Kyle Grice
Ms Zoe Kariunas
Mr. Shawn Southern
Dr. Elizabeth Anderson-Peacock, non-council member

Staff:

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

Committee Mandate

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

Report

Since the last meeting of Council, the Quality Assurance (QA) Committee met once on March 20, 2024.

Recommendations

The QA Committee has the following recommendations to Council:

Recommendation 1

That Council approve draft amendments to Standard of Practice S-003: Professional Portfolio for approval.

The QA Committee is recommending amendments to Standard of Practice S-003: Professional Portfolio to include a structured Continuing Education (CE) requirement of an in-person, hands on or hand-held instrument adjustment or manipulation activity that includes training in the competency of manual or hand-held instrument spinal adjustment or manipulation skills, at least once every three CE cycles (or six years). These draft amendments were circulated to

stakeholders, including members, for feedback in September 2023. Feedback is included in the Council package. The QA Committee also solicited feedback from the peer assessors, as part of the Peer Assessor Training Day on January 20, 2024.

If approved, these amendments would come into effect for the upcoming CE cycle beginning on July 1, 2024 and members registered in the General class will be required to complete this CE activity over the next three CE cycles (or six years) until June 30, 2030.

The QA Committee is making these recommendations based on several factors, related to the mandate of CCO to protect the public interest and the objects of the CCO to promote continuing evaluation, competence and improvement among members:

- The chiropractic scope of practice, as described in the *Chiropractic Act, 1991*, includes the statement "...diagnosis, prevention and treatment, primarily by adjustment..." and one the controlled acts authorized to chiropractors is "Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust". The QA Committee is of the opinion that this act requires a high level of competency and skill to perform and that competencies in psychomotor skills related to spinal adjustment or manipulation improve with continued use, education and training. It is in the public interest that members registered in the General class of registration, who are authorized to perform this act, are required to participate in a minimum level of in-person CE related directly to this controlled act.
- A member may also be registered in the General class of registration and authorized to perform controlled acts, and not regularly perform the controlled act of spinal adjustment or manipulation. This proposed requirement would require all members registered in the General class to participate in ongoing in-person CE related to this controlled act, encouraging continued improvement in competency and skills. This is analogous to the requirements from the Registration Committee to mandate a specific course in spinal adjustment or manipulation for those members out of practice for a period of time before becoming registered or re-registered in the General class.
- Current CE requirements for structured hours require at least 5 hours related to the controlled acts every CE cycle. However, the QA Committee continuously receives feedback from peer assessors that the majority of members complete this requirement through online CE related to the controlled act of communicating a diagnosis. The QA Committee is of the opinion that a specific requirement related to an in-person activity on spinal adjustment or manipulation would promote continuing competency in the specific controlled act of spinal adjustment or manipulation.

- Following review of the feedback, the QA Committee is including language that this activity could be in a “hands on or hand-held instrument adjustment or manipulation activity”. The QA Committee acknowledges the diversity in chiropractic technique that is used in the profession and is of the opinion that this language would allow members to participate in activities that are relevant to their techniques used in practice, whether that is hands-on or hand-held instrument adjustment or manipulation. All diagnostic or therapeutic procedures must comply with the requirements in Standard of Practice S-001: Chiropractic Scope of Practice.
- Included in the feedback is the challenge for members to access in-person CE courses related to spinal adjustment or manipulation, especially those living in remote or rural locations. However, the QA Committee is of the opinion that the proposed requirement to complete 5 hours of in-person CE once every three CE cycles (or six years) is not overly onerous. Further, the QA Committee expects that additional in-person CE opportunities will continue to become available, whether through accredited chiropractic colleges, professional associations and private CE providers.
- CCO does not specifically approve or accredit CE courses. Rather CE courses must meet the criteria described in Standard of Practice S-003: Professional Portfolio. Similarly, this proposed requirement would be required to meet the criteria for structured hours, with the exception of online, internet or computer courses.

In summary, the QA Committee is making these recommendations to encourage lifelong learning and professional development in spinal adjustment or manipulation to help ensure patients receive safe and competent chiropractic care. If approved, additional messaging and questions and answers will be communicated to stakeholders, including members as part of a distribution following the June 14, 2024 Council meeting. A draft version of this messaging is included in the Council package.

Recommendation 2

That Council approve an on-demand webinar on Advertising, Websites and Social Media to be distributed to stakeholders, including members, and posted on CCO's website.

The QA Committee has been working to develop an on demand, interactive webinar on Advertising, Websites and Social Media using the Articulate software. The webinar includes content presented as part of the Regulatory Excellence Workshop (REW) and includes examples of advertising, websites and social media content that had previously been summarized as part of the draft Advertising handbook.

The webinar is available at the following link:

<https://360.articulate.com/review/content/54fda2a4-e5a8-4224-b7d9-e4ec450ed5ef/review>
and the PowerPoint slides are included in the Council package.

If approved, this webinar would be available for members to review at any time for ½ hour to 1 hour of structured CE hours and to provide practical examples of “Do’s” and “Don’ts” related to specific sections of Standard of Practice S-016: Advertising. This webinar would not be required or mandated (The REW is already mandated to be completed at least once every three CE cycles (or six years)).

The QA Committee presented this draft webinar as part of the Peer Assessor Training Day on January 20, 2024 and received positive feedback. The QA Committee is hopeful that this webinar can be part of the overall strategy of CCO in encouraging proactive compliance with CCO standards of practice, policies and guidelines related to advertising, websites and social media.

Additional Reporting

Peer and Practice Assessment

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

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

QA Content Included in the March 1, 2024 President’s Message and Newsletter

Messaging around the new and amended standards of practice and guidelines (new Guideline G-015: Virtual Care and amendments to Guideline G-014: Delegation, Assignment and Referral of Care and Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs) that came into effect on February 23, 2024 were communicated to members, including stakeholders, as part of the March 1, 2024 President’s Message and Newsletter.

In-Person Regulatory Excellence Workshops/Roadshows

The QA Committee received an update on in-Person Regulatory Excellence Workshops/Roadshows, with three planned for 2024, the first scheduled for May 4, 2024 in Ottawa. The QA Committee is excited for the return of in-person workshops being provided to members. Virtual REWs continue to be offered three times per year.

Chiropractic Care of Animals

The QA Committee reviewed Bill 171: An Act to Enact the Veterinarian Professionals Act, 2024, which intends to repeal the current *Veterinarians Act, 1991* and replace it with the *Veterinary Professionals Act, 2024*. The QA Committee specifically reviewed the sections of the Bill which create regulatory exceptions for chiropractors to continue to provide chiropractic care to animals.

The QA Committee will continue to review updates on Bill 171 and consider any appropriate amendments to Standard of Practice S-009: Chiropractic Care of Animals to ensure consistency with any legislation.

Ordering, Taking and Interpreting Radiographs

The QA Committee reviewed information from the Federation of Canadian Chiropractic and the College of Medical Radiation and Imaging Technologists of Ontario on gonadal shielding related to taking radiographs. CCO Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs is consistent in requiring the use of radiation and patient protective devices, without a specific reference to gonadal shielding. The QA Committee has identified this as an ongoing area of review for the next Committee.

Cyber Security

The QA Committee began the review and had a preliminary discussion related to various correspondences and resources related to cyber security requirements for members and identified this as an ongoing area of review for the next QA Committee. Although cyber security and protection of electronic health information is vital, through its preliminary discussion, the QA Committee is of the opinion that developing and communicating educational resources for members in combination with privacy and cyber security organizations may be more appropriate than mandating cyber security insurance for members in a similar manner as professional liability insurance/protection.

Correspondences with Members

The QA Committee reviewed and provided direction on several questions from members related to scope of practice and performing certain diagnosis and therapeutic procedures.

Acknowledgements

982

This is my final meeting as Chair of the Quality Assurance Committee. I am grateful to Council for allowing me to have served in this capacity and I would also like to thank the members and staff of the QA committee for all of their contributions.

Respectfully submitted,

Dr. Paul Groulx
Chair, Quality Assurance Committee

ITEM 4.3.2

PROFESSIONAL PORTFOLIO



Standard of Practice S-003

Quality Assurance Committee

Approved by Council: May 24, 1996

Amended: February 28, 1998, and November 30, 2002, December 3, 2009,

September 17, 2015, June 23, 2017, June 22, 2022 (came into effect July 1, 2022)

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

NOTE: For the purposes of this standard of practice, “member” refers to a CCO member registered in the “General” class of registration.

INTENT

To advise members of their government-legislated obligation to quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development.

OBJECTIVES

- To fulfill the requirements of the Quality Assurance Committee as set out in section 80.1 of the Health Professions Procedural Code (the Code), Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA)*.
- To facilitate continuous quality improvement through the concepts of peer and practice assessment, self-assessment, self-assessment action plans, and lifelong learning.
- To emphasize that each member is responsible for their own continuing competency and professional growth.
- To enable the Quality Assurance Committee to assist a member with specific remediation if it is requested or deemed necessary.
- To ensure the ongoing development of CCO’s quality assurance program.

DESCRIPTION OF STANDARD

A member is required to maintain a professional portfolio, which will be made available to the Quality Assurance Committee or a peer assessor upon request. The contents of the professional portfolio remain confidential within the Quality Assurance Committee and will not be shared

with any other committee. A member is required to complete the four parts of the professional portfolio (as outlined below). A member must maintain their professional portfolio, including CE materials gathered in the current CE cycle and the immediate past complete CE cycle. Additional cycles may be discarded. However, CCO encourages every member to retain relevant materials for future use and reference.

For the purposes of this standard of practice and for compliance with the Quality Assurance program, it is acceptable and recommended for a member to use their Continuing Education and Professional Development Log in their [CCO Member Portal](#) as their Professional Portfolio/record of continuing education, in combination with [the Self-Assessment Questionnaire 1.0 or 2.0 and Plan of Action Summary Sheet \(fillable PDF\)](#), instead of the [Fillable PDF Professional Portfolio](#).

Part 1: Professional Profile / Curriculum Vitae

Please note: this should be maintained by the member but does not need to be submitted unless required to do so.

Personal Data: Name, Address, Registration Number

Education: Post-Secondary/Academic Degrees Certificates; Specialties/Fellowships (if applicable)

Professional History: Practice History and Description

Professional Membership and Service: Names of professional organizations in which the member holds current membership, and the services and activities provided to professional organizations (including positions held).

Volunteer Work: Service to Profession; Service to Community

Awards / Recognition

Other Professional Activities: Professional Presentations; Professional Publications

References (optional): A separate sheet may be attached.

Part 2: Self-Assessment (1.0 or 2.0)

There are two versions of the mandatory [self-assessment](#) available for completion. Each self-assessment process consists of two parts: the self-assessment questionnaire with accompanying handbook and the plan of action summary sheet.

A member is required to complete, every two years, either

- Self-assessment 1.0 (recommended in the first two complete CE cycles) or
- Self-assessment 2.0 (recommended in all subsequent CE cycles).

It is highly recommended that the self-assessment is completed within 90 days from the start of a new CE cycle. The self-assessment questionnaire is completely confidential and will not be viewed by any committee.

Once a member has completed the self-assessment questionnaire and has identified areas that need improvement, the member should transfer the information to the self-assessment plan of action summary sheet. Using this summary sheet, a member shall develop a learning plan to help guide their CE and professional development to address those items identified in the completion of the self-assessment. Members should be aware that those areas identified for improvement or further learning in one's self-assessment should be addressed in appropriate and applicable CE activities in the CE cycle.

The plan of action summary sheet is a component of the member's professional portfolio and will be reviewed by a peer assessor during the peer and practice assessment to monitor compliance with the self-assessment process. A member may identify areas from the self-assessment questionnaire which they desire to strengthen and may incorporate these items into their CE activities.

Part 3: Continuing Education (CE) and Professional Development

CE activities should reflect the results of a member's self-assessment, and peer and practice assessment, in addition to any CE activities related to professional interests, adding to a member's strength or changing a member's practice.

A member is required to participate in 40 hours of CE over a two-year period in which they are a member in the General class of registration for entire two-year period, as determined by CCO. In accumulating the 40 hours, CCO requires every member to:

- participate in a *minimum* of 20 hours in structured CE activities (all 40 hours may be accumulated in structured activities);
- record up to a *maximum* of 20 hours towards unstructured CE activities;
- record participation in CE activities in their online continuing education and professional development log; and
- maintain materials gathered while fulfilling CE requirements for the current CE cycle (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.).

To monitor compliance with the Quality Assurance initiatives, members who are registered in the General class of registration for that entire cycle shall complete and submit the online Continuing Education and Professional Development Log, available in the [online member portal](#).

CE activities must relate to a member's clinical practice and/or professional activities¹, with the goal of enhancing a member's professional knowledge and skill.

A member is not permitted to bank hours over the two-year period (i.e., transfer hours from one cycle to the next). The required 40 hours of CE is considered the minimum standard for the two-year cycle. CCO encourages all members to participate in additional CE on a regular basis.

Structured Activities (20 hours minimum)

Structured activities are active/interactive learning programs completed either in person or virtually. These activities generally have structured agendas, specified learning objectives and/or the opportunity for interaction with other members of the profession or other professions and the ability for the member to interact and/or gain feedback (e.g., live attendance at a seminar/webinar, question and answer period with presenters/others while participating in the program of study, interactive quiz/competency examinations at a prerecorded webinar, etc.).

Structured activities include:

- attending courses, seminars, workshops, presentations, conferences
- participating in interactive Internet courses, seminars, workshops, conferences, webinars
- participating in correspondence courses
- participating in clinical rounds
- participating in computer assisted learning

Mandatory Components of Structured CE

There are three mandatory components of Structured CE, as follows (all of which can be counted towards structured activities as outlined above):

1. As defined in the *RHPA*, the practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints, and the diagnosis, prevention and treatment, primarily by adjustment, of: dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunctions or disorders arising from the structures or functions of the joints.

In accordance with section 4 of the *Chiropractic Act, 1991*, a member is authorized to perform the following controlled acts:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or

¹ N.B. – a member's CE activities are separate and apart from daily professional activities. For example, if the member is an educator, the preparation and presentation of classroom material would not be considered an acceptable CE credit.

- ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

CCO requires that every member participate in a minimum of five hours of CE, in every CE cycle, that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice². These mandatory five hours should be relevant to the member's clinical practice, but may not include adjunctive therapies, such as acupuncture, soft tissue therapies, exercise or nutritional counseling.

2. CCO requires that every member successfully completes and remains current with emergency first aid/CPR certification³.
3. It is a requirement that every member attend CCO's [Regulatory Excellence for CCO Members Online/Virtual Workshop](#) at least once every three CE cycles (or six years). This workshop is offered free to members and applicants online three times per year (Dates and times posted on the CCO website).

Unstructured Activities (20 hours maximum)

Unstructured activities are self-directed, independent learning activities.

Unstructured activities include:

- reading professional books, journals, articles, research papers
- viewing/reading/listening to professional audio/video, Internet material
- reviewing CCO regulations, standards of practice, policies, guidelines, other CCO material
- preparing/presenting professional presentations
- researching/writing/editing professional publications
- other (specify)

Guidelines for CE Activities

CCO requires that every member participate in CE activities that relate directly to their clinical practice and/or professional activities. These activities may include, but are not limited to,

² See Standard of Practice S-001: Chiropractic Scope of Practice for an explanation of "diagnostic or therapeutic procedures". Controlled acts may include the authorized activities listed in section 4 of the *Chiropractic Act, 1991* or the authorization to operate an X-ray machine or prescribe the operation of an X-ray machine under sections 5-6 of the *Healing Arts Radiation Protection Act, 1990*.

³ The minimum requirement is emergency first aid: CPR Level C + CPR + AED. This can be achieved through providers such as Red Cross and St John Ambulance as a 6.5 hour classroom instruction program.

subjects such as communication, assessment, diagnosis/clinical impression, diagnostic imaging, patient care, and specialty training.

CCO will continue to review the CE process and make appropriate changes as necessary, which may include the introduction of mandatory elements to the program and/or approval/disapproval of specific programs.

Documentation of CE Activities

Every member is required to log and submit their CE activities in the CCO member portal as part of each CE cycle.

Part 4: Accompanying Folder

A member is required to maintain the following in their professional portfolio:

- materials gathered while fulfilling their CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of their recent advertising; and
- the disposition reports following the peer and practice assessment

LEGISLATIVE CONTEXT

Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991

The QA program is defined in section 1 (1) of the Code as “a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among members.”

Objects and Duties of CCO – Section 3 of *the Code*

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

3. To develop, establish and maintain standards of practice to assure the quality of the practice of the profession
4. To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members

Section 80.1 of the Code defines the minimum requirements for a quality assurance program as follows:

- (a) “A quality assurance program prescribed under section 80 shall include, continuing education or professional development designed to,

- (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

Section 80.2 of the Code outlines the powers of the QA Committee as follows:

“The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
 - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.



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

998

ITEM 4.3.3

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

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

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

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

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

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

By-law Amendments Being Considered

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

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

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

DRAFT

PROFESSIONAL PORTFOLIO



Standard of Practice S-003
Quality Assurance Committee
Approved by Council: May 24, 1996
Amended: February 28, 1998, and November 30, 2002, December 3, 2009,
September 17, 2015, June 23, 2017, June 22, 2022 (came into effect July 1, 2022)
Draft Amendments Approved by Council for Distribution and Feedback:
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.

NOTE: For the purposes of this standard of practice, “member” refers to a CCO member registered in the “General” class of registration.

INTENT

To advise members of their government-legislated obligation to quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development.

OBJECTIVES

- To fulfill the requirements of the Quality Assurance Committee as set out in section 80.1 of the Health Professions Procedural Code (the Code), Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA)*.
- To facilitate continuous quality improvement through the concepts of peer and practice assessment, self-assessment, self-assessment action plans, and lifelong learning.
- To emphasize that each member is responsible for their own continuing competency and professional growth.
- To enable the Quality Assurance Committee to assist a member with specific remediation if it is requested or deemed necessary.
- To ensure the ongoing development of CCO’s quality assurance program.

DESCRIPTION OF STANDARD

A member is required to maintain a professional portfolio, which will be made available to the Quality Assurance Committee or a peer assessor upon request. The contents of the professional portfolio remain confidential within the Quality Assurance Committee and will not be shared with any other committee. A member is required to complete the four parts of the professional portfolio (as outlined below). A member must maintain their professional portfolio, including CE materials gathered in the current CE cycle and the immediate past complete CE cycle. Additional cycles may be discarded. However, CCO encourages every member to retain relevant materials for future use and reference.

For the purposes of this standard of practice and for compliance with the Quality Assurance program, it is acceptable and recommended for a member to use their Continuing Education and Professional Development Log in their [CCO Member Portal](#) as their Professional Portfolio/record of continuing education, in combination with [the Self-Assessment Questionnaire 1.0 or 2.0 and Plan of Action Summary Sheet \(fillable PDF\)](#), instead of the [Fillable PDF Professional Portfolio](#).

Part 1: Professional Profile / Curriculum Vitae

Please note: this should be maintained by the member but does not need to be submitted unless required to do so.

Personal Data: Name, Address, Registration Number

Education: Post-Secondary/Academic Degrees Certificates; Specialties/Fellowships (if applicable)

Professional History: Practice History and Description

Professional Membership and Service: Names of professional organizations in which the member holds current membership, and the services and activities provided to professional organizations (including positions held).

Volunteer Work: Service to Profession; Service to Community

Awards / Recognition

Other Professional Activities: Professional Presentations; Professional Publications

References (optional): A separate sheet may be attached.

Part 2: Self-Assessment (1.0 or 2.0)

There are two versions of the mandatory [self-assessment](#) available for completion. Each self-assessment process consists of two parts: the self-assessment questionnaire with accompanying handbook and the plan of action summary sheet.

A member is required to complete, every two years, either

- Self-assessment 1.0 (recommended in the first two complete CE cycles) or
- Self-assessment 2.0 (recommended in all subsequent CE cycles).

It is highly recommended that the self-assessment is completed within 90 days from the start of a new CE cycle. The self-assessment questionnaire is completely confidential and will not be viewed by any committee.

Once a member has completed the self-assessment questionnaire and has identified areas that need improvement, the member should transfer the information to the self-assessment plan of action summary sheet. Using this summary sheet, a member shall develop a learning plan to help guide their CE and professional development to address those items identified in the completion of the self-assessment. Members should be aware that those areas identified for improvement or further learning in one's self-assessment should be addressed in appropriate and applicable CE activities in the CE cycle.

The plan of action summary sheet is a component of the member's professional portfolio and will be reviewed by a peer assessor during the peer and practice assessment to monitor compliance with the self-assessment process. A member may identify areas from the self-assessment questionnaire which they desire to strengthen and may incorporate these items into their CE activities.

Part 3: Continuing Education (CE) and Professional Development

CE activities should reflect the results of a member's self-assessment, and peer and practice assessment, in addition to any CE activities related to professional interests, adding to a member's strength or changing a member's practice.

A member is required to participate in 40 hours of CE over a two-year period in which they are a member in the General class of registration for entire two-year period, as determined by CCO. In accumulating the 40 hours, CCO requires every member to:

- participate in a **minimum** of 20 hours in structured CE activities (all 40 hours may be accumulated in structured activities);
- record up to a **maximum** of 20 hours towards unstructured CE activities;
- record participation in CE activities in their online continuing education and professional development log; and

- maintain materials gathered while fulfilling CE requirements for the current CE cycle (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.).

To monitor compliance with the Quality Assurance initiatives, members who are registered in the General class of registration for that entire cycle shall complete and submit the online Continuing Education and Professional Development Log, available in the [online member portal](#).

CE activities must relate to a member's clinical practice and/or professional activities¹, with the goal of enhancing a member's professional knowledge and skill.

A member is not permitted to bank hours over the two-year period (i.e., transfer hours from one cycle to the next). The required 40 hours of CE is considered the minimum standard for the two-year cycle. CCO encourages all members to participate in additional CE on a regular basis.

Structured Activities (20 hours minimum)

Structured activities are active/interactive learning programs completed either in person or virtually. These activities generally have structured agendas, specified learning objectives and/or the opportunity for interaction with other members of the profession or other professions and the ability for the member to interact and/or gain feedback (e.g., live attendance at a seminar/webinar, question and answer period with presenters/others while participating in the program of study, interactive quiz/competency examinations at a prerecorded webinar, etc.).

Structured activities include:

- attending courses, seminars, workshops, presentations, conferences
- participating in interactive Internet courses, seminars, workshops, conferences, webinars
- participating in correspondence courses
- participating in clinical rounds
- participating in computer assisted learning

¹ N.B. – a member's CE activities are separate and apart from daily professional activities. For example, if the member is an educator, the preparation and presentation of classroom material would not be considered an acceptable CE credit.

Mandatory Components of Structured CE

~~There are three mandatory components of Structured CE, as follows~~ The following are mandatory components of Structured CE (all of which can be counted towards structured activities as outlined above):

1. As defined in the *RHPA*, the practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints, and the diagnosis, prevention and treatment, primarily by adjustment, of: dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunctions or disorders arising from the structures or functions of the joints.

In accordance with section 4 of the *Chiropractic Act, 1991*, a member is authorized to perform the following controlled acts:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

CCO requires that every member participate in a minimum of five hours of CE, in every CE cycle, that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice². These mandatory five hours should be relevant to the member's clinical practice, but may not include adjunctive therapies, such as acupuncture, soft tissue therapies, exercise or nutritional counseling.

2. It is a requirement that every member complete a minimum of a 5-hour structured CE activity, that is a hands-on spinal adjustment or manipulation activity and includes training in the competency of manual spinal adjustment or manipulation skills, at least once every three CE cycles (or six years).

3. CCO requires that every member successfully completes and remains current with emergency first aid/CPR certification³.

² See Standard of Practice S-001: Chiropractic Scope of Practice for an explanation of "diagnostic or therapeutic procedures". Controlled acts may include the authorized activities listed in section 4 of the *Chiropractic Act, 1991* or the authorization to operate an X-ray machine or prescribe the operation of an X-ray machine under sections 5-6 of the *Healing Arts Radiation Protection Act, 1990*.

³ The minimum requirement is emergency first aid: CPR Level C + AED. This can be achieved through providers such as Red Cross and St John Ambulance as a 6.5 hour classroom instruction program.

4. It is a requirement that every member attend CCO's [Regulatory Excellence for CCO Members Online/Virtual Workshop](#) at least once every three CE cycles (or six years). This workshop is offered free to members and applicants online three times per year (Dates and times posted on the CCO website).

Unstructured Activities (20 hours maximum)

Unstructured activities are self-directed, independent learning activities.

Unstructured activities include:

- reading professional books, journals, articles, research papers
- viewing/reading/listening to professional audio/video, Internet material
- reviewing CCO regulations, standards of practice, policies, guidelines, other CCO material
- preparing/presenting professional presentations
- researching/writing/editing professional publications
- other (specify)

Guidelines for CE Activities

CCO requires that every member participate in CE activities that relate directly to their ~~his/her~~ clinical practice and/or professional activities. These activities may include, but are not limited to, subjects such as communication, assessment, diagnosis/clinical impression, diagnostic imaging, patient care, and specialty training.

CCO will continue to review the CE process and make appropriate changes as necessary, which may include the introduction of mandatory elements to the program and/or approval/disapproval of specific programs.

Documentation of CE Activities

Every member is required to log and submit their CE activities in the CCO member portal as part of each CE cycle.

Part 4: Accompanying Folder

A member is required to maintain the following in their professional portfolio:

- materials gathered while fulfilling their CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of their recent advertising; and
- the disposition reports following the peer and practice assessment

LEGISLATIVE CONTEXT

Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991

The QA program is defined in section 1 (1) of the Code as “a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among members.”

Objects and Duties of CCO – Section 3 of *the Code*

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

3. To develop, establish and maintain standards of practice to assure the quality of the practice of the profession
4. To develop, establish and maintain standards of knowledge, skill and programs to promote continuing competence among the members

Section 80.1 of the Code defines the minimum requirements for a quality assurance program as follows:

- (a) “A quality assurance program prescribed under section 80 shall include, continuing education or professional development designed to,
 - (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members’ participation in, and compliance with, the quality assurance program.

Section 80.2 of the Code outlines the powers of the QA Committee as follows:

“The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.

2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
 - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

Joel Friedman

From: Jo-Ann Willson
Sent: Saturday, November 18, 2023 1:51 PM
To: Joel Friedman; Rose Bustria
Subject: FW: Ontario Chiropractic Association feedback on Potential Amendments to Standard of Practice S-003: Professional Portfolio
Attachments: OCA feedback on proposed CCO S-003 Amendments - November 2023.pdf

Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6365 ext. 111
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jpwilson@cco.on.ca
Web Site: www.cco.on.ca

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

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Deborah Gibson <dgibson@chiropractic.on.ca> **On Behalf Of** Caroline Brereton
Sent: November 18, 2023 1:40 PM
To: Paul Groulx (<drgroulx@mynepeanchiropractor.com> <drgroulx@mynepeanchiropractor.com>
Cc: Jo-Ann Willson <jpwilson@cco.on.ca>; Dianna Pasic <dpasic@chiropractic.on.ca>
Subject: Ontario Chiropractic Association feedback on Potential Amendments to Standard of Practice S-003: Professional Portfolio

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

Good afternoon,

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

Regards,
Caroline Brereton

Caroline Brereton, RN, MBA (she/her)

Chief Executive Officer

Mobile: 416-346-3288

Office: 416-870-4155

Email: cbrereton@chiropractic.on.ca

Web: www.chiropractic.on.ca



Ontario
Chiropractic
Association

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





Ontario
Chiropractic
Association

November 18, 2023

Dr. Paul Groulx, Chair
Quality Assurance Committee
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7

Dear Dr. Groulx,

Re: OCA feedback on Potential Amendments to Standard of Practice S-003: Professional Portfolio

The Ontario Chiropractic Association (OCA) appreciates the opportunity to provide feedback on the proposed changes to the Standard of Practice (S-003): Professional Portfolio that sets out member chiropractors obligations regarding ongoing quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development.

OCA supports the intent of the proposed requirement that members must complete structured CE regarding spinal adjustment or manipulation at least once every 3 CE cycles (or 6 years), which includes hands-on training in the competency of manual spinal adjustment or manipulation skills. We recommend, however, that the standard (S-003) permit chiropractors the flexibility to select structured activities and training that reflect the range of techniques and methods they use in their own clinical practice. Furthermore, we recommend that CCO consider a phased and targeted approach to the implementation of the new CE requirement. For example, in the public interest, we recommend that those chiropractors who indicate limited performance of the controlled act might be selected to participate in a pilot program of the proposed CE requirements.

Thank you for the opportunity to provide input on the proposed amendments to the standard of practice.

Sincerely,

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

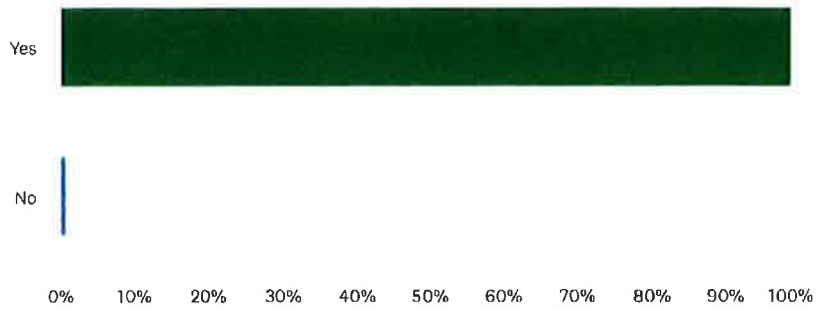
Caroline Brereton, RN, MBA
Chief Executive Officer

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

1010

Q1 Are you a Member of CCO

Answered: 112 Skipped: 0



ANSWER CHOICES

Yes

No

TOTAL

RESPONSES

99.11%

0.89%

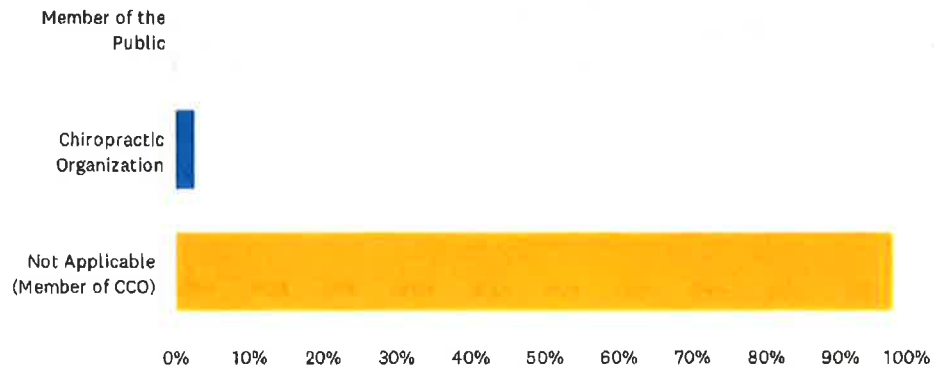
111

1

112

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

Answered: 112 Skipped: 0



ANSWER CHOICES

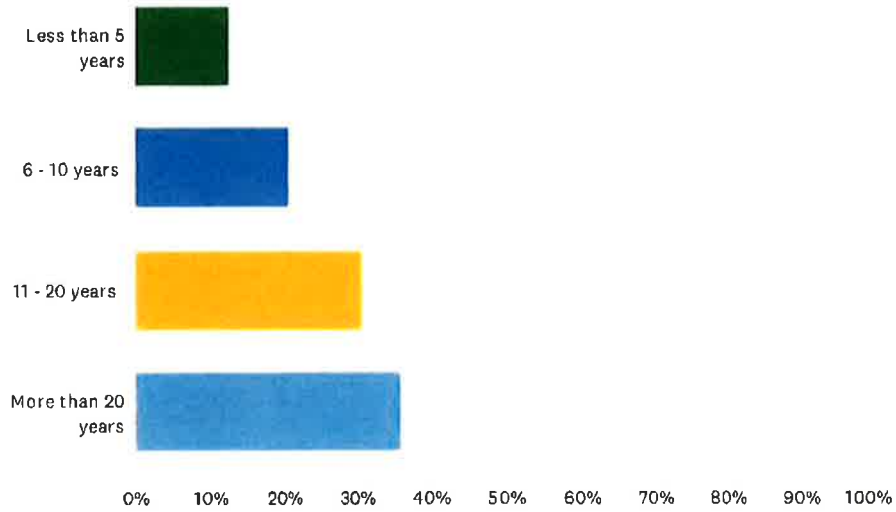
- Member of the Public
- Chiropractic Organization
- Not Applicable (Member of CCO)

RESPONSES

ANSWER CHOICES	RESPONSES	
Member of the Public	0.00%	0
Chiropractic Organization	2.68%	3
Not Applicable (Member of CCO)	97.32%	109
TOTAL		112

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

Answered: 111 Skipped: 1



ANSWER CHOICES

- Less than 5 years
- 6 - 10 years
- 11 - 20 years
- More than 20 years

RESPONSES

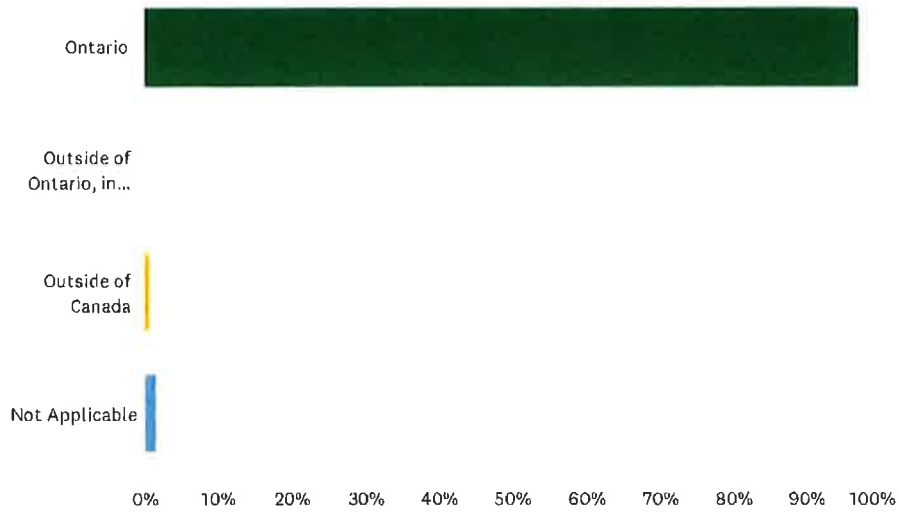
ANSWER CHOICES	PERCENTAGE	COUNT
Less than 5 years	12.61%	14
6 - 10 years	20.72%	23
11 - 20 years	30.63%	34
More than 20 years	36.04%	40

TOTAL

111

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

Answered: 112 Skipped: 0



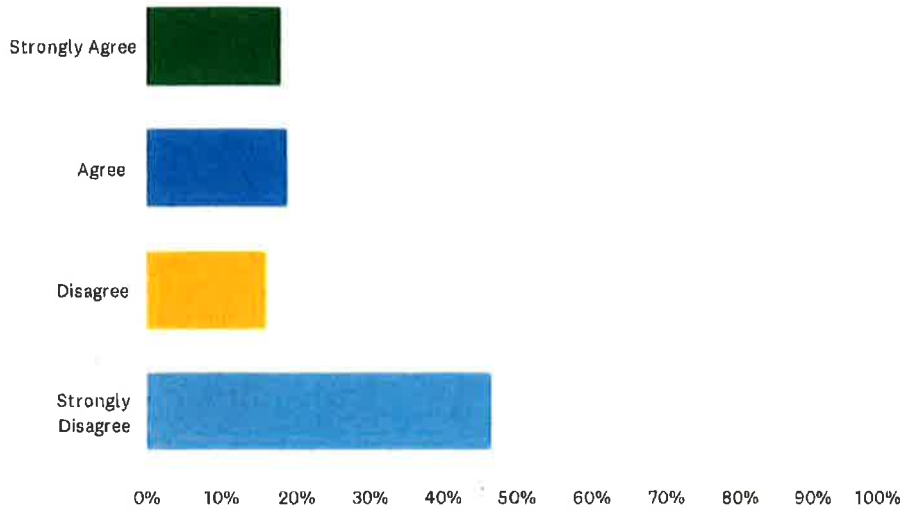
ANSWER CHOICES

RESPONSES

Ontario	97.32%	109
Outside of Ontario, in Canada	0.00%	0
Outside of Canada	0.89%	1
Not Applicable	1.79%	2
TOTAL		112

Q5 I agree/disagree with the draft amendments to Standard of Practice S-003: Professional Portfolio

Answered: 111 Skipped: 1



ANSWER CHOICES

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

RESPONSES

Strongly Agree	18.02%	20
Agree	18.92%	21
Disagree	16.22%	18
Strongly Disagree	46.85%	52
TOTAL		111

Q6 The following further amendments to Standard of Practice S-003: Professional Portfolio would better protect the public interest:

Answered: 51 Skipped: 63

#	RESPONSES	DATE
1	<p>Thank-you for the opportunity to provide feedback on these latest proposed changes to bylaws. 1. I am opposed to changing pronouns from her/his to their or member in any of the By-laws. It is unnecessary in context to our bylaws. 2. I support the amendment to the Standard of Practice S-003: Professional Portfolio regarding 5 hours of hands-on activity pertaining to adjustments, to be completed every six years. 3. I am opposed to a Nomination Committee vs allowing members to nominate as process. I am also opposed to the President being part of this committee as the President would have an disproportionately higher influence over Council. 4. I am opposed to changes to By-law 6.9 with respect to a cooling off period regarding eligibility to run for Council. The change from 3 to 6 years will potentially exclude the most experienced and committed members of our profession from continuing service and is not in the public interest. A criminal conviction as grounds for exclusion should be specified, as proposed the language is vague and needs to be more specific as to the nature of the charge that would trigger exclusion. If a member is in a litigious situation with the CCO, this should not prevent them from running for council as the situation is only under investigation at that time. As with our judicial system, someone is assumed innocent UNTIL proven guilty. 5. I strongly support the amendment which addresses the type of vote needed to pass changes to By-laws. Specifically, I support a 2/3 majority vote as opposed to a simple majority vote to change By-laws. It is in the public interest and that of the profession that the CCO follow this well established rule. Sixteen out of twentyone Colleges use this type of majority voting to change a By-law. Also By-laws are not meant to be changed regularly.</p>	11/19/2023 5:45 PM
2	<p>Thank-you for the opportunity to provide feedback on these latest proposed changes to bylaws. 1. I am opposed to By-laws being changed to be more inclusive and neutral. changing pronouns from her/his to their or member. Normalizing this language is nonsensical and unnecessary in context to our bylaws. 2. I support the amendment to the Standard of Practice S-003: Professional Portfolio regarding 5 hours of hands-on activity pertaining to adjustments, to be completed every six years. 3. I am opposed to a Nomination Committee vs allowing members to nominate as process. I am also opposed to the President being part of this committee as the President would have too much power imbalance over Council. 4. I am opposed to changes to By-law 6.9 dealing with a cooling off period regarding eligibility to run for Council. The change from 3 to 6 years will potentially exclude the most experienced and committed members of our profession from continuing service and is not in the public interest. A criminal charge as grounds for exclusion should be specified, as proposed the language is vague and needs to be more specific as to the nature of the charge that would trigger exclusion. 5. I support the amendment which addresses the type of vote needed to pass changes to By-laws. Specifically, I support a 2/3 majority vote as opposed to a simple majority vote to change By-laws.</p>	11/19/2023 5:40 PM
3	<p>November 18, 2023 Dr. Paul Groulx, Chair Quality Assurance Committee College of Chiropractors of Ontario (CCO) 59 Hayden Street, Suite 800 Toronto, ON M4Y 0E7 Dear Dr. Groulx, Re: OCA feedback on Potential Amendments to Standard of Practice S-003: Professional Portfolio The Ontario Chiropractic Association (OCA) appreciates the opportunity to provide feedback on the proposed changes to the Standard of Practice (S-003): Professional Portfolio that sets out member chiropractors obligations regarding ongoing quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development. OCA supports the intent of the proposed requirement that members must complete structured CE regarding spinal adjustment or manipulation at least once every 3 CE cycles (or 6 years), which includes hands-on training in the competency of manual spinal adjustment or manipulation skills. We recommend, however, that the standard (S-003) permit chiropractors the flexibility to select structured activities and training that reflect the range of techniques and methods they use in their own clinical practice. Furthermore, we recommend that CCO consider a phased and targeted approach to the implementation of the new CE requirement. For example, in the public</p>	11/18/2023 12:36 PM

Proposed Amendments to Standard of Practice S-003: Professional Portfolio - September 19, 2023

1016

interest, we recommend that those chiropractors who indicate limited performance of the controlled act might be selected to participate in a pilot program of the proposed CE requirements. Thank you for the opportunity to provide input on the proposed amendments to the standard of practice. Sincerely, Caroline Brereton, RN, MBA Chief Executive Officer CC: Ms. Jo-Ann Willson Registrar and General Counsel

4	I agree with #'s 2 and 5 and strongly disagree with #'s 1, 3 and 4.	11/16/2023 5:07 PM
5	As a practitioner of over 20 years I could learn a new adjusting technique but i think this much practice experience makes me clinically competent. I perform hundreds of adjustments every week. This could be a requirement for new grads? within their first 3 cycles. Most complaints come essentially from lack of or poor communication. I think a CE requirement around these skills would be beneficial to the entire CCO membership and is in the best interest of the public. There are also too many accessibility barriers for those outside major centres re availability, cost, travel etc	10/28/2023 6:25 PM
6	As an alternative, the College add a paragraph to the Self Assessment PDF's reiterating the need to self assess manual skills used in daily practice.	10/16/2023 1:26 PM
7	Not necessary	10/12/2023 12:19 PM
8	Structured CE remain as is.	10/5/2023 7:35 AM
9	Five hours every 1-2 cycles (2 cycles max)	10/2/2023 10:44 PM
10	perhaps better if only for those that do not adjust on a regular basis.	10/2/2023 9:55 AM
11	Encouraging different type of CE training is definitely beneficial. however, chiropractors who are in practice are seeing patients every day, so they are already practicing their physical skills regularly. It doesn't seem necessary to require specific CE hours to be spent in an area that most chiropractors are working regularly.	10/2/2023 9:22 AM
12	i feel there should be an exemption for practitioners who have practiced more thirty years . They should be the ones teaching adjusting and likely won't change an 30 years	10/1/2023 8:05 PM
13	Should include any therapeutic techniques within the scope of chiropractic and not just manual adjustments	9/26/2023 9:11 AM
14	Expand the scope of practice to allow DCs to work to the full capacity of their training vs. being limited to a focus on a modality that has limited utility and interest beyond the chiropractic bubble.	9/26/2023 5:09 AM
15	Remove the requirement for CPR and 5 hours of diagnostic CE immediately	9/25/2023 10:16 AM
16	I believe these changes to the professional portfolio requirements would better serve the public interest. I would recommend 5 hours of technique practice be completed every two CE cycles (every 4 years). If a chiropractor is in full time practice and providing manual therapy to patients, I believe the 5 hours of hands on technique practice is essential to deliver ongoing high quality, evidence based, patient-centered care.	9/24/2023 12:15 PM
17	Removal of this amendment all together	9/24/2023 7:49 AM
18	No ammendments are necessary	9/22/2023 10:57 AM
19	I don't see the need to have 5 hours of hands on adjusting continuing education. We are not out of practice with technique and safety. We practice all day long.	9/22/2023 1:03 AM
20	I would rather see it every 2 cycles or 4 years. Every 6 years is way too long especially for newer chiropractors.	9/21/2023 7:59 PM
21	The 5 hours of HANDS-ON can be in any physical manipulation or soft-tissue technique that addresses the spine, nervous system, and musculoskeletal system.	9/21/2023 2:46 PM
22	Communication skills	9/20/2023 7:52 PM
23	Abolish the requirement for hands on CE every 6 years. See below.	9/20/2023 7:42 PM
24	Having a requirement for 5 hours of CE in hands on treatment with a practical, in-person, component. Depending on your practice, SMT/mobilization may not be the most useful treatment modality. Therefore, it is more in the interest of the patients to allow DCs to do their practical coursework in whatever hands-on treatment is going to be of the most use to their	9/20/2023 2:58 PM

Proposed Amendments to Standard of Practice S-003: Professional Portfolio - September 19, 2023

1017

- patient population. For example, I work with the RAC and taking a course such as McKenzie would be much more applicable to my patients as our program is based around assessment and providing home care options. If they would benefit from SMT/mobilization I refer them out as we are not a treatment program.
- 25 Expand the 5 hour requirement for CE related to controlled acts to 10 hours. The council's concern regarding the use of these hours for education RE diagnosis is misplaced in my opinion. Malpractice cases almost invariably involve issues with diagnosis, as opposed to an incorrect manipulative technique, so improving diagnostic skills does more to protect the public than SMT workshops. 9/20/2023 1:49 PM
- 26 A separate category of registered CCO members who are not in clinical practice but maintain their professional license. Differentiating between those in practice with hands on contact with patients and those using their DC for other careers 9/20/2023 12:02 PM
- 27 I really like the idea of required CE for the controlled acts, SMT 9/20/2023 11:29 AM
- 28 No, not unless a chiropractor has been reported for one of their adjustments. 9/20/2023 11:11 AM
- 29 I strongly disagree with the admenment that we should have mandatory SMT hours. First off I believe this will only further the public perception that we only treat the spine. I know in my experience have a so many patients that are hesitant about chiropractor and completely unaware that chiropractors treat anything other than the neck and back. I think it we make those hours mandatory it will only be a step back for our profession when other allied health care providers are looking to expand the scope to provide more access to health care such as physiotherapy looking to include X-rays into their scope. Secondly, I think this admenment very much a region focused admenment. When we talk about taking a continuing education with a focus on SMT this will be very limited to chiropractor only practicing in large city centres especially Toronto and close to CMCC. A large population of chiropractors currently working in rural areas will be forced into travelling to seminars adding additional cost that in creates unfair and prejudicial favouritism to chiropractors practicing in large city centres or close to CMCC. 9/20/2023 8:50 AM
- 30 As chiropractors, we are the most trained on spinal manipulative techniques and most of us, myself included, utilize these techniques daily. The risks to the public are largely from not recognizing when spinal manipulation should not be used, and an alternative should be employed. Perhaps the emphasis should be on courses surrounding safety of spinal manipulation, contraindications, and on learning other alternatives that may be effective, but less risky. By mandating hours towards spinal manipulation, the message sent to practitioners is one that favours spinal manipulation as the superior treatment option, when we know that is not always the case. 9/19/2023 11:48 PM
- 31 Maintaining the standard of CE to protected acts. 9/19/2023 9:40 PM
- 32 Diagnostics regarding contraindications/complications of manipulation/adjustments 9/19/2023 6:47 PM
- 33 You are assuming that ALL chiropractor adjusts with their hands. I use an instrument for adjustments, therefor using the term "manual" does not apply and would need to change to be more inclusive of all different types of adjustments. 9/19/2023 6:13 PM
- 34 While I do feel that in person learning can provide more benefits, I don't think it is something that is necessarily accessible, both time-wise and financially. By providing an option to have remote learning count towards our CE requirements, this helps people like myself access trainings that are available around our busy schedules and when money is a barrier. 9/19/2023 4:48 PM
- 35 I personally have no issue with taking an adjustment course. However, continue education is expensive and we're asked to evaluate ourselves regularly and try and book C E, that fills a gap in our knowledge. Most of us adjust patients every day. When I do myself a valuations I do not feel like I fall short in adjusting my patients. I think a lot of people do radiology courses and things of that nature, because it is less of a daily part of our practice to see irregular radiographs, and therefore fills a bigger knowledge gap. The idea that the public is best protected by us taking courses continuously, and what we do best every day seems rather silly to me. I think the public is best protected by us taking courses and refreshing our memories on the things that we don't do best every day. 9/19/2023 4:17 PM
- 36 Keeping the standard of practice s-003 as it is now. We should not have to do continuing education in spinal manipulation as this is not a requirement for the profession. If not a requirement for the profession jr should not be a requirement for the continuing education. 9/19/2023 3:58 PM

37	Not forcing us to do specific adjusting courses in our CE and let us choose what we think we need. Freedom of choice.	9/19/2023 3:52 PM
38	I can not see any benefits or protection to the public with this proposal, only those providing those CE classes	9/19/2023 3:43 PM
39	Please do not make any changes.	9/19/2023 3:20 PM
40	Not all practitioners use manipulation as a primary treatment modality. It is better suited to focus on appropriate diagnosis as well as integration into the health care system to provide adequate patient management. Courses on when not to adjust would be better suited!	9/19/2023 3:11 PM
41	This is very difficult to implement for chiropractors in remote areas, ie. the North. If the CCO is to make hands on learning mandatory they must provide seminars that are accessible for all those, including those practicing in remote locations.	9/19/2023 3:07 PM
42	It should stay the same.	9/19/2023 2:36 PM
43	It will not protect the public interest.	9/19/2023 2:28 PM
44	Maintaining the 5 mandatory hours, but making it optional to perform in person or online seminars	9/19/2023 2:27 PM
45	Possibly	9/19/2023 2:25 PM
46	Do not change current CE requirements.	9/19/2023 2:06 PM
47	The basis for this amendment are unjustified. A member should not be forced to engage in a CE activity that they may not utilize in their practice. Although it is part of the scope of practice, it is not a requirement for a chiropractor to utilize spinal adjustments or manipulation activity in their practice. Unfortunately, this shows that the CCO council has a skewed impression of what it means to be a chiropractor. Please allocate time and resource into areas of the profession that desperately needs amendments, thank you	9/19/2023 2:04 PM
48	i do not think that the mandatory SMT in person portion should be an amended requirement. add to that list manual therapy (e.g. soft tissue therapy), acupuncture and or modalities and i would find it more reasonable. SMT is only one skill and in that it is the skill we most often use, it is likely the one least in need of maintenance/upgrade.	9/19/2023 1:53 PM
49	Dumbest idea ever	9/19/2023 1:37 PM
50	This ammendment puts an additional burden on chiropractors who don't practice in the GTA or in Ottawa when it comes to mandatory hands on courses	9/19/2023 1:37 PM
51	Test	9/19/2023 12:51 PM

Q7 Any other comments

Answered: 68 Skipped: 44

#	RESPONSES	DATE
1	Thank-you for the opportunity to provide feedback on these latest proposed changes to bylaws. 1. I am opposed to By-laws being changed to be more inclusive and neutral, changing pronouns from her/his to their or member. Normalizing this language is nonsensical and unnecessary in context to our bylaws. 2. I support the amendment to the Standard of Practice S-003: Professional Portfolio regarding 5 hours of hands-on activity pertaining to adjustments, to be completed every six years. 3. I am opposed to a Nomination Committee vs allowing members to nominate as process. I am also opposed to the President being part of this committee as the President would have too much power imbalance over Council. 4. I am opposed to changes to By-law 6.9 dealing with a cooling off period regarding eligibility to run for Council. The change from 3 to 6 years will potentially exclude the most experienced and committed members of our profession from continuing service and is not in the public interest. A criminal charge as grounds for exclusion should be specified, as proposed the language is vague and needs to be more specific as to the nature of the charge that would trigger exclusion. 5. I support the amendment which addresses the type of vote needed to pass changes to By-laws. Specifically, I support a 2/3 majority vote as opposed to a simple majority vote to change By-laws.	11/19/2023 5:40 PM
2	It would be great to give more options of hands on activities in Ontario.	11/19/2023 3:32 PM
3	Please, please, please - simplify the CE reporting process. This is the most complicated and unnecessarily time consuming process ever imagined! When you need a lengthy manual to understand your reporting process, something is very wrong!	11/17/2023 11:25 AM
4	Amendment #1: Biology is Biology. Are we not primary HEALTH CARE providers? I will not play that "game", and will continue to address my practice members either by name, or "she" or "he". The English WORD "they" denotes More than One Person! We are not to be messing with the English language or simple Biology, especially due to the "preference" of the very few who are experiencing mental health issues. THAT should be addressed! Very simple. I agree with #2. Regarding #3, the President has a "conflict of interest" here and will have too much sway with council. Again, a "no-brainer". #4: I find this By-law amendment proposal unsupportable. This is a change that will obstruct and exclude the most experienced, enthusiastic and committed members of our profession from continuing there service to the profession. This amendment is clearly not in the public interest. A 3 year cooling off period across the board is more than adequate and is likely excessive. A criminal charge should NOT require a cooling off period. In this country a person is still innocent until proven guilty. A criminal conviction, depending on the nature of the crime may be different IF the crime is such that it has significance to an individual's practice or their ability to serve on Council. Examples of this are physical or sexual assault, robbery, fraud and the like where a person's trust is in serious question. Convictions such as stunt driving, impaired driving etc are different and should be treated as such. They have no bearing on a person's capacity on Council. We have penalties which are imposed by our judicial system. The CCO is not a penal Council. Therefore I believe 3 years is sufficient. And finally with regards to someone who is in a litigious situation with the CCO, I believe preventing someone in this position should not be prevented from running for Council. This notion has such far reaching implications. It seems deliberately vague and I believe the spirit of this change is to prevent certain individuals from ever being elected to Council. I believe this clause to actually be unconstitutional.	11/16/2023 5:07 PM
5	Technique competency mandates seem overdue. I applaud the inclusion to ensure the public is ensure access to safe, UPDATED, effective adjustments and other adjunct services.	11/16/2023 2:16 PM
6	The number of chiropractors who simply do not adjust is increasing at an alarming rate and the quality of the adjustment is decreasing. I applaud council for making this amendment. Council should consider writing policy that ensures members are checking people's spine and nervous system regardless of presenting complaint so that the practice of chiropractic in Ontario is consistent our legislated scope of practice.	11/13/2023 9:25 AM

- 7 I think that once per 3 cycles is more than generous. 10/31/2023 3:32 PM
- 8 5^h hours of hands on chiropractic skills is not available for those of us who practice AMCT. AMI is not providing in person courses and are only doing online going forward. It would be a complete waste of money to have to pay for a course doing a different technique solely to cover your requirements. 10/30/2023 11:58 AM
- 9 It is hard to believe that a DC could graduate and technically never take a course or upgrade their adjusting skills after school but still have the ability to adjust anyone. This is just a minimum standard but to protect the public, all Chiropractors should be consistently working on their skills, especially in all areas of our scope. Our collective knowledge as a profession and the research to back up what we do, is always evolving. If you are not keeping up your skills then it is the public who suffers from not having the most up to date information. 10/17/2023 12:11 PM
- 10 The proposed amendment to CCO Standard of Practice S-003 in the "President's Message" September 19, 2023 leaves me confused. The College email states: "The public interest rationale includes ensuring a basic level of competency in a fundamental skill that members are authorized to perform by governing legislation." The implication from this is that the Quality Assurance Committee believes that the mere act of attending a seminar in person for 5 hours of training every 6 years will somehow magically improve the clinical proficiency of the membership. This is completely incorrect. Manual skills, including adjustive/manipulative skills, develop through repetitive practice (repetition develops Cerebellar motor pathways - i.e. skill) not through seminar attendance. Seminars are an excellent way to introduce NEW techniques or to review essential required skills that are not used by the practitioner on a regular basis, but in NO WAY do they improve clinical skill. That is achieved only through practical hands-on clinical experience. Chiropractic colleges teach adjusting techniques in the classroom, but when the classes are finished they do not allow the students to immediately go into private practice. Institutional college students must show a certain level of clinical proficiency proving relative safety for the public prior to graduation. After that point, only clinical experience will improve their skill level with the techniques that were taught. Any manual skill requires repetition to develop the motor skills for improvement - not weekend seminars. Police officers are required to qualify with their sidearm's once per year in Canada (two times per year in the United States). This is to guarantee a minimum skill level. This is an essential skill for the police, but some officers may not have to draw or use their sidearm for years, if ever. Therefore, their basic skill level can diminish. Under these circumstances reviewing such essential skills makes sense to not only protect the public but the officer too. Police officers are NOT required to regularly attend seminars to review skills that they use every day - such as: driving the police cruiser, how to use the radio, proper use of handcuffs; etc... In a similar way chiropractors may never have to use essential skills like CPR, so it makes absolute sense to review such skills on a regular basis to ensure a minimum level of proficiency. It does not make sense for the membership to attend seminars for techniques the practitioner uses every day, every week, every month, every year, even every decade on a daily basis. In other words, the adjusting techniques that they use regularly will NOT be improved in any way by forcing the practitioner to attend a seminar. An analogy would be forcing a Concert Pianist to attend basic piano lessons in the absurd assumption that it would somehow improve their performing abilities. If I am wrong and seminar attendance does make a clinician proficient with manual skills then why only 5 hours every 6 years? Why not 5 hours every year or 5 hours every month? This would show the world that Ontario has the most clinically proficient chiropractors anywhere. Who decided that 5 hours every six years was enough to guarantee clinical proficiency? Where is the scientific evidence? The notion is absurd and amounts to nothing more than tokenism. Has human anatomy changed so that doctors need to learn new angles of thrust? Are there now superior techniques for the high velocity, low amplitude thrust that the membership needs to learn? If so, where is the scientific evidence for such a claim? Why are practitioners allowed to attend 'any' technique seminar and not specific seminars with these new and improved adjusting strategies? Further, this proposed amendment shows a certain degree of bias. First, it implies that the needs of new graduates is the same as experienced practitioners and this doesn't make sense. The needs of members with 5, 10, 20-30 years experience is different than that of members with low to no clinical experience. This is why the Self-Assessment protocol is much better suited for clinical skill evaluation. The practitioner is best suited to determine what is required for their situation. Secondly, it unfairly burdens rural practitioners who would be forced to endure travel and lodging expenses that their urban counterparts would not. The net result would be resentment for the CCO for demanding something that has no real net gain for the public or the membership. If a practitioner wishes to add NEW skill sets to their practice, the onus should be on the practitioner to complete enough continuing education to be clinically proficient at

Proposed Amendments to Standard of Practice S-003: Professional Portfolio - September 19, 2023

1021

those new techniques prior to introduction to their practice; OR if they feel unsure/uncomfortable about their use of some daily clinical technique they use now, the onus should be on the practitioner to seek assistance to obtain the necessary additional training. This is best achieved through Self Assessment, not by arbitrarily ordering mandatory seminar attendance. If the College approves this proposed amendment and it is presented to the Public, the Public will be misled into believing that somehow the CCO is protecting them by forcing the membership to attend 5 hours of technique seminars every six years. This is not only absurd but highly deceptive. It will only result in the College being able to present the illusion to the public and politicians that they are protecting the public by imposing remedial skill requirements on the membership without actually doing anything of true significance (i.e. Virtue Signalling/tokenism). I hate to think that the purpose of this proposed amendment is simply so the Quality Assurance Committee can Virtue Signal what a great job they are doing. In conclusion I believe the net result of this proposal will be: • The misleading illusion of increased proficiency that the College can present to the public with no real benefit to either the public or the membership. • Increased profits to vendors at the expense of the membership. • Increased resentment towards the College from the membership for being forced to endure travel/lodging/time expense for something that will gain them neither improved clinical proficiency or improved patient outcomes. Manual skills can only be improved through repetition NOT by attending seminars. Therefore, I strongly oppose this proposed amendment and suggest as an alternative that the College add a paragraph to the Self Assessment PDF's reiterating the need to self assess manual skills used in daily practice.

- | | | |
|----|---|---------------------|
| 11 | You already have provisions for ongoing education. We practice our trade daily, thousands of adjustments every year, continually improving. Mandating another requirement is adding to the burden of a busy practice. Over regulation is not necessary. | 10/12/2023 12:19 PM |
| 12 | For section 2 of Structured CE hours: I think the focus on manual adjusting is a very good idea. Maybe not as necessary for members in practice more than 10 years. But new grads must become experts in this and unfortunately from what I see the schools are not making spinal adjusting a top priority. | 10/12/2023 10:07 AM |
| 13 | It is completely unfair to expect hands on hours for CE structured credit. Chiropractors that live far north never get courses close to us so it is completely unreasonable to expect those in the north to have to travel to Toronto. The travel time, the travel expense in addition to the course expense is unreasonable. If CCO wants "hands on" then it should be up to them to provide courses in the north. I live 9 hours away and some live even further than that. In addition, after practising over 20 years, I believe my adjustment skills to be more than adequate. | 10/5/2023 7:35 AM |
| 14 | I am a strong supporter and advocate of the proposed amendment however think that DCs should be required to complete hands-on training for controlled acts more often (not every three cycles) | 10/2/2023 10:44 PM |
| 15 | please do a better job of explaining exactly what the change is and why YOU think it would be beneficial to the public and profession | 10/2/2023 9:55 AM |
| 16 | For chiropractors who are licensed but don't actually see patients I can see the benefit of hands on CE requirements so they retain the knowledge and skills to treat patients but for those currently practicing and seeing patients it doesn't seem like a necessary requirement. | 10/2/2023 9:22 AM |
| 17 | It is within the public interest to have Chiropractors who are proficient in the controlled acts regarding adjusting the spine. To pass your Canadian boards and become a chiropractor, you are never directly tested in your competency in adjusting the spine which is a major concern when it comes to protecting the public as these chiropractors are then released into real life practice. At a minimum, I think it is important to refresh your skills and perhaps learn new ones related to this controlled act and I agree with the amendments. | 9/29/2023 6:27 PM |
| 18 | I think it is essential for public safety that all chiropractors are well trained to deliver spinal adjustments. Regular training in that regard is thus vital to keeping the public safe. | 9/28/2023 4:52 PM |
| 19 | This should have been in place earlier and I would love to see the hours required be higher or more frequent. | 9/28/2023 2:59 PM |
| 20 | I think it's a great idea to have our members take adjusting skills seminars as the chiropractic adjustment to correct vertebral subluxations that have an impact on the nervous system is what keeps us distinct from other disciplines like physiotherapy, massage therapy, osteopathy, naturopathy and other body work professions. We need to hold onto that as a profession. We need to promote it, practise it and perfect it. | 9/28/2023 9:06 AM |

- 21 My only concern with such an amendment is that all chiropractors have equal access to these types of continuing education courses. If you are going to mandate these in person, hands on requirements, then you need to ensure that ALL practitioners have easy access to the courses. I practice in northern Ontario and getting to seminars down south is more difficult requiring days off work and added expense of hotel rooms. Perhaps the CCO could organize road show type seminars like it used to do when they rolled out the records keeping workshops. 9/26/2023 9:50 AM
- 22 This amendment is inclusive only for manual practitioners and excludes instrument adjusting/soft tissue practitioners 9/26/2023 9:11 AM
- 23 To have a requirement for all CCO members to participate in hands on training specific to SMT would place those in non-clinical and primarily consultative/hospital based/research/administrative roles at risk of injuring themselves and colleagues during participation in such a requirement. They do not utilize this skill and their work likely does not require them to do so. It is a motor skill and to think that irregular participation is safe for the member to perform on other members is illogical. It is a ridiculous idea and is contrary to one of the objectives of the Standard, "To emphasize that each member is responsible for their own continuing competency and professional growth." 9/26/2023 5:09 AM
- 24 I believe this is a cash grab for those selling hands on manipulation skills courses. Just like I believe the CPR requirement and 5 hours of diagnostic CE is a cash grab for those offering said courses. There are no driving tests every three to six years. There is no requirement for people to fund my office every three to six years. Why would this amendment to CE be any different? 9/25/2023 10:16 AM
- 25 I'm regards to, " Council approved the circulation of changes to require hands-on learning specific to members' authority to perform the controlled act of moving the joints of the spine. The public interest rationale includes ensuring a basic level of competency in a fundamental skill that members are authorized to perform by governing legislation." the CCO has once again demonstrated their lack of foresight and evidence based treatment. The executive committee putting forward this change in the Standard of Practice have one goal in mind. Maintain a subluxation based ideology. Other professions do not require their members to undergo this continuing education process with in person skill training. I do not think the profession has concerns of maintain members skills but rather focus on the large subluxation based professionals keeping their ideology well maintained in the profession. If the public's interest was fully consider we would look to add courses that prevent repeat instances of professional conduct. This would include sexual misconduct, inappropriate billing and lack of consent. In my time in this profession, I have not seen cases where the member was brought before the CCO because they inadequately performed an adjustment. However, it is every single year I see colleagues acting unprofessionally and abusing patients. It is truly an embarrassment to have my professional college blindly follow this old and outdated treatment style to keep patients as clients. Furthermore, the rest of the healthcare sector sees this as less to do about public's interest, rather more about the quacks who sit on this committee and the poor perception we face as a profession 9/24/2023 3:04 PM
- 26 After reviewing the physicians, dentists, and nurses continuing education requirements I cannot find any other college that forces the learning of one of the controlled acts of which they perform. After discussion with members of the public I am concerned this amendment's purpose is to persuade members to practice a way that aligns to the personal beliefs of the chiropractors on the board instead of in the best interest of the public. The college should be more concerned about diagnostics and the decision making to use spinal manipulation or not. Reckless overuse and misuse of spinal manipulation is the greater risk to the public. This proposed amendment would also be unfairly difficult and more expensive to those practicing in rural far away from where these in person courses are offered. And finally I am extremely concerned with conflict of interest - if college decision-makers or colleagues he/she has relationships with are operating or will operate these courses for profit. How will the college monitor this and how do we hold the college accountable if this does occur? 9/24/2023 7:49 AM
- 27 For years I have been advocating for DC's to be required to practice/update/fine tune their adjusting skills. This is in the public interest. I honestly cannot believe it has taken this long. I also believe there should be requirement in: diagnostic imaging, diagnostic skills, adjusting skills, and report writing/communication. These are all fundamental to our profession, and would serve the public well. Thank you for adding adjusting techniques to the requirements. 9/23/2023 7:47 AM
- 28 Members should not be forced to take hands on adjustment courses as such courses may not be applicable to their current employment/practice. A lot of chiropractors do not practice in the 9/22/2023 10:57 AM

- traditional sense or work in various industries that do not involve treating patients. These courses would be of no value to them. These types of course do not effectively protect the public's interest and may actually put the public at risk. Taking a one day or weekend course in manual treatment does not mean that the provider is now proficient and competent to perform such procedures safely on the public. It may lead to practitioners feeling as though they are competent enough to utilize such manual treatments on their patients and potentially cause harm.
- 29 SMT is and should be a very powerful tool in a chiropractors tool box. It is no longer an exclusive tool, but considering the public expectations for it from a chiropractor, the line it draws in the sand between us and medical doctors, and the ever developing research displaying the strong impact it has on someone's healing, 5 hours every 6 years is NOT too much to ask for. Even if a chiropractor will never be using it in their practice, it is important for them to understand and appreciate the use of it to educate their patients on it. I personally do not treat babies in my clinic, but I've needed to research and study on the topic so I could answer questions accurately, professionally, and encouragingly to support my profession as a whole instead of continuing to segment it or create fear about my colleagues. I wish the same between those that use SMT and those that don't. 9/22/2023 8:02 AM
- 30 When I do continuing education I don't want people practicing adjusting on me (that is treatment without diagnosis) to attend these hands on adjusting courses we must be willing for people to practice on us. These are medical procedures that, and unnecessary treatment can cause harm. I am against the requirement for mandatory hands on adjusting courses. Thanks you for your understanding. 9/22/2023 1:03 AM
- 31 Adjusting performance should be measured at the time of the peer review. I strongly disagree with paying for an adjusting seminar 9/21/2023 9:43 PM
- 32 The amendment should not just stipulate 'manipulative therapy' since there are many effective and related soft-tissue techniques that need hands-on training. Such as ART, Bowen, Cranio-sacral therapy, to name a few. 9/21/2023 2:46 PM
- 33 Though the requirement of hands-on adjusting practice is not unreasonable, the cost of hands-on seminars is considerable and the availability of these opportunities is quite limited. Many CCO members would have to travel to major cities to partake in hands-on adjusting seminars and also bear the cost of travel and accommodation. Currently, the cost of renting office space is ballooning. The cost of employee salaries and office supplies is increasing exponentially. In addition, chiropractors are facing increased competition from physical therapist, naturopaths, and osteopaths, who also perform manipulations, so that our revenues are definitely not increasing. Is it fair to expect chiropractors to pay thousands of dollars in extra fees to attend these seminars? Will CCO be increasing the availability of these seminars or subsidizing them? Would such a requirement not automatically place small town chiropractors at a financial disadvantage due to travel and accommodation fees? Has CCO considered that the rising cost of continuing education will force chiropractors to choose CE opportunities that are cheaper instead of focusing on the learning goals they identify for themselves in their portfolios? Would the public really benefit from extra practice with manipulations in the absence of meaningful CE in the diagnosis and treatment of disorders because chiropractors are being forced to cut costs and choose cheaper CE options? 9/20/2023 11:55 PM
- 34 Mandatory CE for adjusting skills is redundant 9/20/2023 10:55 PM
- 35 I have been in practice for over 20 years. I don't need to take a hands on course every 6 for something I have been doing for 20+ years. How will true competency be measured in this domain...and how does this measured competency really protect the public? Can someone "fail" or be "non-proficient" in hands on treatment and still maintain thier license. I don't see the point here...have hands on courses as an option under this category of CE but please don't make this mandatory. Leave assessment and teaching the hands on skills to the Chiropractic Colleges who can choose to NOT graduate this who are not able to deliver the hands on skills 9/20/2023 7:42 PM
- 36 I fully support making our members stay up to date with treatment options, however, we are much more than just SMT/mobilization and especially in the current economy, where we only have so much money to spend on CE mandating courses in SMT/mobs could make it very difficult for members to undertake other CE as there are not a lot of options for these courses and they tend to be more expensive. As well, as there are not a lot of options for these types of courses, practitioners who live in more remote areas may have to travel to find this type of course. This could easily pose a financial hardship for practitioners, especially newer grads, in the current economic climate. 9/20/2023 2:58 PM

- 37 Including such an in person requirement potentially discriminates against those in remote communities where travel to CE events may be very difficult. 9/20/2023 1:49 PM
- 38 I think it is a great addition. In the wording of "hands-on" manipulative technique, would it allow for Activator technique or other adjusting techniques that utilize a handheld instrument? Thanks for reviewing that and ensuring those types of adjusting techniques would be included. 9/20/2023 12:08 PM
- 39 Every day we adjust, we're working on our technique. I don't feel the need to pay more money to learn from someone else who also adjusts who may or may not be any better than me. 9/20/2023 11:11 AM
- 40 I disagree with the amendment that in-person spinal manipulation courses should be a requirement to our continuing education for the following reasons: 1. Evidence-informed practice has led us away from the spinal-manipulation focused practice and towards various other approaches (mental health strategies, exercise-focused, soft tissue techniques, etc.). As a result, many practices (mine included) are better served continuing to learn these techniques to help patients best. 2. What does in-person spinal manipulation courses even look like? I am required, as an attendant, to manipulate and be manipulated by my colleagues? As a near 50 year old man who stays healthy via exercise and choose not to be manipulated, I feel these courses might put me in a difficult position to be pressured to be a mock-patient, or obliged to manipulate with methods I'm not comfortable. If spinal-manipulation continued education needs to be mandatory, then e-learning/video-learning from home should be an option. 9/20/2023 9:49 AM
- 41 If we want to grow as a profession and increase the public perception positively, this needs to be changed otherwise it is taking the profession back 30 years. 9/20/2023 8:50 AM
- 42 As a recent graduate (2020), the one area of learning I feel I got the best training in was spinal manipulation. I manipulate spines every day. I would much rather focus my learning on areas where I don't feel as competent, and on areas that give me alternatives to spinal manipulation, in case my patient does not consent to manipulation in one or more areas of their body. I do understand and agree with the need to continue learning in a hands-on way, and as such, I feel that this requirement should be open to all manual therapy (extremity/TMJ manipulation, mobilization, soft tissue therapy, cupping, dermal traction etc.) That way practitioners can still gain hands-on skills and competence, while also having the autonomy to choose where to focus their learning, as they see fit. I have found that patients really appreciate chiropractic clinical experiences where their practitioner had multiple tools in their toolbox, rather than just one. 9/19/2023 11:48 PM
- 43 Should not be mandatory to only do CE for SMT 9/19/2023 9:59 PM
- 44 The majority of my patients do not receive adjustments during their treatments, for various reasons. Putting my CE time and finances into this would pull away from other ce that they would benefit from. As well, it's based on a very limited approach to practice and is not inclusive of the realistic position of practitioners 9/19/2023 9:40 PM
- 45 None 9/19/2023 8:56 PM
- 46 Not all chiropractors live in the GTA or major cities where in person CEs easily assessable. I am a rural chiropractor, and in order to do an in-person hands on course I would have to drive many hours, pay for accommodations in Toronto, (which can be up to \$600 a night). In today's economy this would be another pressure on my business. Also, not everyone practices hands on diversified style of adjusting. Many use instrument adjusting like an activator. To have to take another activator course every 6 years feels like a lot. 9/19/2023 8:24 PM
- 47 Do all chiropractors manipulate or use SMT in their treatment plans. All chiropractors must form diagnosis regardless of their use of SMT. Do not change standard of practice. 9/19/2023 7:11 PM
- 48 Putting in a requirement for specifically spinal manipulation is highly restrictive, and outdated. This is forcing practitioners to pursue education in a way that biases adjustments specifically rather than just what is effective and supported by research to be done. Amending this to include ALL types of manipulation, or ideally manual therapy in general would be significantly more productive to the development of the profession. Considering public opinion in regard to chiropractors and adjustments, this amendment feels tone deaf to the real problems our profession faces in competency. For example, rarely is the proficiency of a chiropractor's actual adjustments the cause/reason for issue, but rather the circumstances which they chose to perform an adjustment (when they shouldn't have or chosen another). The idea of mandating highly specific requirements for our CE also removes the autonomy of practitioners to practice with the methods and means they feel best suited to provide. I adjust most if not nearly all of 9/19/2023 6:47 PM

- my patients, yet I am STRONGLY against forcing more focus specifically on spinal manipulation, as that time is better spent by practitioners rounding themselves as first contact providers, meaning rehab, diagnosis, neurology etc. to provide better outcomes to patients rather than focusing on the specifics of how those outcomes are achieved. This makes me feel like you're more concerned with making practitioners perform more adjustments rather than getting good results.
- 49 Regarding requiring 5 hours of adjustment/manipulation training: 1) I would suggest this is unnecessary/waste of time. If someone does something every day/regularly, I don't see the value of training that. A carpenter doesn't need spend 5 hrs of training every 6 yrs to learn how to use his hammer, similarly Better off training a new skill/attaining new knowledge. 2) 9/19/2023 5:40 PM
- 50 This is a ridiculous amendment suggestion. Not all chiropractors adjust. It's time to evolve. 9/19/2023 4:53 PM
- 51 we have been adjusting for years in school and in practise and should not be forced to take adjustment focused CE; just doctors, PTs, nurses and other HCPs are not required to redo the things they practise everyday 9/19/2023 4:52 PM
- 52 While I do feel that in person learning can provide more benefits, I don't think it is something that is necessarily accessible, both time-wise and financially. By providing an option to have remote learning count towards our CE requirements, this helps people like myself access trainings that are available around our busy schedules and when money is a barrier. 9/19/2023 4:48 PM
- 53 I don't think any further changes are necessary. I live in the North and access to hands on training is limited if even available at all. To make me travel and spend thousands to get 5 hrs of hands on activity which I do every single day of practice is not reasonable. If CCO would like to reimburse for such travel and course fees, then I'd reconsider. 9/19/2023 4:45 PM
- 54 It is not financially practical to ask us to include a 5 hour SMT course, since they are about \$1000 to take, and it's already hard enough financially as a chiro now. We have paid enough in fees, don't add more. Unless you are going to offset the costs and offer free courses? 9/19/2023 4:10 PM
- 55 If this is to be a new requirement, there should be equal opportunity for hands-on seminars in all areas of the province. It is extremely rare that any structured seminars are offered in Northern Ontario for example. Requiring those in rural or remote communities to travel for these events is biased and should offer alternatives or compensation. As well, it is not appealing to be in a room crammed with a lot of people and since the pandemic, it is preferable to attend seminars virtually. 9/19/2023 3:50 PM
- 56 During the last few years due to lockdowns and Covid restrictions in addition to exposure forded members to take online CE credits in regards to our controlled acts. Mandating in person hands on 5 h will only benefit those who are providing those CE hours. anyone practicing in ON would have had countless adjustments under their belt. Those CE 5h sessions will not protect the public or improve once abilities. Diagnosis/x ray reading etc are skills we can actually improve on. Please look at this requirement and compare it to pre Covid times. 9/19/2023 3:43 PM
- 57 Chiropractors graduate Chiropractic college with a given skill set that naturally improves over time through practise and experience. Much like riding a bike, skiing, or any other physical activity, physical skills improve over time by doing. Requiring continuing education makes sense for information which can be new or forgotten, but not for physical skills. A doctor in practise for over 20 years would own a skill set vastly superior to any educator in a hands on continuing education setting without any additional formal and hands on training. Further, there are a limited number of such in person hands on classes and this is unfair to doctors who live far away from CMCC even with 3 years to finish the task. Doctors may wish to learn new hands on therapies, but they should not be forced. 9/19/2023 3:20 PM
- 58 This amendment is not appropriate, it is focusing on subluxation based care which is not the way most chiropractors practice in this province. You cannot force us all to adjust. 9/19/2023 3:11 PM
- 59 Living in a remote part of northwestern ontario there are very few local opportunities for hands on training. It is unfair to expect those of us living here to absorb the high cost of travel (flights, car rental, hotel, meals) in order to meet this new requirement. 9/19/2023 2:54 PM
- 60 One course every 6 years doesn't make someone proficient in adjusting. Chiropractors practicing full time see too many patients per year with adjustments to make this change worth it. Additionally, it forces chiropractors to participate in courses that may not be beneficial for advancing education and care to the population. 9/19/2023 2:36 PM

- 61 This is a waste of time and money to have this included in requirements. The majority of "adjusting" courses are in the states and easily cost over \$1000.00 USD, plus taking into account travel expenses. It is a giant waste of time and money for us to have to do this. The best way to improve adjusting, is to simply do it, which is what we all do in our clinics every single day. Paying thousands of dollars to some instructor to teach a different way of moving our hands is ridiculous. 9/19/2023 2:28 PM
- 62 Not all practitioners may be capable of performing SMT due to disability or perhaps their particular case load 9/19/2023 2:25 PM
- 63 Some chiropractors practice entirely Activator Methods form of spinal adjustments. This amendment specifically uses "hands on, and manual" terminology. Some chiropractors do not adjust "hands on or manually" The wording should be revised to allow for instrument-based techniques (such as Activator Methods). 9/19/2023 2:08 PM
- 64 This change puts undo pressure on chiropractors to spend time and money in order to complete CE hours which may or may not be relevant to their practice. It creates unreasonable barriers to completion of CE hours and is highly prescriptive in a way that undermines our professional choices. 9/19/2023 2:06 PM
- 65 please see above 9/19/2023 2:04 PM
- 66 Shouldn't you learn how to adjust people during your school education. What min chiropractor came up with this stupid idea of adjusting credits? Don't we have better and more important things to worry about? Should be embarrassed even proposing this 9/19/2023 1:37 PM
- 67 It can be very difficult to find related courses when you live 2+ hours away from live course offerings on such topics. It's hotel stays and often clinic closures to do so. 9/19/2023 1:37 PM
- 68 Test 9/19/2023 12:51 PM

Joel Friedman

From: Dr. Adrian Robichaud,
Sent: Tuesday, September 19, 2023 1:45 PM
To: cco.info
Subject: Re: President's Message: September 19, 2023 - Draft Amendments to Standard of Practice S-003: Professional Portfolio and By-laws for Circulation and Feedback

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

Hello,

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

Kind Regards,

Dr. Adrian Robichaud
Robichaud Chiropractic & Orthotics
179 King Street East
Oshawa, Ontario L1H 1C7
905-571-0821;

If you are happy with our service please give us a review at [Facebook](#), [Google](#) or wherever you give reviews.

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



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

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

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

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

Joel Friedman

From: Joel Friedman
Sent: Monday, November 13, 2023 7:12 AM
To: Joel Friedman
Subject: FW: Feedback On Proposed Changes to Standard S-003

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

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From:
Sent: Tuesday, November 7, 2023 5:03 PM
To: cco.info <cco.info@cco.on.ca>
Subject: Feedback On Proposed Changes to Standard S-003

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

I am speaking against the changes proposed to Standard S-003

The "Intent" of Standard S-003 is stated as; "To advise members of their government-legislated obligation to quality improvement by participation in peer and practice assessment, self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development."

From this it is clear that one of the central themes of Standard S-003 is the development and implementation of a self-directed, structured continuing education plan based on a self-assessment of a practitioner's strengths and weaknesses.

The proposed changes to Standard S-003 work against the principles of self-assessment and self-direction. By making it "a requirement that every member

complete a minimum of a 5-hour structured CE activity, that is a hands-on spinal adjustment or manipulation activity and includes training in the competency of manual spinal adjustment or manipulation skills, at least once every three CE cycles (or six years)", the Standard/CCO is now directing a practitioner's continuing education instead of allowing it to be the result of the self-assessment and self-direction process.

In the CCO President's September 19, 2023 newsletter it is stated that these changes are required because; "The public interest rationale includes ensuring a basic level of competency in a fundamental skill that members are authorized to perform by governing legislation." During a chiropractor's education, training in hands-on spinal adjustment or manipulation is forefront throughout the four years of training. All accredited chiropractic educational institutions require more than a "basic level of competency" to graduate. Once a chiropractor is in practice these procedures are performed on a daily basis. Most practitioners will, on their own, supplement these abilities with additional training as a matter of course and as a result of their self-assessment.

According to the President's newsletter, it is feedback from the peer assessors that is being used to question the competency of the members with regard to spinal adjustment or manipulation and to justify the need for the changes to this standard. To my knowledge the peer assessors are not assessing the level of competency of the CCO members with regards to spinal adjustment or manipulation. This brings into question how this change can be recommended based on their feedback? The reality is there is nothing that a chiropractor is better trained in than spinal adjustment or manipulation skills. How can such a change to the Standard be made, to correct a problem, without identifying that there actually is a problem?

In conclusion and to summarise, I don't agree with the changes proposed for Standard S-003. From a competency perspective the CCO has not shown that there actually is a problem that needs to be addressed.

If "self-assessment and self-directed, lifelong learning, through continuing education (CE) and professional development" is still the "Intent" of Standard of Practice S-003 than these recommended changes stand as a contradiction to those principles.

Sincerely

Thomas Gadsby

Dr. Thomas A. Gadsby B.Sc., D.C.

1030

Beamsville Pain Relief Chiropractic
Phone: 905-563-8558
E-Mail:

Joel Friedman

From: Dr. Surbjit Herr
Sent: Friday, February 2, 2024 12:08 PM
To: cco.info
Subject: Technique

1031

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

Hi missed the deadline for the by law on technique/ adjusting requirements

I wanted to add I believe there should be a minimum requirement for technique that all members must meet.

That they are required to do a minimal amount of hours to keep their license. At least the minimum that is equivalent to the CPR course hours.

Lastly I would like to add that not only should it be logged but assessed as part of the Peer assessment.

thanks

--

Dr. Surbjit Herr
Neuro -Structural Chiropractor
Capital Chiropractic

[613-695-4377](tel:613-695-4377)

<https://www.mycapitalchiro.ca/>

Capital Chiropractic suite 501



PRIVILEGED AND CONFIDENTIAL: This document and the information contained here-in are confidential and protected from disclosure pursuant to federal law. This message is intended only for the use of the Addressee (s) and may contain information that is PRIVILEGED AND CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that the use, dissemination or copying of this information is strictly prohibited. If you have received this communication in error, please erase all copies of the message and its attachments and notify the sender immediately.

CITATION: Casella v. Ontario (College of Chiropractors), 2024 ONSC 899
 DIVISIONAL COURT FILE NO.: 332/23
 DATE: 20240216

Sachs, Backhouse and Lococo JJ.

BETWEEN:)	
)	
Angelo Casella)	<i>Howard L. Krongold and Zoë Hountalas for</i>
)	the Appellant
)	
Appellant)	
)	
– and –)	
)	
The College of Chiropractors of Ontario)	<i>Amy Block for the Respondent</i>
)	
Respondent)	
)	HEARD at Toronto via video conference:
)	January 16, 2024

2024 ONSC 899 (CanLII)

By the Court:

Overview

1. The Appellant, a licenced chiropractor, appeals from misconduct findings of the Discipline Committee (the “Committee”) of the College of Chiropractors of Ontario (“the College” or “the Respondent”) dated January 13, 2023 (the “Liability Decision”), reported at 2023 ONCOCOO 1 (CanLII). He also appeals from the costs award of \$70,000 dated May 13, 2023 (“Costs Decision”), reported at 2023 ONCOCOO 4 (CanLII). The Appellant was found to have failed to comply with a 2021 Discipline Order that suspended his certificate of registration for seven months for engaging in inappropriate business practices, offering inappropriate cash incentives to patients and submitting false documentation to the insurance company with the intention that the patients’ benefit plan pay for the incentives.
2. The Appellant submits that the Committee erred in finding that he violated his suspension by getting paid a modest salary by his professional corporation during the period of his suspension for working at his clinic with no patient contact and performing tasks that a non-professional staff member could perform. While the Appellant admitted that his website continued to describe him as a “chiropractor” during the period of his suspension (and that this supported one count of misconduct), he argued that this was an oversight and that the Committee erred in finding that this supported three other misconduct findings.
3. The Appellant also seeks a reduction in the costs award. He argues that the costs awarded were unreasonable and disproportionate.

4. For the reasons set out below, the appeal is dismissed. In summary, the Committee did not err in finding that the plain and ordinary meaning of suspension is a temporary removal of the member from their practice. A member who is suspended is required to either close their practice or transfer it to another. A member cannot subvert a suspension by continuing to hold themselves out as a practicing chiropractor, continuing to assume responsibility for regulated activities such as sterilization of medical instruments, and continuing to compensate themselves from the practice of chiropractic by paying themselves a salary from patient-generated revenue. The College is duty bound to regulate the profession in the public interest. The question of what constitutes professional misconduct falls squarely within the bailiwick of the Committee.
5. Section 53.1 of the *Health Professions Procedural Code*¹ (the “Code”) confers on the Committee broad discretion to order costs against a member. The Committee’s costs award is entitled to significant deference; a court should not interfere unless the adjudicator made an error in principle or was plainly wrong. There are no grounds to interfere with the costs award in this case.

Background

The 2021 Discipline Proceeding

6. In a June 25, 2020 Notice of Hearing, the College alleged that the Appellant, a licensed chiropractor practicing in Hamilton, engaged in professional misconduct from approximately August 2019 to January 2020. The particulars of those allegations are set out in the Committee’s Decision and Reasons dated August 5, 2021, reported at 2021 ONCOCOO 5 (CanLII). The Appellant admitted that he offered and provided a cash incentive to patients for the purchase of orthotics, charged excessive costs to insurance companies and failed to provide adequate or any follow-up care to his patients. On June 15, 2021, the Committee accepted the parties’ Joint Submission as to Penalty and Costs (the “June 2021 Order”), which terms in part were:
 2. An order suspending the Member’s certification of registration for a period of seven (7) months commencing thirty (30) days following the date of the Discipline Committee’s decision;
 3. An order directing the Registrar to impose terms, conditions, and limitations on the Member’s certificate of registration requiring the following:
 - (a) The Member is prohibited from imaging, casting, prescribing, constructing, fitting, dispensing and/or ordering the fabrication of orthotics for a period of twelve (12) months (the “Restricted Period”), which will commence at the conclusion of the Member’s suspension period referred to in paragraph 2 above. The Member is additionally not entitled to assign these duties to anyone else in his clinic, regardless of whether he receives a fee or not, during the Restricted Period, but shall

¹ *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

refer such duties to another member of the College in good standing at another clinic not affiliated with the Member's clinic.

- (b) At his own expense, the Member will receive supervision of his chiropody practice with a supervisor approved by the Registrar for a period of twelve (12) months from the date on which the Member returns to practise from the suspension. The terms of the supervision are as follows: ...

7. The Appellant's seven-month suspension did not begin immediately following the June 2021 Order. He was granted a 30-day stay of the suspension for the express purpose of allowing him time to either properly close or transfer his practice to others.

The College's Discontinuation of Services Advisory

8. The College's Discontinuation of Services Advisory, which was posted on the College's website, provided members with guidance on the steps required to close their practices, including in circumstances related to licence revocations and suspensions. This included notification to patients regarding the closure of the practice and the transfer of records and patients to another member of the profession. The Advisory also reminds persons who are suspended that they are not permitted to say that they are a member of the College and/or use the title "chiropractors" or "podiatrists" and that this is an offence under the *Chiropody Act, 1991*, S.O 1991, c. 20. The Appellant's evidence is that he did not consult the Advisory on being suspended.
9. Shortly after the Appellant's first suspension terminated, the College adopted Suspension Guidelines which state, among other things, that a suspended member must not benefit or profit from the practice of chiropody. The Deputy Registrar, Meghan Clarke, testified at the hearing that Suspension Guidelines were adopted because there was a need to clarify for members who were suspended "what practicing meant and what they could do and could not do in their hiring a locum". Ms. Clarke's undisputed evidence was that the Guidelines merely set out the College's expectations for conduct during a suspension; it did not alter members' existing obligations or the College's interpretation of those obligations prior to its adoption, which that College says were the same as set out in the Guidelines.
10. The Appellant relies upon the fact that the Suspension Guidelines did not exist during his suspension and were only adopted three days after his first suspension terminated. His submission is that during his suspension, there was no prohibition on benefitting from the practice of chiropody and a suspension did not necessarily imply such a prohibition.

The Appellant's Health Profession Corporation

11. Before and throughout the suspension, the Appellant operated his clinic through his health profession corporation. He was, and continues to be, the sole owner of the clinic.
12. A professional health corporation is a particular kind of corporation created by statute. Under the *Code*, one or more members of the same health profession, including chiropractors, may establish a health profession corporation "for the purpose of practising their health

profession.” Unlike a regular corporation, a health profession corporation owned by a chiropractor must be fully owned by one or more chiropractors and cannot carry on a business other than the practice of chiropractic.² Chiropractors are only permitted to practise through health profession corporations upon receiving a certificate of authorization from the College. While the Appellant notes that his certificate of authorization was not revoked by operation of his suspension, as set out in the *Code*, a member’s professional obligations apply equally to their corporations, and to its directors, officers, shareholders, and employees, and are not diminished by the fact that a member is practising through a health corporation. The *Code* is explicit that “[i]n the course of practising a health profession, a health profession corporation shall not do, or fail to do, something that would constitute professional misconduct if a member of the health profession did, or failed to do, it.”³

13. The Appellant’s clinic remained open during the suspension period. The Appellant entered into oral contracts with locum chiropractors who were compensated by the Appellant’s corporation on a per-patient basis. The locums were not involved in the management of the clinic. Throughout the suspension, the Appellant, through the corporation, processed the payments of patients treated by the locums into the clinic’s bank account which he controlled. The Appellant paid the locums by cheque a percentage of patient-generated revenue. From the remaining amount of these patient generated revenues, throughout the suspension period, he paid clinic expenses, his own salary (which was the same as the salary he paid himself prior to his suspension) and accrued vacation.

The Clinic’s Website

14. The Appellant failed to amend the clinic’s website during the period of his suspension. The Appellant’s position was that this was an honest mistake. The Appellant’s evidence was that the only way to book an appointment through the website was to phone the clinic where the person would have been told that they would not be seeing the Appellant because he was not practicing chiropractic. The Appellant submits that there was no evidence that any patients were misled as a result of the website.
15. Through his website, the Appellant identified himself to the public as a chiropractor, held himself out as practising the profession and advertised that his chiropractic services were available at the clinic, including by making the following statements:
 - a) “Chiropractor Angelo Casella does an initial assessment and provides a treatment plan to reduce pain and prevent foot problems.
 - b) Angelo Casella, BSc. D.Ch. MSc. (Podiatry).
 - c) Angelo Casella recently completed his Masters in Podiatry (MSc. Podiatry) from Queen Margaret University.
 - d) Angelo has been providing a wide range of foot care for his Hamilton area patients, including orthotics and orthopaedic footwear, since 1990.

² *Code*, s. 85.11(1).

³ *Code*, s. 85.14.

- e) We provide a full range of orthotic inserts (from soft accommodative to firm support braces) for all ages.
 - f) With proper assessment and routine foot care by a qualified Chiropodist, many of these diabetic foot complications can be treated and/or prevented. At the West Mountain Footcare Clinic, we see many diabetics for routine foot assessments and treatment.
 - g) Feel free to make an appointment for a foot assessment and treatment plan.
 - h) [Have] your doctor fax a referral to our office, 905 538-6805.
 - i) We assess all foot injuries and provide personalized treatment plans to assist in recovery.”
16. The Appellant was the only chiropodist identified on the clinic’s website as available to offer these services. While the Appellant asserted that through inadvertence, he kept his website live during his suspension, he acknowledged on cross-examination that he did not take his website down even after having been notified of the concern during the College’s investigation.

Appellant’s activities at the clinic during the suspension

17. Throughout the suspension, the Appellant attended at the clinic outside of business hours for the purpose of cleaning, sterilization of medical instruments and administrative tasks.

The Committee’s Liability Decision

18. On January 13, 2023, the Committee found that the Appellant engaged in professional misconduct by not fully abiding by the terms of the June 2021 Order. More specifically, the Committee found that during the period from about June 2021 to February 2022, the Appellant engaged in professional misconduct by: signing or issuing, in the member’s professional capacity, a document that contains a false or misleading statement; contravening sections of the *Chiropody Act* and the *Regulated Health Professions Act* or regulation under those Acts; engaging in conduct or performing an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional; and failing to comply with an order of the Complaints Committee, the Discipline Committee or the Fitness to Practise Committee.

19. The Committee found that:

The Member failed to adequately remove himself from the practice of chiropody during his period of suspension, contrary to the June Order. In particular, his failure to revise his Clinic’s website, his continued involvement in sterilizing instruments at the Clinic, and his decision to continue to collect a salary from his health profession corporation effectively violated the June Order and amounts to professional misconduct, as alleged.⁴

⁴ Liability Decision, at para. 4.

20. The Committee accepted that the Appellant “took adequate steps to ensure that he did not perform any chiropody services himself while he was suspended”⁵ but found that “engaging in the practice of chiropody includes more than simply performing a chiropody service on a patient. In the Committee’s assessment, it also includes continuing to hold yourself out as a chiropodist and doing things that only a member of the College or a person supervised by that member can do.”⁶
21. The Committee held that sterilizing instruments was contrary to the June 2021 Order because such sterilization is “governed by the Infection Control Standard of the Practice and is limited to members of the College or to members’ staff, delegated to do so and who are overseen by a member” whereas the Appellant “undertook this task without transferring responsibility for the supervision or monitoring of the sterilization process to a current member.”⁷ The Committee also held that the Appellant’s “decision to continue to receive a salary from the revenue generated by the chiropody services performed at the Clinic is contrary to the intent of the June Order.”⁸

The Committee’s Penalty and Costs Decision

22. In its Penalty and Costs Decision dated May 13, 2023, the Committee found that a \$70,000 costs order against the Appellant, payable over 24 months, was reasonable. The Committee found that the Appellant’s actions “did not amount to compliance and revealed a disregard for his professional obligations and for the Discipline Committee’s process.”⁹ The Committee further wrote:

It is important that [the Member] and the membership at large understand that compliance with orders made by College committees is at the heart of professional self-regulation. The Member did not comply with the June Order. He continued to benefit from the practise of chiropody. The penalty must be sufficiently serious so as to deter such behaviour.¹⁰

Issues

23. The Appellant raises the following issues on this appeal:
 1. Did the Committee err by finding that the Appellant breached the June 2021 Order by benefitting from the practice of chiropody?
 2. Did the Committee err by finding that the Appellant engaged in prohibited actions with respect to medical instruments or sterilization equipment?

⁵ Liability Decision, at para. 29.

⁶ Liability Decision, at para. 30.

⁷ Liability Decision, at para. 32.

⁸ Liability Decision, at para. 40.

⁹ Penalty and Costs Decision, at para. 22.

¹⁰ Penalty and Costs Decision, at para. 23.

3. Did the Committee err by finding that the Appellant's failure to update his website supports four misconduct findings?
4. Did the Committee err in its Costs Decision?

Court's Jurisdiction

24. The Divisional Court is authorized to hear appeals on questions of law or fact or both with respect to proceedings before the Committee and has all the powers of the Committee that dealt with the matter: *Code*, ss. 70(1) and (2).

Standard of Review

25. In accordance with *Housen v. Nikolaisen*, 2002 SCC 33, [2002] 2 S.C.R. 235, the standard of review is correctness on questions of law, palpable and overriding error on findings of fact, and palpable and overriding error on questions of mixed fact and law (absent an extricable question of law).
26. To the extent the issues raised on this appeal challenge the Committee's findings that the Appellant failed to comply with the June 2021 Order, including the Committee's assessment of the Appellant's conduct during the period of suspension, the appeal raises a question of mixed fact and law reviewable only for palpable and overriding error.¹¹ Palpable and overriding error is a highly deferential standard which recognizes the expertise and competence of the Committee.¹²
27. The standard of review that applies to an appeal of a costs award is one of considerable deference. A costs award should be set aside on appeal only if the adjudicator made an error in principle or was plainly wrong: *Kennedy v. College of Veterinarians*, 2018 ONSC 3603, at para. 24, citing *Hamilton v. Open Window Bakery Ltd.*, 2004 SCC 9, [2004] 1 S.C.R. 303, at para. 27.

Analysis

Issue 1: Did the Committee err by finding that the Appellant breached the June 2021 Order by benefitting from the practice of chiropody?

28. The Appellant submits that at the time of his suspension, there was no regulatory prohibition on a suspended member benefitting from the practice of chiropody by others. While it was submitted in the Appellant's factum that professional discipline statutes are to be strictly construed, at the hearing of this appeal, counsel for the Appellant conceded that a broader interpretative approach is the correct approach, namely the balancing of the public interest and the fair hearing rights of the accused, as set out in the Court of Appeal's decision in *Abdul v. Ontario College of Pharmacists*, 2018 ONCA 699, 142 O.R. (3d) 682, at para. 18.

¹¹ *Law Society of Ontario v Diamond*, 2021 ONCA 255, 458 D.L.R. (4th) 603, at para.39.

¹² *Housen*, at paras.12-13.

29. It is settled by the Supreme Court that professional discipline proceedings are not criminal (or quasi-criminal) in nature.¹³ Successive Supreme Court and Court of Appeal decisions call for a broad and purposive approach to interpretation, to permit professional disciplinary bodies to fulfill their onerous public protection mandate.¹⁴ As the Court of Appeal has confirmed on multiple occasions, the Discipline Committee of the College is required to interpret its powers “with a view to protecting the public interest in the proper regulation of the profession”.¹⁵
30. The Appellant argues that nothing in the regulatory framework necessarily implies that a suspension always prohibits a suspended member from benefitting from the practice of chiropractic. The Appellant submits that the *Code* provides flexibility to the health professions to tailor regulations which address what each profession’s members who are suspended can do regarding benefitting from the practice of their profession during suspension. The Appellant argues that it is not self-evident from the legislative scheme what a suspension entails. He submits that either promulgating regulations or setting this out in the order of suspension is required, neither of which was present here.
31. Approximately half of Ontario’s health profession colleges specifically hold that it is professional misconduct for a member to benefit from the practice while under suspension, although all but one offer an exemption if the member discloses the benefit and obtains permission. The Appellant submits that if suspension necessarily precludes a suspended member from profiting from the practice during their suspension, the colleges would not have the authority to make an exemption. The Appellant argues that he was not on notice that he could not be remunerated for the work that he performed at the clinic while suspended (which he characterized as mostly janitorial services). The June 2021 Order did not prohibit the Appellant from benefitting from another’s practice of chiropractic, and the Appellant should not be bound by the intent specified by the Committee after the fact in deciding the Liability Decision.
32. The Committee acknowledged that the College did not have written suspension guidelines in place at the time of the Appellant’s suspension and that it therefore did not measure the Appellant’s conduct against the Guideline for Suspension approved after the completion of the Appellant’s suspension. The Committee also accepted that there was no specific guidance offered by the College at the time to clarify for the Appellant how and to what extent he could continue to use his corporation to maintain his clinic. However, it found that if he had any questions, he had resources available to him, including the College and his counsel. The College’s uncontradicted evidence, as noted above, was that the Guidelines merely formalized for members the options available to them: while suspended, the member either closes their practice or transfers the practice to a locum but is not permitted to profit or benefit from that engagement.

¹³ *Law Society of Saskatchewan v. Abrametz*, 2022 SCC 29, 470 D.L.R. (4th) 328, at paras. 48, 54.

¹⁴ *Pharmascience Inc. v. Binet*, 2006 SCC 48, [2006] 2 S.C.R. 513, at paras. 35-36; *Sazant v. College of Physicians and Surgeons of Ontario*, 2012 ONCA 727, 113 O.R. (3d) 420, at paras. 93-101; *Gore v. College of Physicians and Surgeons of Ontario*, 2009 ONCA 546, 96 O.R. (3d) 241, at paras. 17, 29.

¹⁵ *Abdul*, at. 16; *Sazant*, at para. 101.

33. The Committee accepted that there was no prohibition against the Appellant using his corporation to issue invoices, pay staff and locums and to maintain the clinic's business operations. But it found that by authorizing his corporation to pay him a salary from funds derived from chiroprody services throughout the period of suspension, the Appellant violated the intent and purpose of the June 2021 Order.
34. The fact that other health colleges have passed a regulation enumerating "benefiting or profiting from the practice of the profession during a suspension" as a separate head of misconduct is not determinative as to whether the Appellant failed to comply with the June 2021 Order. The fact that the College had not enacted regulations creating an independent head of misconduct for "prohibiting a member from benefiting during suspension" does not mean such conduct may not be captured elsewhere, under a more general head of misconduct, such as "failing to comply with an order of the "Discipline Committee."
35. The Appellant was advised that he was required to either wind down his practice and close it for seven months, or transfer it to a locum chiroprodist who would assume responsibility for its operations. The Committee found in its Liability Decision:
 41. The Member was present for the hearing which resulted in the June Order. The hearing was a consent hearing, meaning that the Member admitted to the allegations before that panel and was presumably involved in the discussions and negotiations which ultimately led to the terms set out in the June Order. He knew or ought to have known that the June Order, including the lengthy period of suspension was meant to be onerous.
36. The Appellant was found in the June 2021 Order to have engaged in inappropriate business practices, offering inappropriate cash incentives and submitting false documentation with the intention that a third party fund these incentives. There is nothing unreasonable in the Committee's assessment that the Appellant's ensuing suspension would be significantly denuded in its effect if he was permitted to continue to engage in and profit from the practice of chiroprody during the period of suspension.
37. The context in which the Committee found the Appellant to have breached the June 2021 Order by benefitting from the practice of chiroprody is important. His June 2021 suspension was based on a finding that he engaged in fraudulent business practices. The Appellant admitted to the Committee that throughout the period of his suspension pursuant to the June 2021 Order, he continued to hold himself out to the public on his website as a chiroprodist. This cannot be characterized as a mere oversight. The website was the Appellant's primary presentation of himself to the public as a professional where he continued to hold out his status as a chiroprodist open for business.
38. The Appellant's characterization of the work he remunerated himself for while suspended (a janitor at the clinic) does not accord with the Committee's findings, which were that the Appellant performed work restricted to members of the College (supervision or monitoring of the sterilization of medical instruments and infection control) and failed to extricate himself from his practice as required by his suspension.

39. The fact that a Suspension Advisory came out shortly after the Appellant's suspension does not absolve the Appellant from turning over and transferring his practice. The Appellant knew that he was required to turn over his practice, which he never really did. Instead, he figured out a way to make money from it without fully handing it over. In fact, as the Committee found, he paid himself the same salary while he was suspended as he did before he was suspended. From a protection of the public perspective, allowing members to operate in this way during a period of suspension would undermine the deterrent effect that suspensions are supposed to have on members' conduct. Given the context, there is no palpable or overriding error in the Committee's finding that the Appellant breached the June 2021 Order by benefitting from the practice of chiropody.

Issue 2: *Did the Committee err by finding that the Appellant engaged in regulated activities with respect to sterilization of medical instruments?*

40. The Appellant submitted that the Committee erred in finding that he engaged in the practice of chiropody while suspended by playing a role in helping the locum chiropodists sterilize their medical instruments. The Appellant submitted that there were three contract chiropodists at the clinic during his suspension and they were aware of his suspension: they had obligations to ensure that the Infection Control Standard was met. The Appellant submitted that he was not ultimately responsible.
41. In the negotiated Statement of Facts which was before the Committee, the Appellant admitted to being involved in sterilizing instruments. Although the Committee recognized that any staff member could perform the sterilization tasks the Appellant performed, it found that because there was no authorized chiropodist who was responsible for the sterilization of the instruments, the Appellant was acting as a chiropodist.
42. The Committee found that the act of sterilizing instruments is governed by the Infection Control Standard of the Practice and is limited to members of the College or to members' staff, delegated to do so and who are overseen by a member. Members are ultimately responsible for training staff and monitoring the process. The Committee found that the Appellant undertook this task while under suspension and therefore while not a member of the College. The Committee found that the Appellant failed to affect the transfer of the regulated activity of the supervision or monitoring of the sterilization and infection control to another regulated member.
43. The fact that locum chiropodists may also be responsible for failures to adhere to infection prevention and control obligations does not absolve the Appellant from his obligation to transfer his practice while suspended, including the ultimate responsibility for sterilization.
44. There is no palpable and overriding error in the Committee's finding that by failing to extricate himself from his practice and failing to affect the transfer of the regulated activity for the supervision or monitoring of the sterilization of instruments and infection control to another regulated member, the Appellant failed to comply with the June 2021 Order.

Issue 3: Did the Committee err by finding that the Appellant's failure to update his website supports four misconduct findings?

45. The Appellant admitted that when suspended, he erred in failing to take down or correct his clinic's website, which described him as a chiropractor before his suspension. He submitted that this was an oversight and there was no basis to think any patient was materially misled by the mistake. The Appellant concedes that he was represented on the website as a practicing chiropractor while he was suspended. But he submitted that the Committee erred in finding that this single act also supported its three other misconduct findings: that the Appellant had issued a false document; engaged in disgraceful, dishonourable, or unprofessional conduct; and breached the suspension order.
46. The Appellant does not challenge the finding that the failure to remove references to him as a chiropractor from his clinic's website is misconduct (under allegation 3(a)(iv)), but he submits that this is insufficient to establish the other three misconduct allegations. He submits that he did not "sign or issue a false or misleading document" as alleged, particularly as the alleged misconduct is found under the "Record Keeping and Reports" heading in the regulations and is concerned with promulgation of fraudulent documents. Further, not all misconduct is disgraceful, dishonourable, or unprofessional: this heightened standard does not capture mere errors in judgment. Finally, he argues that the failure to update his website was not a breach of the suspension order.
47. It is settled law that one set of facts may ground multiple findings of professional misconduct. While the Appellant asserted that his failure to amend his website was an "honest" mistake, the Committee was "left with the impression that the Member did everything he could to minimize the negative impact the suspension would have on him personally".¹⁶ The Committee found the onus lies on the Appellant to ensure he was not holding himself out in any communication or on any platform as a chiropractor,¹⁷ and that the Appellant had ample time in the 30-day period to ensure the website was accurate.¹⁸ The Appellant acknowledged not having read the Discontinuation of Services Advisory which alerted him directly to this.
48. Reading the *Code* broadly pursuant to the Committee's mandate to protect the public, a finding that the Appellant continued to hold himself out as a chiropractor during his suspension by not updating his public profile on the website could reasonably come within the *Professional Misconduct Regulation*, s.1(20), made under the *Chiropractic Act*: "Signing or issuing in the member's professional capacity a document that contains a false or misleading statement."
49. Moreover, the Appellant's website contravened the advertising regulation by broadcasting false and misleading information.¹⁹ Even in the absence of moral turpitude, or abject dishonesty, misguided conduct which is not disgraceful is nonetheless unprofessional and accordingly can support a finding of professional misconduct under the head "disgraceful,

¹⁶ Liability Decision and Reasons, para.51.

¹⁷ Liability Decision and Reasons, para. 31.

¹⁸ Liability Decision and Reasons, para. 31.

¹⁹ Section 7(1) of O. Reg 203/94 made under the *Chiropractic Act, 1991*.

dishonourable or unprofessional. Breaching College undertakings or College orders, even inadvertently, routinely amounts to “disgraceful, dishonourable or unprofessional” conduct.²⁰

50. There was no palpable and overriding error in finding that the Appellant breached the June 2022 Order, the *Chiropractic Act*, the *Regulated Health Professions Act, 1991* or regulations under those Acts.

Issue 4: Did the Committee err in its Costs Decision?

51. The Appellant concedes that if he is unsuccessful in his liability arguments, he is not asking this court to adjust the penalty.
52. The Appellant submits that the quantum of costs awarded was demonstrably excessive. The liability hearing lasted 1.5 days during which the Appellant admitted nearly the entirety of the College’s case. The Appellant argues that the costs award greatly exceeds awards for regulated health professions where a costs tariff is in place. He further submits that it does not appear that the court has ever upheld a costs award of this magnitude for such a short, streamlined hearing and that the Committee offers no meaningful explanation for its unprecedented costs award.
53. The College presented a detailed Bill of Costs to the Committee. The Appellant did not. A comparison of parties’ bills of costs is frequently how an appropriate amount for costs is determined. The Appellant argued that the file was overworked and the costs disproportionate. The Committee looked at the evidence, heard the submissions and gave reasons. In these circumstances, it would be inappropriate to second guess the Respondent’s Bill of Costs, especially since the Appellant failed to provide one of the main bases on which a court can assess whether another party’s costs are disproportionate—their own bill of costs.
54. Section 53.1 of the *Code* grants the College broad discretionary power to make costs orders. A Committee’s costs award is entitled to significant deference; a court should not interfere unless the adjudicator made an error in principle or was plainly wrong. The Committee recognized that the amount ordered was significant but found that it reflected approximately two-thirds of the actual costs incurred, and that this was a reasonable amount for the Appellant to pay given the need to ensure that the membership at large is not left with the burden of paying a disproportionate share of the costs associated with proceedings generated as a result of another member’s misconduct. While the Appellant argued that the Alberta Court of Appeal has taken a different approach to the awarding of costs in professional regulatory proceedings (a large portion of the costs should be borne by the membership), that case is not binding on us and is not consistent with the approach taken by the Ontario courts.
55. The tariff rates set by other Colleges do not bind or limit the Committee’s statutory discretion to award costs.

²⁰ *Ontario (College of Physicians and Surgeons of Ontario) v. Maytham*, 2007 ONCPSD 25; *Ontario (College of Physicians and Surgeons of Ontario) v. Savic*, 2019 ONCPSD 4; *Gutman v. College of Physicians and Surgeons of Ontario*, 2018 ONSC 6936 (Div. Ct.) at para. 3.

56. There is no error in principle or other basis for this court to intervene with respect to the costs award.

Conclusion

57. A member cannot subvert a suspension by continuing to hold themselves out as a practicing chiropractor, continuing to assume responsibility for regulated activities of the practice, and continuing to compensate themselves from the practice of chiropractic by paying themselves a salary from patient-generated revenue. The College is duty bound to regulate the profession in the public interest. The question of what constitutes professional misconduct and the attendant costs are matters that fall squarely within the bailiwick of the Committee. There is no palpable and overriding error and no error of law or principle. The appeal is dismissed.

Costs of the Appeal

58. In accordance with the parties' agreement on costs, the Respondent shall be entitled to costs of the appeal in the all-inclusive amount of \$10,000.

Backhouse J.

Sachs J.

Lococo J.

Released: February 16, 2024

CITATION: Casella v. Ontario (College of Chiropractors), 2024 ONSC 899
DIVISIONAL COURT FILE NO.: 323/23
DATE: 20240216

ONTARIO

**SUPERIOR COURT OF JUSTICE
DIVISIONAL COURT**

Sachs, Backhouse and Lococo JJ.

BETWEEN:

Angelo Casella

Appellant

– and –

The College of Chiropractors of Ontario

Respondent

REASONS FOR JUDGMENT

By the Court

Date of Release: February 16, 2024

From: Jo-Ann Willson
Sent: February 15, 2024 1:53 PM
To: Rose Bustria
Subject: FW: College of Physiotherapists of Ontario - Divisional Court Decision Released
Attachments: ATT00001.txt

Exec, ICRC and Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Registrars <registrars-bounces@regulatedhealthprofessions.on.ca> **On Behalf Of** Beth Ann Kenny
Sent: Thursday, February 15, 2024 12:50 PM
To: Beth Ann Kenny <bakenny@regulatedhealthprofessions.on.ca>
Cc: Anita Ashton <AAshton@collegept.org>
Subject: [Registrars] College of Physiotherapists of Ontario - Divisional Court Decision Released

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

This email is being forwarded to you on behalf of Anita Ashton, Deputy Registrar & COO (programs) at the College of Physiotherapists of Ontario.

Hello everyone,

Last year we shared that the CPO had a case going before Divisional Court where a group of 4 physiotherapists were suggesting that the ICRC did not have the ability to make decisions regarding business practices because we did not regulate clinics / places of practice. The decision of the court was released on the 13th and the decision of the ICRC to issue a caution was upheld.

Here is the link:

<https://www.canlii.org/en/on/onscdc/doc/2024/2024canlii9715/2024canlii9715.html>

Have a great day

Anita Ashton (she/her)

Deputy Registrar & COO (programs)

College of Physiotherapists of Ontario

416.591.3828 ext. 225 | 1.800.583.5885 ext. 225

aashton@collegept.org

www.collegept.org



The College is committed to ensuring people of all abilities have equal access to services and are treated with respect. Contact us if you require accommodations and we will do our best to meet your needs.

We acknowledge the land our office is on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

If you have received this message in error, please notify us immediately and delete the original without printing it or making a copy.

Congratulations, Anita and Team!!

Take care!

Beth Ann



Beth Ann Kenny, Executive Director

Health Profession Regulators of Ontario (HPRO)

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

Email: bakenny@regulatedhealthprofessions.on.ca

Web: www.regulatedhealthprofessions.on.ca

Phone: 416-986-0576

1093

Confidentiality notice: This email, including any attachments, is for the sole use of the intended recipient(s) and may contain private, confidential, and/or privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient or this information has been inappropriately forwarded to you, please contact the sender by reply email and destroy all copies of the original.

CITATION: Spirou v. College of Physiotherapists of Ontario, 2024 ONSC 964
DIVISIONAL COURT FILE NOS.:266/23, 267/23, 268/23, 269/23
DATE: 2024 02 13

ONTARIO
SUPERIOR COURT OF JUSTICE
DIVISIONAL COURT

McWatt, F., ACJ, Edwards, D., and Shore, S. JJ

B E T W E E N :)	
)	
JOHN SPIROU, PRAVEEN OOMMMEN,)	G. Ragan, <i>for the plaintiffs</i>
THEVENDRI SABDGA, and CHUNG)	
YEUNG)	
)	
)	
)	
Plaintiffs)	
)	
- and -)	
)	
)	
)	
THE COLLEGE OF PHYSIOTHERAPISTS)	J. Birenbaum, <i>for the defendants</i>
OF ONTARIO)	
)	
)	
)	
Defendants)	
)	
)	
)	HEARD: January 23,2024

Shore, S., J.

APPLICATION for judicial review of the decision of the Inquiries, Complaints and Reports Committee of the College of Physiotherapists of Ontario to caution four physiotherapists.

Overview

[1] Four physiotherapists, John Spirou, Praveen Oommen, Thevendri Sabga, and Chun Yeung (collectively, the “Applicants”) seek judicial review of four respective decisions of the College of Physiotherapists of Ontario (the “College”) Inquiries, Complaints and Reports

Committee (the “ICRC” or the “Committee”) released on April 3, 2023 (collectively, the “Decisions”).

- [2] The Decisions required the Applicants to attend before a panel of the ICRC to receive a verbal caution related to the accuracy of the invoicing practice of the multidisciplinary health clinic co-owned by the Applicants.
- [3] The Applicants submit that the Committee exceeded its statutory jurisdiction and that the Decisions were unreasonable. The College asks that the application be dismissed.
- [4] For the reasons set out below, the application is dismissed.

The Court’s Jurisdiction and the Standard of Review:

- [5] The court has jurisdiction under ss. 2 and 6 of the *Judicial Review Procedure Act*, R.S.O. 1990, c. J.1.
- [6] The parties agree that the Decisions are to be assessed on a reasonableness standard.

Legal Framework:

- [7] Physiotherapy is a self-regulated profession in Ontario, pursuant to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 (the “RHPA”). The College is the regulatory body established by statute to regulate and govern physiotherapists in Ontario. The statutory scheme governing the College is contained in the RHPA, the Health Professions Procedural Code (the “Code”), the *Physiotherapy Act, 1991*, S.O. 1991, c. 37, and the regulations established thereunder.

Brief Background:

- [8] The Applicants are co-owners and directors of the Centres for Active Rehabilitation Excellence Institute (“C.A.R.E.” or the “Clinic”). The Clinic offers physiotherapy and other multidisciplinary health services through four clinics in the Windsor-Essex area.
- [9] In November 2018, the College received a copy of a complaint that Green Shield Canada (“GSC”), an insurance company, submitted to the College of Physicians and Surgeons, regarding physicians at C.A.R.E.
- [10] In November 2019, following a review of the documents from GSC, the College’s Registrar appointed investigators to inquire into the conduct of the Applicants, the Clinic’s co-owners, in order to ascertain whether they may have committed an act or acts of professional misconduct regarding conflicts of interest, billing practices, consent, record keeping, and patient assessment and treatment practices.
- [11] As part of its investigation, the College sought and received further information from GSC. From this further disclosure, it was discovered that C.A.R.E. had failed to collect co-payment amounts for a number of products and services delivered to GSC plan members.

- [12] GSC reported that it appeared that C.A.R.E. had waived the co-payment amounts for a number of plan members, yet it had submitted invoices to GSC for the full amount of the product or service. Independent of the College’s investigation, GSC asked C.A.R.E. to pay them \$42,388.96 for the uncollected co-payment amounts. The Applicants paid the amount requested by GSC.
- [13] There is no dispute that C.A.R.E. had a general and systemic practice of waiving insurance co-payments for its patients. The Clinic advertised this practice in bold and large letters on its website. Further, there is no dispute that it submitted invoices to GSC for the full amount of the service without noting the waived co-payments on the claim submissions, although the Applicants submit that, technically, there were no “invoices” submitted and/or there was no ability for the Clinic to advise GSC that they waived the co-payments.
- [14] At the conclusion of its investigation, ICRC released the Decisions. In the Decisions, the Committee stated that “the College does not regulate physiotherapy clinics per se and in general, the College only regulates physiotherapists themselves. **Nonetheless, the College may hold registered physiotherapists accountable, where appropriate, for systemic issues in the practices of clinics or businesses in which these physiotherapists participate in the ownership or management**” (emphasis added). This is the crux of the judicial review. The Applicants submit that the College does not have jurisdiction to regulate practices or businesses.
- [15] The Committee found that there was sufficient basis to caution the Applicants. The Committee decided not to refer the matter for a disciplinary hearing.

The Applicant’s Position:

- [16] The Applicants ask that the decisions of the ICRC to issue cautions be quashed, or in the alternative, that the matters be remitted back to the ICRC for reconsideration. The Applicants have three primary grounds for review:
- (a) The College did not have statutory jurisdiction to regulate the business practices of C.A.R.E.
 - (b) The Committee’s decisions regarding C.A.R.E.’s business practices were unreasonable.
 - (c) The decisions to caution the Applicants were unreasonable.

Analysis:

A. Jurisdiction

- [17] The Applicants admit that the online claims and the manual claim submissions made by the Clinic to GSC did not indicate that the Clinic intended to or was waiving any co-payment. The Applicants submit that there was no place on the forms to indicate information regarding co-payments. The ICRC found that by submitting a claim to GSC for the full amount of the product or service without indicating that any co-payment would

be waived, the Clinic had misrepresented the amount it billed to the insurer because GSC paid 100 percent of the cost, as opposed to only 80 percent.

- [18] Whether the Clinic financially benefited or had an obligation to GSC to collect the co-payment from the patients was irrelevant to the fact that the Clinic submitted inaccurate claims or invoices.
- [19] The Committee found that the Applicants, at all times, had a professional obligation to ensure that invoices and claims submitted by the Clinic under their direction were accurate.
- [20] The Applicants submit that the Committee erred in investigating and reprimanding the Applicants for matters pertaining to the management and business practices of the multidisciplinary Clinic. The ICRC lacked jurisdiction to hold registered physiotherapists accountable for systemic issues in clinics or businesses.
- [21] Did the Committee have jurisdiction to consider the actions taken by the Applicants pertaining to the management and business of the Clinic?
- [22] Under the Code, the objects of the College are broad and include, among other things, “[t]o regulate the practice of the profession”, “[t]o develop, establish and maintain standards of professional ethics for the members”, and “[t]o promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public”: see s. 3(1), paragraphs 1, 5 and 8. In light of these objects, a number of regulations have evolved.
- [23] Under s. 51(1)(c) of the Code, the ICRC may find that a member has committed an act of professional misconduct if the member has committed an act of professional misconduct as defined in the regulations. Regulated professions are given deference to define misconduct within their legislative mandate.
- [24] Acts of professional misconduct for physiotherapists are set out in *Professional Misconduct*, O. Reg. 388/028, under the *Physiotherapy Act, 1991*.
- [25] Both parties referred to caselaw in their submissions. Of the cases on which the Applicants rely to argue that the Committee does not have jurisdiction to regulate clinics, most involved complaints against individuals with no ownership interest in the business or clinic, rather than clinic owners (see for example, *Feletig v. Williams*, 2023 CanLII 10518 (Ont. HPARB) and *P.B. v. S.M.B.*, 2017 CanLII 37546 (Ont. HPARB)). These situations are quite different from the matter before this court, where the business was owned and run by physiotherapists.
- [26] Under the regulations, the College can find professional misconduct when a member has failed to take reasonable steps “to ensure that any accounts submitted in the member’s name or billing number are fair and accurate”: *Professional Misconduct*, O. Reg. 388/028, s. 1, paragraph 33 (also see paragraphs 28 and 32). The accounts submitted in the Applicants’ names were not accurate.

- [27] It would be nonsensical for the College to have jurisdiction to regulate fees and billings of individual members, but no jurisdiction to regulate fees and billings over members that operate their practice through their own business. This would allow members to easily avoid oversight by the College by running their practice through a business. The Applicants do not deny that they were the operating minds of the Clinic and that they directed and were responsible for the Clinic's practice of waiving co-payments. The Decisions were reasonable and consistent with past decisions made by the College: see for example, *Ontario (College of Physiotherapists of Ontario) v. Yardley*, 2023 ONCPO 61 (CanLII).
- [28] I find that the ICRC had jurisdiction to hold the Applicants accountable for systemic billing issues in their Clinic.

B. Were the Decisions Unreasonable?

- [29] Given the finding that the ICRC had jurisdiction to make the orders, were the orders reasonable? A decision will be unreasonable if it contains one of two fundamental flaws:
- (i) It contains failures of rationality internal to the reasoning process; and
 - (ii) It is untenable in light of the relevant factual and legal constraints that it bears: *Canada (Minister of Immigration and Citizenship) v. Vavilov*, 2019 SCC 65, [2019] 4 S.C.R. 653, at para. 101.
- [30] The Applicants submit that the ICRC's decisions lacked a proper factual foundation and reasoning.
- [31] With respect to the submission that the Committee lacked a factual foundation, in its Decisions, the ICRC noted that "[t]here was also no dispute on the facts that C.A.R.E. submitted **invoices** to GSC for the full amount of the service or product and that the **invoices** did not reflect the fact that co-payment had been waived" (emphasis added). The Applicants submit that there were no "invoices" in evidence on which the Committee could make this finding. Specifically, they submit that most of the claims submitted by the Clinic were submitted electronically and that claims are not "invoices". Therefore, there were no actual invoices on which the ICRC could base its decision.
- [32] The Applicants' position on this issue is one of semantics. The electronic and manual claim submissions are the statement of account, a form of "invoice". Copies of these submissions were put into evidence before the Committee. These submissions must be accurate to comply with the College's Fees and Billing Standard. They were not. I find that there was a proper factual foundation on which the College could make its decision.
- [33] The Applicants further submit that the Decisions were unreasonable because the Committee did not consider the submissions of the Applicants when providing its reasons for making the order. If the Decisions were insufficient, then they are necessarily unreasonable.

[34] However, the ICRC is not required to address every argument raised by the Applicants, as this would compromise both efficiency and access to justice: see *Vavilov*, at paras. 127-128. In this case, the Decisions were detailed, fulsome and responsive to the Applicant's submissions. It is clear from the Decisions that the ICRC understood, was alert to, and addressed the central issues and arguments raised by the Applicants in their submissions. This is also discussed below when addressing the issue of whether the caution was reasonable.

[35] I find that the Decisions were reasonable.

C. Were the Cautions Unreasonable?

[36] The Applicants submit that the imposition of a caution was unreasonable, in that the ICRC provided no analysis.

[37] The ICRC provided a rational for the caution, including its finding below:

[T]here is a reasonable evidentiary basis to caution the Registrant[s] in respect of the accuracy of invoicing in connection with C.A.R.E.'s demonstrated past practice of waiving insurance co-payments. In addition to the serious concern about accuracy of billings, the Committee decided that it would be reasonable to caution the Registrant[s] about the impact of inappropriate billings on patients and the profession. Insurers' trust in the integrity of the profession is essential to ongoing access to benefits-covered care for patients. The de-listing of clinics (as happened temporarily with C.A.R.E.) and/or the de-listing of coverage for certain services or products, can negatively impact all physiotherapists as well as patients. In addition, insurers can punish patients for failing to notify the insurer that the co-payment was waived, potentially placing patients' benefits at risk.

[38] The ICRC's reasons were lengthy and reasonable and are entitled to deference. This is not a case where the court should intervene on judicial review.

Costs:

[39] The Applicants were not successful in their application for judicial review. The parties agreed that \$10,000 inclusive of HST and disbursements was a reasonable award of costs to the successful party.

Order:

[40] The application is dismissed, with costs to the College payable by the Applicants in the agreed amount of \$10,000 all inclusive.

1100

Shore, J.

McWatt, ACJ

Edwards, J.

DATE RELEASED: February 13, 2024

CITATION: Spirou v. College of Physiotherapists of Ontario, 2024 ONSC 964
DIVISIONAL COURT FILE NOs.: 266/23, 267/23, 268/23, 269/23
DATE: 2024 02 13

ONTARIO

**SUPERIOR COURT OF JUSTICE
DIVISIONAL COURT**

McWatt, ACJ, Shore, Edwards, JJ

BETWEEN:

JOHN SPIROU, PRAVEEN OOMMEN,

THEVENDRI SABGA, and CHUN YEUNG

Plaintiffs

-and-

THE COLLEGE OF PHYSIOTHERAPISTS OF
ONTARIO

Defendant

REASONS FOR DECISION

Released: February 13, 2024

From: Jo-Ann Willson
Sent: March 8, 2024 2:15 PM
To: Rose Bustria
Subject: FW: Merger In B.C.

Exec and Council.

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

In-office services are available by appointment only. Please use the email or phone contact information above or, if you require urgent assistance, please contact Reception by phone at 416-922-6355 ext. 100 or email reception@cco.on.ca and your inquiry will be directed appropriately.

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

CONFIDENTIALITY WARNING:

This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify CCO immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Boyd Neil <socialreachconsulting@gmail.com>
Sent: Friday, March 8, 2024 2:13 PM
To: Jo-Ann Willson <jwillson@cco.on.ca>
Cc: chris winsor <chris.winsor@sympatico.ca>; Joel Friedman <JFriedman@cco.on.ca>
Subject: Merger In B.C.

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

<https://www.biv.com/news/economy-law-politics/seven-bc-health-occupations-combined-into-two-regulators-8411979>

Boyd

--

Boyd Neil
 @boydneil
 416.892.6624

JOIN OUR NEWSLETTER

11 B.C. health occupations combined into two regulators



[Jeremy Hainsworth](#)
about 22 hours ago



B.C. Health Minister Adrian Dix P.G. Citizen photo by Brent Braaten

B.C. Minister of Health Adrian Dix has confirmed that multiple provincial health regulators will be combined into one organization.

1104

The newly created College of Complementary Health Professionals of British Columbia will be an amalgamation of the College of Massage Therapists of B.C., the College of Chiropractors of B.C., the College of Naturopathic Physicians of B.C. and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C.

The four colleges officially amalgamate June 28 as a single regulator,

The amalgamation was confirmed in a [Feb. 22 ministerial order](#).

This ministry proposed the name for the amalgamated college in 2023.

It held a consultation to obtain public feedback on the name, with a deadline of Jan. 12, 2024. The name was confirmed after that feedback was received.

In [another ministerial order](#) the same day, Dix confirmed the amalgamation of seven other regulatory colleges, also taking force June 28.

The new College of Health and Care Professionals of British Columbia will regulate:

- dietitians;
- occupational therapists;
- opticians;
- optometrists;
- physical therapists;
- psychologists; and,
- speech and hearing professionals.

[Add to the story](#)

[Have a story idea?](#)

[Letter to the editor](#)



Ontario documents show patient complaints over cataract billings

By Allison Jones **The Canadian Press**

Posted February 21, 2024 6:11 am

As Ontario prepares to expand the number of private clinics that perform publicly funded cataract surgeries, documents show those procedures form one of the most common complaints the province receives from patients about unfair billing practices.

The Canadian Press submitted a freedom-of-information request for copies of complaints made under the law banning medical professionals from charging patients for services covered by the Ontario Health Insurance Plan.

From 2020 to 2022 there were 68 complaints, with 15 of them about charges for eye exams and 13 of them related to cataract procedures. Other complaints involved a range of medical procedures including blood tests and prenatal testing.

While the absolute numbers are relatively small, NDP health critic France Gelinias said the true number of patients with similar complaints is likely much higher, because not many people know how to go through the process.

The ministry's response to many of the patients who complained about charges for cataract surgery was to tell them the records showed they had actually consented to paying for non-insured services.

In response to one person who complained that they had paid \$2,400 for "cataract extraction with intraocular implant service covered by Ministry of Health," the ministry wrote that records showed the patient had agreed to non-insured extras. They received a \$200 credit for the cost of a medically necessary lens, but the premium lens they received had to be paid for out of pocket.

"According to the records provided, you had consented to paying for and receiving these services," the ministry told the patient.

"The (Commitment to the Future of Medicare Act) does not apply to uninsured services, and any costs associated with these services are the responsibility of the patient."

Gelinas said such examples show that patients receiving publicly funded surgeries in private clinics are being upsold and are not always clear on what charges they will have to pay out of pocket.

“If the people went through the process of finding which number to call (to complain), of leaving a message, of waiting three weeks for somebody to call them back, of waiting another three months for them to do their investigation to get an answer ... you didn’t have consent,” she said.

“This is not what consent is. We’re talking about people who have poor vision — that’s why they’re going for cataract surgery — who are most of the time a bit elderly, and this is not informed consent.”

Liberal health critic Adil Shamji said there is a “significant power imbalance” between doctors and patients that can lead to people accepting doctors’ recommendations for certain procedures or special lenses without fully realizing the additional cost.

“In a medical environment, doctors have access to all kinds of information that patients do not,” Shamji, a doctor himself, wrote in a statement.

“When you mix that with pressure from shareholders and their incentive to maximize profits, you get patients feeling pressured to receive uninsured services without their truly informed consent.”

The NDP, Liberals and Green Party have all raised concerns that the government’s expansion of allowing private clinics to perform publicly funded procedures will only increase patients’ vulnerability.

The Progressive Conservative government is preparing for the next step in its expansion of the number of private clinics offering publicly funded tests and procedures such as cataract surgeries and MRIs, as well as adding hip and knee-replacement surgeries.

Health Minister Sylvia Jones has said the expansion will allow more procedures to be performed and will reduce wait times, and patients will never have to pay out of pocket for OHIP-insured services.

Her spokesperson said that the law enabling this expansion also brings the new clinics under patient ombudsman oversight and ensures access to publicly funded services can’t be conditional on the patient agreeing to an additional, uninsured service. Accreditation Canada has been selected to develop an enhanced oversight and quality assurance program for those clinics.

The government provided the amounts reimbursed over several years to patients who complained under the Commitment to the Future of Medicare Act. Between 2019-20 and 2021-22 those amounts were approximately \$21,790, \$3,527 and \$18,723.

Many of those complaints involved clinics, but others included hospitals and laboratories.

There are currently more than 900 private health facilities in the province, largely providing diagnostic imaging services.

1107

[JOURNALISTIC STANDARDS](#)[COMMENT](#)[REPORT AN ERROR](#)

© 2024 The Canadian Press

Council should be no place for criminal past: Conmee

Carl Clutchey, Local Journalism Initiative Reporter
about 2 hours ago



/ Township of Conmee, Facebook

[Listen to this article](#)

00:03:13

CONMEE — About a dozen Ontario municipalities are supporting a Conmee Township resolution calling on the province to bar those with a criminal record from being elected to a municipal council unless that record has been expunged.

The resolution, which was put forward by Conmee Coun. Grant Arnold, is similar to an earlier proposal the municipality passed in 2021.

The rationale behind the current resolution is to ensure that municipal candidates and council members are "above reproach, and conduct themselves with integrity, truth, justice, honesty, transparency and courtesy."

It also demands that "an elected local government official be disqualified from office upon conviction of a criminal offence and must resign."

None of the municipalities that have so far thrown their weight behind Conmee's resolution are located in the Thunder Bay district.

The Northwestern Ontario Municipal Association will discuss the resolution at its next meeting on Wednesday.

The association's president, Wendy Landry, who is Shuniah Township's mayor, said whether or not to disqualify elected members or candidates based on their past actions "is a tricky one."

"What if someone has a record from when they were 19 and are now 49 and has since contributed well and more to society and their community and learned the lesson?" Landry said on Friday.

In the House of Commons and the Senate, sitting members are required to give up their seats if they have been convicted of a crime and have been sentenced to jail for two years or more under Section 750 of the Criminal Code.

The section also prevents someone sentenced to two years or more in jail from running for election as an MP or being appointed to the Senate.

While those currently in jail are barred from becoming an MP, federal rules don't address candidates who are currently not incarcerated but have a criminal record.

However, the House of Commons and the Senate both have the power to expel members at their discretion, and political parties have the right to decide which candidates are entitled to represent them.

The federal Conservative party, for instance, requires candidates seeking to be nominated to submit criminal background and credit checks.

Meanwhile, federal election candidates who have committed an offence under the Canada Elections Act — such as voting more than once or offering bribes — can't seek office for seven years after the date of the conviction, according to federal rules.

What qualifies or disqualifies electoral candidates can vary, depending on the jurisdiction.

A jailed Canadian can't seek to become prime minister, but in the U.S., presidential candidates can seek the highest office in their country even while they are behind bars.

That prospect began being mulled by American political observers when former U.S. president Donald Trump — who is facing several criminal prosecutions but has not been convicted — announced his intention to seek a second term in November's presidential election.

The Chronicle Journal / Local Journalism Initiative

Trending

11257

UPDATED: Prime Minister Trudeau to visit Thunder Bay

5750

Police still investigating 2SLGBTQIA+ targeted mischief

3182

Accused involved in Amelia Street shootout
sentenced to five years

1111

3108

Man accused in 2021 May Street death pleads guilty
to manslaughter

2991

Winter shelter proposed for historic Brill buses

Comments (1)



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Learning from Other Regulatory Systems

by Julie Maciura

March 2024 - No. 288

Canadian policy makers and regulators have been looking to other countries for insights into, and alternative ways of, regulating professions. Generally, the systems examined are from the United Kingdom, Australia, New Zealand, and the United States. To a lesser extent, regulators have looked to the European Economic Community. Rarely have regulatory systems elsewhere been examined in detail.

A recent exception is the open access article by McGivern, G., Wafula, F., Seruwagi, G. et al. entitled Deconcentrating regulation in low- and middle-income country health systems: a proposed ambidextrous solution to problems with professional regulation for doctors and nurses in Kenya and Uganda. *Hum Resour Health* 22, 13 (2024). <https://doi.org/10.1186/s12960-024-00891-3>.

In setting out the background to the article, the authors state:

However, there is a human-resources for health crises in many LMICs. There are too few health

workers. Pay is often poor and irregular. Many health workers are demotivated. Strikes, absenteeism, nepotism and malpractice are widespread.

We examine how regulation of health workers may contribute towards or mitigate these problems. Regulation can enhance health workers' professional practice. However, it is often weakly implemented and enforced in LMIC health systems. This is due to reasons including regulators having limited resources, regulatory capture, and corruption *[citations omitted]*

Canadian health practitioners and regulators face some similar issues, as well, albeit to a different degree and in different ways. For example, the shortage of health care practitioners in Canada has undoubtedly resulted in greater political involvement in modifying registration requirements and registration policies and procedures. (A rapidly emerging dashboard measurement of effectiveness of Canadian health profession

regulators is whether they are registering more applicants, especially internationally trained ones, than in previous years.) However, the concept of professional regulatory staff having the authority to arrest registrants for misconduct is inconceivable in Canada (as is mentioned in passing in the article).

The authors used various research methods to obtain data including interviews, surveys, and focus groups. The following themes emerged:

- “Regulation in both the Kenyan and Ugandan health systems was generally perceived as ‘weak’. Kenyan and Ugandan regulators were seen to have inadequate resources and staff, to be ‘remote’, ‘out of touch’ with clinical practice ‘on the ground’, and more focused on collecting licencing fees than regulating professional practice.”
- “Interviewees also described weak regulation and declining standards of training, internships, supervision, and mentoring of health professionals. This was seen to be undermining professionalism, skills, and knowledge.”
- “Interviewees were also positive about regulation where they had relationships with accessible local regulators.”

The research produced some novel findings:

First, online (re)licencing was seen as quick, easy, and effective. Second, health professionals were more positive about regulation where they had relationships with accessible regulators. These novel findings reflect ‘responsive’ and ‘relational’ regulation theory, which hypothesise that good regulatory relationships enhance understanding of how and why people should comply, so increase compliance, and improve

regulators’ understanding of compliance levels and how to improve regulation. *[citations omitted]*

The authors proposed a new organizational model for professional regulation.

We propose deconcentrating regulation by developing subnational regulatory offices connected to a common national structure. This is distinct from decentralisation, which involves independent governance at subnational level. Our findings raise concerns about decentralised independent regulators lacking resources, expertise and undermining common national standards of professional regulation and practice. Deconcentrating regulation would also bring regulators closer to professional practice, enabling them to better detect and address problems, but while sharing national resources, expertise, information, learning and standards. Common problems in subnational areas could then be addressed by improving national regulatory standards, training, or guidance in ways reflecting learning in responsive regulation theory. *[citations omitted]*

Some Canadian regulators have retained or adopted strategies that may partially reflect this concept. For example, some regulators have local chapters, carried over from the days when the regulator was also the professional association, that can provide local input and communication. Many regulators conduct “road shows”, now often done remotely, when consulting on and implementing major policy changes. Some regulators use local registrants and staff to conduct inspections and quality assurance assessments, which is often better received than sending representatives from capital cities.

This deconcentrating regulation model may become more important if Canada moves to the national regulation of health professions.

This research into regulation of professions in other countries has a collateral benefit for Canadian regulators. With the rapid increase in the registration of internationally trained applicants, Canadian regulators can advance the orientation services they

provide to new registrants that appreciates educational, cultural, and regulatory diversity to better bridge inclusion within the Canadian system.

Regulators can benefit from learning from the regulatory systems around the globe.

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

WANT TO REPRINT AN ARTICLE?

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

ITEM 6.7

1115

Council Member Terms as of April 3, 2024 ¹

Name	District	Date First Elected/Appointed	Date Re-elected/ Reappointed	Date of Expiry of Current Term
<u>Elected Members</u>				
Dr. Michael Gauthier	3 (Central East)	April 2022	NA	April 2025
Dr. Kyle Grice	4 (Central)	April 2021	April 2022	April 2025
Dr. Jarrod Goldin	7 (Academic)	April 2021	April 2023	April 2026
Dr. Colin Goudreau	6 (Western)	April 2020	April 2023	April 2026
Dr. Sarah Green	5 (Central West)	April 2020	April 2023	April 2026
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
Dr. Angelo Santin	1 (Northern)	April 2021	NA	April 2024
Dr. Julia Viscomi	4 (Central)	April 2021	NA	April 2024
<u>Appointed Members ²</u>				
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Robert Chopowick	Ajax	September 7, 2023	N/A	September 7, 2024
Mr. Gagandeep Dhanda	Mississauga	April 9, 2020	April 9, 2021 April 9, 2024	April 9, 2027
Ms Zoe Kariunas	Toronto	October 14, 2021	NA	October 14, 2024
Mr. Scott Stewart	Cavan Monaghan	March 4, 2022	NA	March 4, 2025
Mr. Shawn Southern	Carunna	October 8, 2020	October 8, 2021	October 7, 2024
Vacant				

¹ Please advise Ms Rose Bustria a.s.a.p. if you are aware of any discrepancies.

² CCO requires at least 6 public members to be properly constituted.



Ontario

**Executive Council of Ontario
Order in Council**

**Conseil exécutif de l'Ontario
Décret**

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

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

PURSUANT TO clause 6(1)(b) of the *Chiropractic Act, 1991*, **Gagandeep Dhanda** of Mississauga be reappointed as a part-time member of the Council of the College of Chiropractors of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective April 9, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les chiropraticiens*, **Gagandeep Dhanda** de Mississauga est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des chiropraticiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 9 avril 2024 et du jour de la prise du présent décret.

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

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

**Approved and Ordered:
Approuvé et décrété le :** FEB 22 2024

**Lieutenant Governor
La lieutenant-gouverneure**