

College of Chiropractors of Ontario (CCO) College Performance Measurement Framework (CPMF) Reporting Tool

Version Date: March 31, 2022

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
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.

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

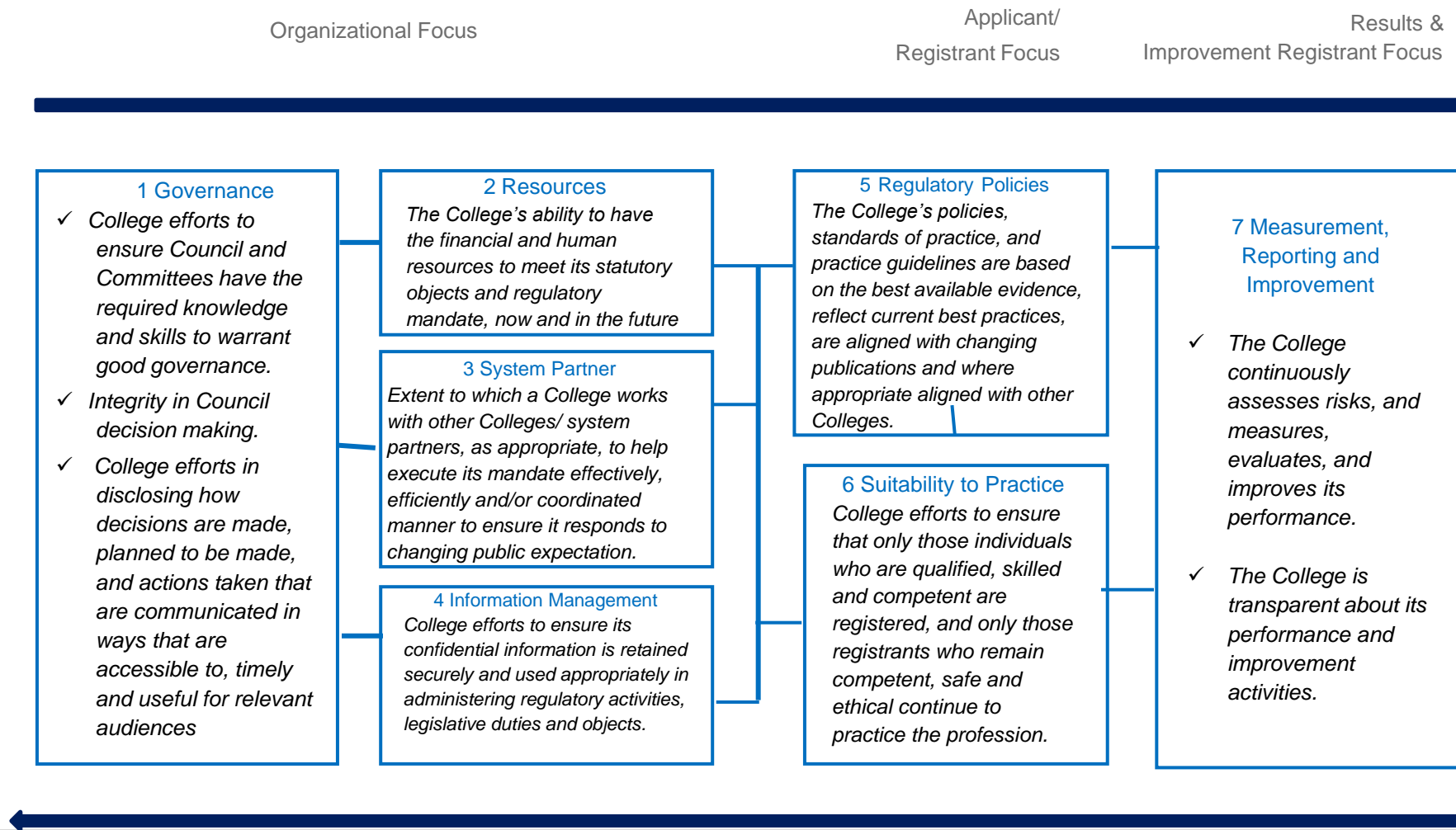


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

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

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

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 activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

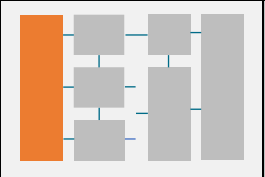
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

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
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and 	<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 to where they can be found, if not please list criteria.</i> <p>In an effort to meet many of its objectives related to the CPMF, CCO developed and continued to update a CPMF Action plan, which tracked specific goals and deliverables related to CPMF in 2021. CCO foresees that it will develop a similar action plan for 2022.</p> <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 - this document was passed by CCO Council on November 25, 2021 to identify competencies for Council and committee members, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities. • 2022 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 2022 Notice of Election, CCO has identified various competencies that candidates are encouraged to include in their election material, including: knowledge, expertise, skills and attributes related to: chiropractic care of patients, including patients from different backgrounds, protection of the public interest, serving on boards in an oversight role, interpersonal and communication skills, previous roles and experience in business, organizational planning, human resources, health and safety, policy development, risk management, education and research, financial or accounting, information technology and any other roles relevant to CCO's mandate and functions. This document is available to the public. • CCO By-law 6 and By-law 12 identify criteria and requirements for being eligible to be a Council or committee member.

		<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>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 to the website 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 2022 Notice of Election) for candidates for CCO Council for the 2022 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 23, 2022 from 6 pm - 8 pm. • On April 15, 2021, 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 2021, each committee held an introduction to its committee at its first meeting. • On September 11, 2021 - 8:30 am - 11:30 am, Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel. • On November 26, 2021, 8:30 am - 11:30 am, Council and committee members attended an educational session on Top Ten Best Practices by Regulators, led by CCO 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). 				
<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>	<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 to where they can be found, if not please list criteria.</i> • Competencies for Council and Committee Members - this document was passed by Council on November 25, 2021 to identify competencies for Council and Committee members. • 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, on November 25, 2021, to outline the policies and procedures for the nomination and election procedures for committee positions. • 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. Mr. MacKay's appointment to the Discipline Committee is CCO's first appointment of this type, which was communicated to stakeholders, including members, in the following President's message. • 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 our meeting of April 15, 2021. 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>
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			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</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>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. • Committee members are required to attend an orientation session, which took place on April 15, 2021, 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 2021, each committee held an introduction to its committee 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. 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>		

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>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 to the website 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, are required to attend an orientation session, which took place on April 15, 2021, 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
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	<p>The College fulfills this requirement:</p>
	<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 where (updated) 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 where the most recent evaluation results have been presented and discussed.</i>
	<p>On September 11, 2021 - 8:30 am - 11:30 am, Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel.</p> <p>Most years, CCO Council participates in a strategic planning sessions or a strategic planning refresher. This session consists of weekend-long meetings (Friday – Sunday) to review CCO’s Mission, Vision, Values and Strategic Objectives, qualitatively review performance against those objectives and other “big picture” issues related to professional regulation. CCO has typically brought in an outside facilitator to lead these meetings and will also include other presentations and activities from outside experts as part of the meetings.</p> <p>CCO continued to conduct virtual Council meetings in 2021 due to the COVID-19 pandemic and was unable to conduct a strategic planning session in 2021. However, CCO is planning to hold a strategic planning session in September 2022, where this topic will be further discussed and developed.</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>Partially</p>
	<p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continued to conduct virtual Council meetings in 2021 due to the COVID-19 pandemic and was unable to conduct a strategic planning session in 2021. However, CCO is planning to hold a strategic planning session in September 2022, where this topic will be further discussed and developed.</p>

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Choose an item. • <i>If yes, how often over the last five years?</i> • 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 2021, 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 11, 2021 - 8:30 am - 11:30 am, Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel.</p> <p>CCO last updated its missions, vision, values, and strategic objectives using an outside facilitator in 2017 (last full strategic planning to update CCO’s mission, vision, values, and strategic objectives).</p>				
<p><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 continued to conduct virtual Council meetings in 2021 due to the COVID-19 pandemic and was unable to conduct a strategic planning session in 2021. However, CCO is planning to hold a strategic planning session in September 2022, where this topic will be further discussed and developed.</p>				

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or 	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>On September 11, 2021, 8:30 am - 11:30 am, Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel.</p> <p>Although CCO continued to conduct virtual meetings in 2021 due to the COVID-19 pandemic, CCO is planning a strategic planning weekend in September 2022 to further review and direct this issue.</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>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. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2022 Notice of Election) for candidates for CCO Council for the 2022 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 23, 2022 from 6 pm - 8 pm. • On April 15, 2021, 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 2021, each committee held an introduction to its committee at the first meeting of each committee. • On September 11, 2021 - 8:30 am - 11:30 am, Council and committee members attended an educational session on evaluating Council performance, led by CCO outside consultants and legal counsel. • On November 26, 2021, 8:30 am - 11:30 am, Council and committee members attended an educational session on Top Ten Best Practices by Regulators, led by CCO 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). • CCO staff attended several training sessions related to diversity, equity and inclusion DEI. This included a three part educational webinar presented by the Canadian Chiropractic Association taking place in January – February 2021, and an educational session presented by the Health Profession Regulators of Ontario and the Office of the Fairness Commissioner in August 2021. • CCO's Quality Assurance Committee reviewed feedback to a draft circulated standard of practice and guideline on health care claims in advertising, websites and social media, including feedback from patients, and made subsequent further amendments to these documents based on this feedback. Information on this process was included in the November 25, 2021 Council package. • Review of standards of practice, policies and guidelines continue to be informed by emerging regulatory issues and input from the Inquiries, Complaints and Reports Committee, based on trends in complaints. <p>All of these educational sessions had elements of risk management involved with professional regulation.</p>	<p>Partially</p>
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<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> As part of its planned strategic planning in September 2022 and workplan for 2022, CCO will prioritize developing additional tools and resources related to risk management and DEI.	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
		Required Evidence	College Response		
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: <ul style="list-style-type: none"> 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><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>	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 provide the year when 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 review. <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>. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training.</p> <p>CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include:</p> <ul style="list-style-type: none"> • Code of Conduct (public document on CCO’s website, reviewed on an annual basis, last amended April 2016) • Confidentiality Undertaking (public document on CCO’s website, reviewed on an annual basis, last amended April 2018) • Internal Policy I-015: Prevention of Abuse (internal policy, reviewed on an annual basis, last amended September 2018) <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> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents.</p>		Yes
			Yes		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.			

		<p><i>Additional comments for clarification (optional)</i></p>
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		ii. accessible to the public.	The College fulfills this requirement:	Yes
		<p> • Please insert a link to the Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved. </p> <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>. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training. </p> <p> CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include: </p> <ul style="list-style-type: none"> • Code of Conduct (public document on CCO’s website, reviewed on an annual basis, last amended April 2016) • Confidentiality Undertaking (public document on CCO’s website, reviewed on an annual basis, last amended April 2018) • Internal Policy I-015: Prevention of Abuse (internal policy, reviewed on an annual basis, last amended September 2018) 	<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>	Choose an item.
		b. The College enforces a minimum	The College fulfills this requirement:	Yes

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 to their Council duties (i.e. cooling off periods).

Further clarification:
Colleges may provide additional methods not listed here by which they meet the evidence.

- 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?
 - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;
 - Insert a link to Council meeting where cooling of period has been discussed and decided upon; **OR**
 - Where not publicly available, please describe briefly cooling off policy.

CCO [By-law 6: Election of Council Members](#) (last updated in September 2021) and [By-law 12: Appointment of Non-Council Members](#) identify “cooling off” periods as follows:

- 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
- These by-laws are reviewed on an annual basis and were last amended in September 2021.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Councilagenda items: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire. <p>CCO has a Policy on Conflict of Interest for Council and Non-Council Committee Members and Code of Conduct which are included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO’s website. At the beginning of every Council and committee meetings, council and committee members are required to identify any conflict of interest that may arise with any item on the agenda, based on the criteria of this policy. The remainder of Council and committee members will then make a determination of whether this member has a conflict and whether they should be absent from the meeting for this agenda item. Legal advice may also be sought, depending on the issue.</p> <p>CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents.</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 the development of a specific questionnaire that reflects its current conflict of interest policies and code of conduct.</p>	

		<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>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<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. <p>Council materials include committee reports that describe the public interest rationale, as well as processes, research and background materials for any motion that is made for approval from Council. Reports to Council often includes research on practices and procedures of other jurisdictions and Ontario regulators in Ontario, feedback from distributions from members, patients and stakeholders and government regulations and priorities. Public Council packages can be found at the 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>	<p>Choose an item.</p>	
		<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>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year 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. <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 may inform the review and any amendments considered for these documents. Review of standards of practice, policies and guidelines are also informed by internal communication, such as communication from the Inquiries, Complaints and Reports Committee based on trends in complaints, and external communication, such as communication from system partners and stakeholders, as well as circulation of documents for feedback from stakeholders, including members, organizations and patients. • The Inquiries, Complaints and Reports Committee developed a number of tools in 2021, available to the public and posted on the complaints webpage, to identify, assess and manage risk associated with complaints. • In 2021, CCO prioritized identifying, assessing, and managing risk associated with IT functions and cyber security, including requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO will continue with these reviews in 2022. 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>	
		<p><i>Additional comments for clarification (if needed)</i></p> <p>CCO will continue with these reviews in 2022 as part of its strategic planning in September 2022 and ongoing reviews of processes and procedures.</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:	Yes
			<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 new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into affect following approval of the 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.</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>		Choose an item.		

		<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; 	<p>The College fulfills this requirement:</p>	<p>Yes</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, 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>Choose an item.</p>

		<p>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>Additional comments for clarification (optional)</i></p>
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Measure		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> 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, general 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:	Partially
	<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. <p>CCO staff attended several training sessions related to DEI. This included a 3-part educational webinar presented by the Canadian Chiropractic Association taking place in January – February 2021, and an educational session presented by the Health Profession Regulators of Ontario and the Office of the Fairness Commissioner in August 2021.</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 has prioritized developing a comprehensive plan for DEI in 2022. This includes:	
	<ul style="list-style-type: none"> • Appointing two CCO staff as DEI officers • Involvement in the Health Profession Regulators of Ontario’s DEI and anti-BIPOC racism working group and educational sessions • Drafting of a comprehensive DEI plan which will identify specific CCO standards of practice, policies, guidelines and CCO programs (e.g., peer and practice assessment, self-assessment) for review for amendments and incorporation of DEI and anti-BIPOC related issues, identification of short term and long-term objectives and goals for DEI plans and the incorporation of DEI educational sessions for Council, committees, and staff • Presentation to peer assessors on DEI related issues. • Inclusion of DEI related material in workshops and webinars to members. 	

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	<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 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><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><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>Partially</p>
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Competencies for Council and Committee Members (November 25, 2021)

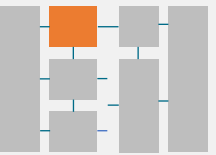
- The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Council and committee members should demonstrate a commitment to diversity and inclusion.

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

Yes

Additional comments for clarification (optional)

CCO has prioritized developing a comprehensive plan for DEI in 2022, as described above.

		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 most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Among its strategic objectives is "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 has maintained members' dues at the same level since 2011; • The staff complement is small, competent, and loyal; there are 12 staff members for just over 5200 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. 2020 audited financial statements are included in the 2020 Annual Report and 2021 financial statements will be posted in the 2021 Annual Report, once the auditing of them is complete. CCO has operated with a surplus in every year in the recent past and has reserves that are sufficient to operate CCO for at least one fiscal year.</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 costs of the committees are contingent on the number of complaints and discipline hearings and may be difficult to predict exactly when approving a budget. Since these are core functions, CCO has always been able to fulfill the mandate of these committees by increasing the budget line for that particular college committee or function. CCO will also use these increased figures as a guide for budgeting for the next year.</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.

At every Council and Executive meeting, actual financial results are compared with the budget and significant variances are reviewed and investigated further.

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

Choose an item.

Additional comments for clarification (optional)

		<p>b. The 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> <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. • 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, based on recommendations from the Executive Committee. This policy was developed in collaboration with CCO’s financial auditor.</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 (if needed)</i></p>				

		<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>	<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. <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 around various fixed costs and reports about human resources, staff and staff training updates.</p> <p>CCO’s financial and human resources information is publicly available in CCO’s annual reports.</p>	<p>Partially</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>	
<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will review the development of operational policies to reflect the staffing complement.</p>				

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>In 2021, CCO prioritized identifying, assessing and managing risk associated with IT functions and cyber security, including requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO will continue with these reviews in 2022.</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>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO has prioritized moving all of its initial registration for members and corporations online and has set a goal of September 2022 for implementing these changes. Currently, all renewal and CE reporting activities are online.</p>		

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</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>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 discipline training is a requirement for CCO Council and committee members to complete before sitting on a Discipline panel. Additionally, HPRO has conducted many virtual meetings in 2021, primarily to communicate with the</p>	

Ontario Government and Ministry of Health and communicate among health regulatory colleges to ensure consistent messages and regulation with respect to the COVID-19 pandemic. CCO staff have attended many meetings and educational session conducted by HRPO, including ongoing meetings related to the CPMF and DEI training in August 2021. CCO presented on the topic of addressing disinformation on social media as part of HPRO's annual communicators' workshop. A report on this presentation was included in the [November 25, 2021 Council package](#).

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. During its meeting with the OFC on October 23, 2020, CCO was commended on its practices related to registration that were affected by COVID-19. Identified in the [OFC May 2021 report](#).

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

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

The FCC regularly holds two multi-day meetings, typically taking place in April and November each year, as well as holding additional meetings and communication exchanges throughout the year. The FCC developed tools related to the "Roadmap of Care" for [chiropractors](#) and [patients](#) and professional ethics (still in draft form).

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

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

- [Component A – Chiropractic Knowledge](#)
- [Component B – Clinical Decision Making](#)
- [Component C – Clinical Skills Demonstration](#)

As a member of its board of directors, CCO attends annual meetings of the CCEB, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, as well as the election of various board positions the review and approval of financial information. CCO attended the CMCC board meeting on November 23, 2021.

CCO was in regular communication with the CCEB as a result of the cancellation of the February 2021 in-person entry-to-practice examinations due to COVID-19 pandemic. As a result, CCO's Registration Committee recommended amendments to its [policy on provisional certificates of registration](#), approved by Council in [February 2021](#). The amending of this policy and application form allowed approximately 80 individuals to become registered under the General (Provisional) certificate of registration in the first half of 2021 (in addition to the approximately 80 individuals registered under the General (Provisional) certificate in late 2020) until those individuals could complete their in person entry-to-practice examinations, which took place in June/July 2021. All provisional members then became registered in the General class of registration, once they successfully completed their examinations and had their application for registration approved.

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.

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

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

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

CCO participated in regular meetings and discussions with all of these professional associations regarding matters related to professional regulation, including [updates during the COVID-19 pandemic](#), the passing of a [spousal exception regulation](#), distribution and feedback of draft standards and guidelines related to health care claims in advertising, websites and social media (included as part of the [November 25, 2022 Council package](#), and government relations.

The [Accessing Centre for Expertise](#) (ACE) is a research organization within the University of Toronto. CCO commissioned studies with ACE on specific projects in 2020 related to the development of a General (Provisional) class of registration for applicants affected by examination cancellations due to COVID-19 as well as research around chiropractic scope of practice issues.

ACE conducted a research study for CCO entitled Context Covid: Understanding the Evidence, Policy and Regulatory Implications of the Relationship between Chiropractic and Immunity. This study is to be reviewed by all CCO committees in 2022 as it relates to the review and possible amendments to CCO standards of practice, policies and guidelines. Links to [communication](#) and the [study itself](#) are posted on CCO's website and were included as part of a communication to stakeholders, including members in December 2021.

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). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

Health Professions Regulators of Ontario (HPRO): CCO Council and committee members attended various training sessions conducted by HRPO related to conducting discipline hearings, governance and other professional regulatory topics. Staff participated in various HRPO meetings, committees and educational sessions related to the COVID-19 pandemic, communications with the Ministry of Health, CPMF and DEI training.

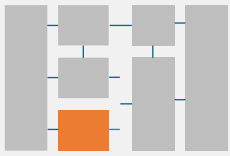
During its meeting with the OFC on October 23, 2020, CCO was commended on its practices related to registration that were affected by COVID-19, as Identified in the [OFC May 2021 report](#).

The FCC developed tools related to the “Roadmap of Care” for [chiropractors](#) and [patients](#) and professional ethics (still in draft form).

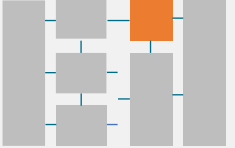
CCO attends annual meetings of the CCEB as a member of the board, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, as well as the election of various board positions the review and approval of financial information. CCO attended the CMCC board meeting on November 23, 2021. CCO was in regular communication with the CCEB as a result of the cancellation of the February 2021 in-person entry-to-practice examinations due to COVID-19 pandemic. As a result, CCO's Registration Committee recommended amendments to its [policy on provisional certificates of registration](#), approved by Council in [February 2021](#). The amending of this policy and application form allowed approximately 80 individuals to become registered under the General (Provisional) certificate of registration in the first half of 2021 (in addition to the approximately 80 individuals registered under the General (Provisional) certificate in late 2020) until those individuals could complete their in person entry-to-practice examinations, which took place in June/July 2021. All of those provisional members then became registered in the General class of registration, once they successfully completed their examinations and had their application for registration approved.

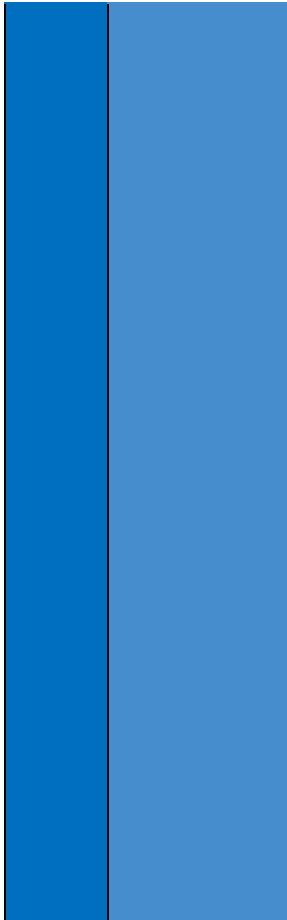
CCO standards of practice on health care claims in advertising, social media and advertising were informed by feedback from members, patients and stakeholders, including chiropractic professional associations. Information related to these documents are included in the [November 25, 2021 Council meeting materials](#) and [CCO's President's Message from March 1, 2022](#).

ACE conducted a research study for CCO entitled Context Covid: Understanding the Evidence, Policy and Regulatory Implications of the Relationship between Chiropractic and Immunity. This study is to be reviewed by all CCO committees in 2022 as it relates to the review and possible amendments to CCO standards of practice, policies and guidelines. [Communication](#) and the [study itself](#) are linked to on CCO's website and were included as part of a communication to stakeholders, including members in December 2021.

		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;	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="755 440 2252 493"> The College fulfills this requirement: </td> <td data-bbox="2252 440 2601 493" style="text-align: center;"> Yes </td> </tr> <tr> <td colspan="2" data-bbox="755 493 2601 1011"> <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 the prevent 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. • CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely. <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> </td> </tr> <tr> <td data-bbox="755 1011 2252 1081"> <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="2252 1011 2601 1081" style="text-align: center;"> Choose an item. </td> </tr> <tr> <td colspan="2" data-bbox="755 1081 2601 1401"> <i>Additional comments for clarification (optional)</i> </td> </tr> </table>	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 the prevent 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. • CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely. <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>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Yes								
<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 the prevent 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. • CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely. <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>									
<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>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>	<p>The College fulfills this requirement:</p>	Partially
			<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>In 2021, CCO prioritized identifying, assessing and managing risk associated with IT functions and cyber security, including requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO will continue with these reviews in 2022.</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>	Yes
			<p><i>Additional comments for clarification (optional)</i></p> <p>CCO will continue with prioritizing IT and cyber security review in 2022 through dialoging with its IT providers, 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).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment 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>At the first committee meeting following the constitution of new committees annually, every committee reviews all of its standards of practice, policies, guidelines and by-laws and identifies documents that should be reviewed and considered for amendments. In addition to this annual review, there are many circumstances that may trigger a review of a regulatory document:</p> <ul style="list-style-type: none"> The Inquiries, Complaints and Reports (ICR) Committee may find that there is a public interest reason to review a regulatory document based on the facts of circumstances of a complaint. The ICRC would then write a memorandum to that specific committee, identifying the issue and suggesting that the committee review and consider amendments to the regulatory documents based on the facts and circumstances of a complaint. Past examples of this have been the ICRC liaising with the Quality Assurance Committee to review the standard of practice on conflict of interest in commercial ventures to address the issue of the exchange of benefits in the referral of patients (amended in February 2018). Another example was the ICRC liaising with the Quality Assurance Committee to develop a standard of practice on third party independent chiropractic assessments, at a time when there were a number of complaints on this issue. Legislative and regulatory amendments to the <i>RHPA</i> or other relevant legislation will often lead to review and amendments to regulatory documents to ensure consistency with overarching legislation. For example, when there were amendments to the sexual abuse provision of the <i>RHPA</i> and the passing of a spousal exception regulation, the Patient Relations Committee reviewed and recommended amendments, approved by Council, to Standard of Practice S-014: Prevention of Sexual Abuse of Patients. Another example occurred when By-law 17: Pubic Register was reviewed and recommended for amendments by the Executive Committee, following amendments to the public register requirements of the <i>RHPA</i>.



<ul style="list-style-type: none"> • CCO researches the regulatory practices of chiropractic regulators from other Canadian jurisdictions, and other health regulatory colleges in Ontario to assist in guiding its policy review in a given area. If CCO identifies best practices on an issue or a regulatory document from another regulator that addresses a particular issue before CCO, this may trigger a review or amendments of a CCO regulatory document. Examples of this have been CCO developing a policy on the submission of police record checks from applicants, and developing a guideline on delegation, assignment and referral of care. • Other factors that may trigger a review and consideration of amendments to CCO regulatory documents are communications from CCO stakeholders or system partners, such as the Office of the Fairness Commissioner, chiropractic professional associations and malpractice insurance providers and members of the public. 	
<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. 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. 	<p>The College fulfills this requirement:</p>	<p>Yes</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 OR please briefly describe the College’s development and amendment process. <p>CCO reviews all of 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 • Comparable documents from other Ontario Health regulatory colleges and other chiropractic regulators across Canada and sometimes in other jurisdictions (USA, Australia, UK) • Submissions and responses to distributions and requests for feedback from members, patients, stakeholders, system partners, professional associations, academic institutions, and professional malpractice insurance providers, 		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>			

	<p>c. 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>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><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>Partially</p>
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Competencies for Council and Committee Members (November 25, 2021)

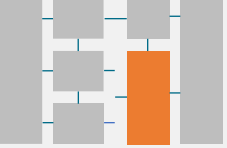
- The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Council and committee members should demonstrate a commitment to diversity and inclusion.

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

Yes

Additional comments for clarification (optional)

As part of its DEI plan for 2022, CCO will review its by-laws, standards of practice, policies and guidelines as well as its processes and educational opportunities for short term and long term objectives in enhancing DEI related issues.

		Measure	
		9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ² .	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 that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. Please insert a link 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 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
- Request further information

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</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 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 its annual recommendations from the OFC for ways to further ensure its registration processes are fair, impartial, and transparent. CCO’s bi-annual meetings with the FCC twice often include discussions and sharing of best practices regarding registration issues, accreditation and movement of members and applicants across jurisdictions within Canada.</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>a. A risk-based approach is used to ensure that currency³ 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>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 requirement and reporting are found in the Quality Assurance section of this document. Information related to 2022 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 2022 renewal process, the Registration Committee met in July and August 2021 to review the 2022 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2021.</p> <p>If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO’s Registration Coordinator will automatically be notified by email through the renewal system, and that member’s renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.</p>	<p>Yes</p>

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

³ 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: Choose an item. 	
	CCO's OFC reports can all be found at the following link .	
	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.	
	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.	
During its meeting with the OFC on October 23, 2020, CCO was commended on its practices related to registration that were affected by COVID-19. Identified in the OFC May 2021 report .		
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <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 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>Amendments to Standard of Practice S-014: Prevention of Sexual Abuse of Patients</p> <p>CCO Council approved amendments to Standard of Practice S-014: Prevention of Sexual Abuse of Patients, as a result of the passing of a spousal exception for chiropractors in Ontario. CCO has communicated to stakeholders, including members, on two occasions on this topic as part of October 2021 and March 2022 President’s Message. CCO has also incorporated material on these amendments as well as additional material on the prevention of sexual abuse of patients as part of its mandatory online workshop for new members and now available for free to all members of CCO. Updates to this standard were also presented to CCO’s peer assessors as part of the January 2022 Peer Assessor workshop and will be incorporated into 2022 Peer and Practice Assessment. CCO staff has also answered questions from members and patients on these amendments through email and phone on a one-on-one basis.</p>
	Yes		

Standard of Practice S-023 and Guideline G-023

[Standard of Practice S-023](#) and [Guideline G-023](#): Health Care Claims in Advertising, Websites and Social Media were communicated to stakeholders, including members through a [President's Message](#) when it came into effect in March 2022. The approval of these documents by Council in [November 25, 2021](#) followed extensive review of feedback from members, patients and stakeholders, including the public Council package.

CCO has also incorporated material on these new standards and additional material on advertising, websites and social media, as part of its mandatory online [workshop](#) for new members and now available for free to all members of CCO. This new standard and guideline were also presented to CCO's peer assessors as part of the January 2022 Peer Assessor workshop and will be incorporated into 2022 Peer and Practice Assessment. CCO staff has also answered questions from members and patients on these amendments through email and phone on a one-on-one basis.

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

Yes

Additional comments for clarification (optional)

CCO's Quality Assurance Committee is currently planning a stand alone online workshop on advertising, websites and social media for 2022.

		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 ⁴ .
		The College fulfills this requirement: Yes

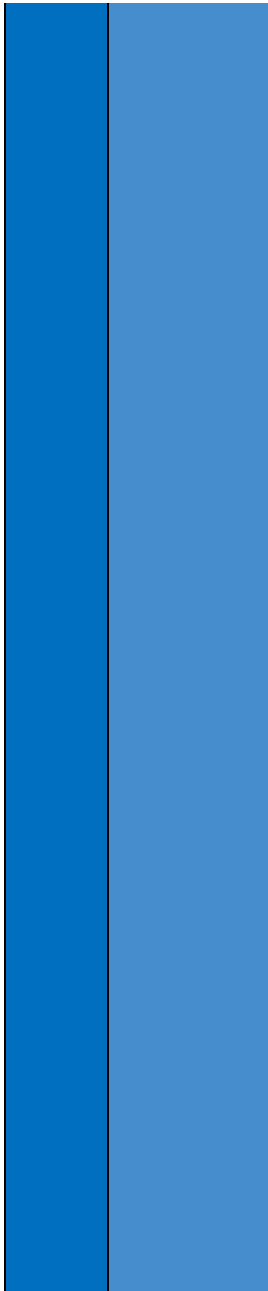
a. The College has processes and policies in place outlining:
i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;

- 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.
- Is the process taken above for identifying priority areas codified in a policy: Choose an item.
If yes, please insert link to policy:

The [QA Program](#) is described on CCO's website and consists of many components, including [Professional Portfolio](#), [Self Assessment](#), [Continuing Education](#), [Peer and Practice 1.0](#), [Peer and Practice Assessment 2.0](#) and [Record Keeping Workshops](#) and the [Core Competencies Document](#).

All members are required to participate in the quality assurance program and are required within a two-year Continuing Education (CE) cycle to complete a self assessment, participate in continuing education and report these activities to CCO through the [member portal](#). The requirements of the quality assurance program are described in [Standard of Practice S-003: Professional Portfolio](#). As well, approximately 250 – 500 members are selected for either Peer and Practice Assessment 1.0 or 2.0 each year. These selections are random in nature; however, there are several factors which may trigger a member being selected for a peer and practice assessment, a requirement to attend a record keeping workshop or additional educational activities:

- Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a record keeping workshop and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in [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 quality assurance program, such as a record keeping workshop and peer and practice assessment, through undertakings and discipline decision. These activities are intended to remediate deficiencies found as a result of the complaints or discipline processes.

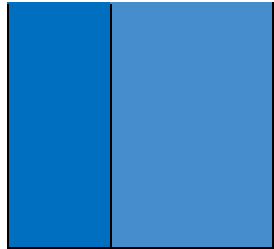


CCO receives feedback on its quality assurance program through several mechanisms:

- CCO holds an annual peer and practice assessment workshop with all its peer assessors. In 2021, CCO did not hold this workshop due to the COVID-19 pandemic; however, it did conduct a virtual workshop on January 29, 2022. This workshop provided an opportunity for peer assessors to offer valuable feedback on both versions of the PPA program. Each peer assessor conducts approximately 10 – 20 peer assessments per year and, as representatives of CCO who have the opportunity to assess and interact with members in an educational setting, they provide invaluable feedback on strengths, weaknesses and areas of improvement for the PPA program and the quality assurance program in general. Peer Assessors can provide feedback to the program through a number of exercises and all feedback is brought back to the QA Committee for review and consideration of further changes to the program.
- Each peer and practice assessment includes a feedback form that is completed by the member being assessed. All feedback is reviewed by the QA Committee for the purposes of improving the program.
- 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.
- The Quality Assurance Committee reviewed in detail the “Right Touch” regulation document and will be including it in all committee information packages. In late 2021, the Quality Assurance Committee reviewed the principles of the document to be applied to the review of standards of practice, policies, guidelines and processes. The current Peer and Practice Assessment program utilizes the “Right Touch” principles as it is clearly an educational and remediation program and not punitive in nature. Only continued non-compliance has resulted in punitive measures, such as referral to the Inquiries, Complaints and Reports Committee.

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

Yes



Additional comments for clarification (optional)

CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO's QA Program. CCO will also be continue to review the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.

⁴ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach 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> <p>The Quality Assurance Committee reviewed the Right Touch regulation document in detail at several meetings in Fall 2021 and reported on this as part of the 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. <ul style="list-style-type: none"> - <i>Public</i> Yes - <i>Employers</i> Yes - <i>Registrants</i> Yes - <i>other stakeholders</i> 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>	<p>Yes</p>	
		<p><i>Additional comments for clarification (optional)</i></p> <p>CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO's QA Program. CCO will also be continue to review the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.</p>		

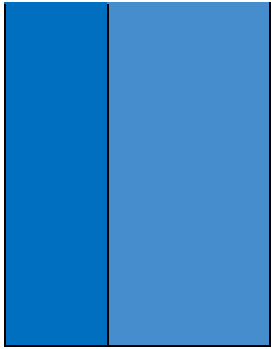
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>As described above, the Quality Assurance program and specifically Peer and Practice Assessment is primarily an educational and remediation program, and punitive measures, such as referral to the Inquiries, Complaints and Reports Committee have only occurred in situations of non-compliance. Individual peer and practice assessments may result in additional remediation or member requirements, such as re-submitting patient health records for review.</p>		
			<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>CCO updates its peer and practice assessment materials annually to reflect new and amended standards of practice, policies and guidelines and will continue to review and update these materials to incorporate “Right Touch” regulation principles.</p>		<p>Yes</p>

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.			
<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	<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 peer and practice assessment (PPA) streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. Further remediation follow-up is scheduled on a case-by-case basis and CCO staff follows up with these members to ensure remediation recommendations are incorporated into their practices. This can occur through resubmission of updated record keeping forms.</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 (if needed)</i></p>			

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

		sexual abuse therapy); and	<i>Additional comments for clarification (optional)</i>
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		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</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 committee, including the Inquiries, Complaints and Reports Committee, review their policies and procedures on an annual basis, or if there is any regulatory amendment or committee or stakeholder feedback that will result in changes, to reflect any updated policies and processes.</p>	
			<p><i>If the response is "partially" or "no", 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 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>Yes</p>
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>Responses to inquiries from the public or members regarding the filing of an inquiry, complaint or report, are provided within one to five business days. Emails and phone inquiries are directed to the staff member associated with the question or concern. If staff are away for a period of time, an auto response is provided by email or phone to contact another staff member who will be able to assist the individual.</p> <p>College staff will also inform individuals of the timeline associated with a response to their inquiry, complaint or report. This includes the date of the next Inquiries, Complaints and Reports Committee meeting, an upcoming investigation or other process within the complaints committee.</p>	
			<p><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>

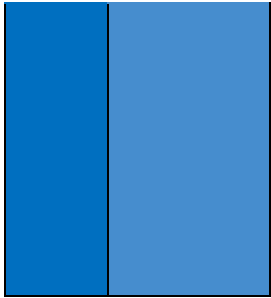


Additional comments for clarification (optional)

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> • Please list supports available for public during 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. • 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>			<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>			

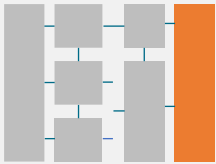
Measure		
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their 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:	Yes
	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. 	
	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 .	
	As well, CCO staff will provide informal responses to phone calls and emails during the complaints process.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

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



Additional comments for clarification (optional)

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.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the policy OR please briefly describe the policy. Please provide an overview of whom the College has shared information over the past year and 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>	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><i>Additional comments for clarification (if needed)</i></p>		

		Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	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 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 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.</p>		Yes
			Yes		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.		

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to Council meetings 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. <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>

Partially

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>Although in 2021, CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process, it will continue to work on formalizing its practices regarding identifying and tracking risks for the college and committees.</p>	

Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> 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. <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
	<i>Additional comments for clarification (if needed)</i>	
Although in 2021, CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process, CCO will continue to work on formalizing its practices regarding identifying and tracking risks for the college and committees.		
Measure		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> 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>	
	<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 (if needed)</i></p>
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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.

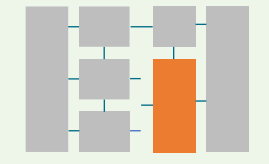
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be 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 11		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	
<p>1. Record Keeping Workshops</p> <p>CCO, for many years, has mandated that all members attend a mandatory, in-person and interactive record-keeping workshop within the first year of registering with CCO. This workshop is led by CCO staff, including one member of the profession, the Director of Professional Practice. This workshop is also available to all CCO members to refresh and review updates to standards, policies and guidelines and their implementation strategies. It also provides an opportunity, for the College to communicate to members, key messages about expectations related to advertising, social media, and prevention of sexual abuse. These workshops are also used as a remediation tool for QA, ICRC and Discipline Committee decisions and undertakings.</p> <p>In 2021, CCO continued to provide these workshops, (three in total) for members to attend virtually. The interactive workshops continue to be a very good opportunity for the college to set member expectations, to talk about emerging trends, to quantify and qualify and address potential risks as members enter their practice life, all in keeping with the principles of “right touch regulation”.</p>	<p>3 (187 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 2021. 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 13.1(a) of Standard 11.</i></p>

The workshop features a STEP-BY-STEP approach that includes:

- value of good record keeping
- importance of sign-in sheets
- schedule of care / financial plans
- informed consent - when and how
- prevention of sexual abuse of patients
- communication with patients – how to avoid boundary crossings and violations
- patient visit from start to finish (consultation, history, examination, report of findings, treatment, SOAP notes, dismissal)
- re-assessment, progress examinations and outcomes assessment
- x-rays and x-ray reports
- professional portfolio
- privacy legislation
- COVID-19 Protocols and Updates.

The following is a link to the [handout](#) provided to attendees for the October 2021 workshop.

Feedback from attendees has been overwhelmingly positive for every workshop we have conducted. Please see [attached sample summary of feedback](#) from the three virtual workshops held in 2021.

This is the link to CCO's [posted announcements](#) of upcoming Record Keeping Workshops (rebranded as a Regulatory Excellence for CCO Members Workshop for 2022).

2021 Record Keeping Workshop Statistics				
RKWS Dates	23-Feb-21	22-Jun-21	28-Oct-21	Total # of Attendees for 2021
Number of Attendees	40	107	40	187

3. Peer and Practice Assessment

All information related to CCO's Peer and Practice Assessment is posted on the CCO website at:

- [Peer and Practice Assessment 1.0](#)
- [Peer and Practice Assessment 2.0](#)

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

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 *Chiropractic Act, 1991*. In assuming the right to practice, members also assume the responsibilities associated with this right, including the responsibility to maintain competence.

The public must feel confident that chiropractors, who demonstrated entry-level competencies when they registered with CCO, continue to be competent for as long as they are in practice. As such, there is an expectation that members engage in life-long learning, continually building their competencies throughout their career.

Number of members selected for PPA 1.0 in 2021: 343
Number of members selected for PPA 2.0 in 2021: 260

CCO has thus far developed two phases to the PPA program to acknowledge and address the changes in member competencies that are gained with clinical experience. **PPA 1.0** is intended for use with entry-to-practice new registrants/practitioners. **PPA 2.0** has been developed for assessing more experienced practitioners and typically only used after a member has undergone PPA 1.0 and addressed any issues revealed in that process. These two streams of assessments also provide opportunities to interact, one-on-one, with members at different stages of their professional lives.

Building on successful elements of PPA 1.0, the PPA 2.0 assessment process involves:

- A more in-depth, conversational review of a selection of patient files to better ensure that members are maintaining an accurate patient health record, reflective of the patient encounter and “story”.
- A review and conversation related to scenarios commonly encountered in clinical practice that show implementation of regulations, standards of practice, policies and guidelines in real life situations.
- A more complete review of the member’s professional portfolio to ensure that all components, especially areas needing improvement identified in the member’s Self-Assessment Plan of Action, are being addressed by the member.

Both PPA streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. 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. If required, further remediation follow-up is scheduled on a case-by-case basis.

Participation is Mandatory

Members who hold a General (i.e., General Active, General Non-Practicing and General Non-Resident) Certificate of Registration are required to participate in this program. If a member is registered as General Non-Practicing and General Non-Resident, he/she will undergo a modified assessment. For example, if the member does not actively see

patients (General Non- Practicing), the assessment would entail a review of his/her knowledge of CCO regulations, standards of practice, policies and guidelines.

The QA Committee has taken steps to ensure that ALL members registered, regardless of whether they work in direct patient care or not, take steps to maintain the skills and knowledge that is core to providing direct patient care.

Information gathered during the peer assessment is shared with the members of the Quality Assurance Committee only.

Member Selection

CCO 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 keep with “right touch regulation” principles, the PPA programs have been increasingly utilized by both CCO’s Registration Committee (e.g. having members undergo a proactive PPA when returning to practice after an absence) and the ICRC (e.g. creating a Peer Mentoring program, based on PPA 2.0, that helps guide members’ understanding and implementation of better practices after behaviour has been identified as non-compliant in some manner).

Peer Assessors: Training and Support

CCO has maintained a core group of highly trained peer assessors since the inception of the program. These assessors play a key and crucial role in the success of both the development and the implementation of the program. Successful peer assessors must meet the conditions and elements outlined in our Peer Assessor Policy, [CCO Policy P-051: Peer Assessors](#).

In 2021, 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 of CCO has hosted all the peer assessors for an in-person daylong 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 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

In 2021, the Annual Peer Assessor Workshop was postponed due to government COVID-19 restrictions. However, the Committee was diligent in providing ongoing feedback and guidance to the assessors throughout the entire PPA cycle both individually and as a group. Additionally, staff worked to develop a virtual peer assessor workshop which was scheduled to be delivered in late January 2022.

Assessors, while working in the field, always have the support of CCO staff, mainly through the Director of Professional Practice and the QA administrative team. Help and support is available through a range of communication media both collectively and individually as required.

Specific changes and improvements made in 2021:

A: Immediately suspending the PPA program in line with government directions for safety related to the COVID-19 pandemic.

Assessors and members undergoing peer and practice assessments, were provided ongoing [updated guidance](#) for conducting peer and practice assessments in line with general public health guidelines. This included a suspension of in-person assessments, most recently, in line with increased restrictions due to the emerging Omicron variant.

Staff continued to work, remotely when appropriate, developing draft changes to the PPA process suitable to be implemented once the assessments were resumed.

B: Updating and implementing all protocols established to safely resume the PPA program.

This included, updating as needed, the detailed communication outlining the protocols to follow when resuming assigned assessments. All updates were based on protocol memos created during the PPA cycle in 2020. Please see the attached documents:

- [Memo Resuming PPA Protocols 23JUL21](#)
- [PA Protocol Checklist for Conducting Assessments 23JUL21](#)
- [Memo re. PPA Virtual assessments V23SEPT21](#)

C: Reviewing and updating, as required, changes to the PPA reviews addressing members compliance with all guidelines related to providing direct patient care during the COVID-19 pandemic.

The QA Committee also continued to direct Peer Assessors to use the Pandemic Protocol Compliance Review document as part of the typical PPA to demonstrate the required adaptations members were required to make to their practices when resuming providing care to patients during the COVID-19 pandemic. Please refer to the following attachment:

<ul style="list-style-type: none"> • PPA Pandemic Protocol Compliance Review V21JUL20 <p>PPA Statistical Review for 2021</p> <p>Number of members selected for PPA 1.0 in 2021: 343</p> <p>Number of members selected for PPA 2.0 in 2021: 260</p>		
<p>4. Professional Portfolio and Continuing Education</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>All professional portfolio information is available at the following links:</p> <ul style="list-style-type: none"> • https://cco.on.ca/members-of-cco/quality-assurance/professional-portfolio/ • https://cco.on.ca/wp-content/uploads/2017/10/PP_handbook_Jan2017.pdf <p>It should be noted that, for the 2021 calendar year, members could log and track all their continuing education activities through a confidential on-line member portal. This was developed to provide CCO the ability to track member activities as well as link registration actions to a member's completion of other mandatory activities.</p> <ul style="list-style-type: none"> • https://cco.on.ca/members-of-cco/2021-online-member-and-incorporation-renewal-and-self-assessment-and-continuing-education-reporting/ 	<p>All CCO members registered in the General (i.e., Active) class of registration (reporting not required in 2021, since there is a two-year CE cycle for reporting CE hours)</p>	

<p>Self-Assessment</p> <p>In 2020 the QA committee completed a lengthy process of development, prototyping, beta-testing and gathering of feedback to make further improvements on the development of a second generation self-assessment.</p> <p>As noted above, in the report on Peer and Practice Assessment, we acknowledge that evidence 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.</p> <p>The new version of the self-assessment, now referred to as “SA 2.0”, was ready for implementation at the start of the new two-year CE cycle, July 1, 2020. However, due to the COVID-19 pandemic, a decision was made to provide members a reasonable extension on completing their mandatory activities until December 31, 2020. As such, SA 2.0 will be launched at the start of the next two-year CE cycle.</p> <p>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.</p> <ul style="list-style-type: none"> • https://cco.on.ca/wp-content/uploads/2018/09/Core-Competencies-for-CCO-Members-April-2014.pdf <p>Thus, SA 2.0 is designed to assist more experienced members of the profession to reflect on their competencies after several years of practice experience. For example, members reflect on various scenarios they may have encountered or may encounter in practice. These scenarios are based on archival case examples and trends. The Core Competencies for CCO Members also clearly lays out basic expectations members should be aware of when providing care to the public in the section titled: “What to</p>	<p>All CCO members registered in the General (i.e., Active) class of registration (reporting not required in 2021, since there is a two-year CE cycle for reporting self assessment)</p>
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Expect when attending a chiropractor appointment: an application of the core competencies.”

In 2021, the QA Committee added some components to the SA 2.0 draft in an effort to stimulate more guided reflection by members. For example, we added specific scenarios to the SA to address common issues that might arise related to each core competency. This included specific questions to stimulate reflection on EDIB training member may be or should be engaging in. It is felt that these changes (as well as any future changes made based on impending peer assessor feedback) will further our intention to implement right touch regulation principles.

In an effort to complete “beta-testing”, the CCO’s group of peer assessors were provided the latest iteration of the SA 2.0 to complete in advance of attending the virtual peer assessor workshop/training day in January 2022. Feedback from their experience completing the assessment will be collated and incorporated in the final SA 2.0 before official launch to the profession July 1, 2022.

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 for members to engage in ongoing continuing competency development that is relevant to their areas of interest and expertise. This has been true even for those members who may not be engaged in direct patient care, but rather serving in administrative, research or academic roles. However, CCO still requires that all members comply with the five-hours of structured activities related to the core, controlled acts (e.g. diagnosis and treatment of patients) in the event that they choose to engage in direct patient care at any point in time.

2021 was a “mid-CE cycle” year. That is to say: members began their most recent CE cycle July 1, 2020 and are required to complete their CE requirements June 30, 2022. As such, we can report that we have provided ongoing guidance and reminders to members to be engaging in their CE activities throughout the CE cycle. Additionally, and specific to members ongoing efforts to engage in structured CE activities, guidance was provided to members for ways to complete these requirements safely and within the ongoing pandemic restrictions. This included providing members the accommodation to complete interactive structured activities remotely, using a variety of virtual platforms from a diverse range of CE providers.

4. Other Initiatives

The QA Committee and CCO staff worked tirelessly throughout 2021 to fulfil CCO Council’s mandate to govern the profession in the public interest. In addition to what has been outlined above, and specific to the COVID-19 pandemic, we highlight the following demonstrating our ongoing commitment to protecting the public.

A: Providing guidance and updates to members, and the public, directly related to the CCOVID-19 Pandemic ([President’s Messages](#))

Providing members ongoing communications and support through the various stages of the COVID-19 pandemic:

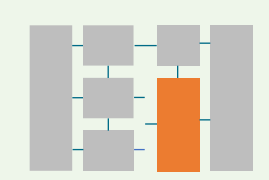
- Posting, and regularly updating, all government documents related to the ongoing [COVID-19 Pandemic](#) on the CCO website
- CCO staff handling ongoing case-by-case communications with members of the profession and the public on a variety of topics, issues and concerns related to the practice of chiropractic during the COVID-19 pandemic
- Assessment of COVID-19 protocols in response [to inquiries, complaints and reports from the public](#) and as part of [PPA](#)
- CCO staff supporting other branches of the organization for specific issues arising as a result of the COVID-19 pandemic. E.g. working closely with ICRC to develop

<p>protocols and processes to help deal with issues of non-compliance with various guidance directives provided to CCO members</p> <p><i>B: Ongoing College QA support Staff training and collaboration initiatives intended to address institutional continuing competence.</i></p> <ul style="list-style-type: none"> • CCO staff participating in a range of collaborative meetings with counterparts from other regulatory colleges • CCO staff monitoring ongoing government communications, updates and announcements. • CCO staff engaged in DEI training (described in detail in other sections of the CPMF) 		
<p>v. <Insert QA activity or assessment></p>		
<p>vi. <Insert QA activity or assessment></p>		
<p>vii. <Insert QA activity or assessment></p>		
<p>viii. <Insert QA activity or assessment></p>		
<p>ix. <Insert QA activity or assessment></p>		
<p>x. <Insert QA activity or assessment></p>		

<p>* <i>Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p> <p>NR</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2021	Record Keeping Workshops: 187 members	Record Keeping Workshops: 3.9%	<p><i>What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i></p> <p><i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.</i></p>
	Peer and Practice Assessment 1.0: 343 members	Peer and Practice Assessment 1.0: 7.1%	
	Peer and Practice Assessment 2.0: 260 members	Peer and Practice Assessment 2.0: 5.4%	



	<p>Self Assessment, Professional Portfolio and Continuing Education: Approximately: 4803 Members (Members registered in the General class of registration – members are in the middle of a CE cycle and are required to report on these activities every other year. Members did not report in 2021 but will report in 2022.</p>	<p>Self Assessment, Professional Portfolio and Continuing Education: 100% of members registered in the General class of registration (mid-cycle)</p>	
<p>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 as of the start of CY2021.</p>	<p>10</p>	<p>0.21%</p>	
<p>NR</p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	<p><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></p>
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	10	100%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0%	
<p><u>NR</u></p> <p>* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.</p> <p>**This number may include any outcomes from the previous year that were carried over into CY 2021.</p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

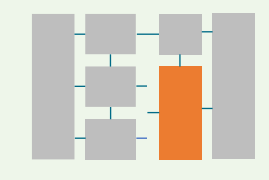


Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	50	35.9	0	0
II. Billing and Fees	22	15.8	3	42.86
III. Communication	12	8.6	0	0
IV. Competence / Patient Care	19	13.6	0	0
V. Intent to Mislead including Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	7	5.0	1	14.29
VII. Record keeping	6	4.3	0	0
VIII. Sexual Abuse	7	5.0	3	42.86
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify>	14	11.8	0	0
Total number of formal complaints and Registrar’s Investigations**	139	100%	7	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.

[Formal Complaints](#)

[NR](#)

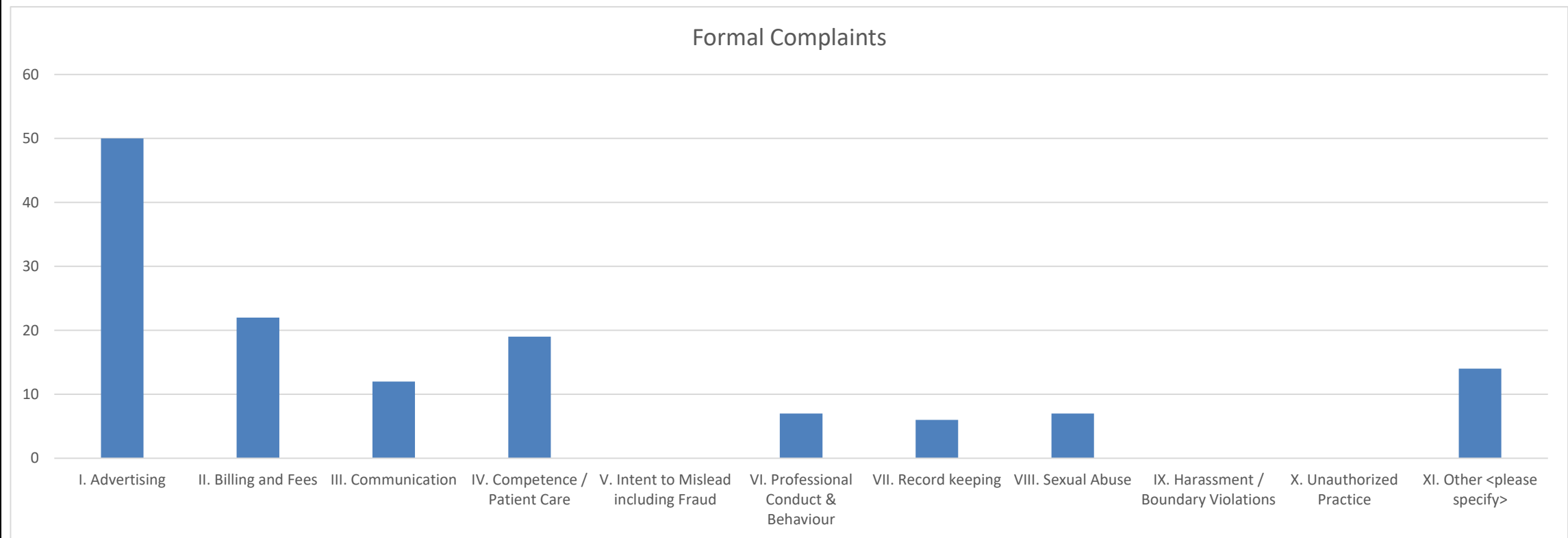
[Registrar's Investigation](#)

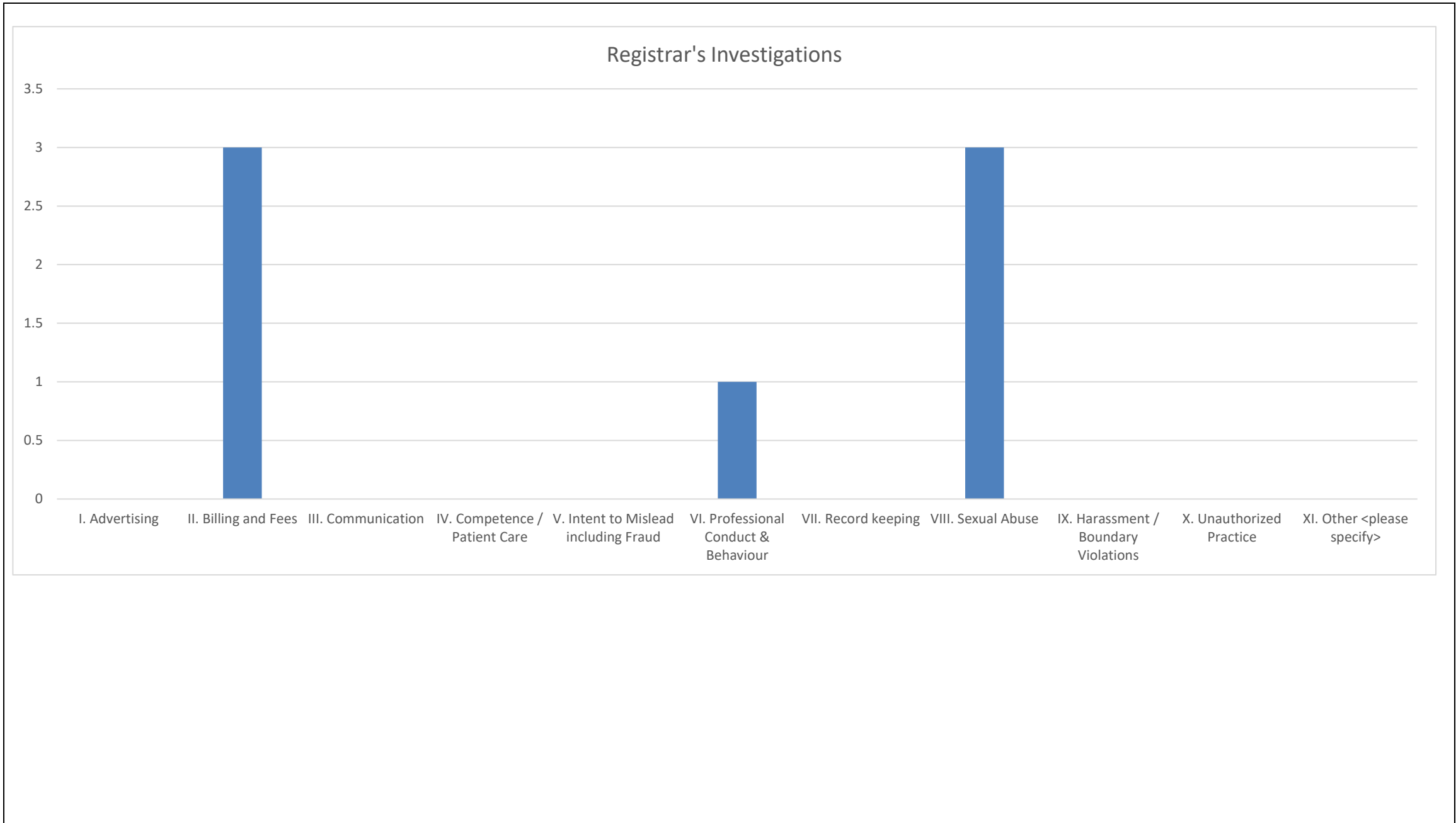
** *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.*

Additional comments for clarification (if needed)

All complaints and reports reported on were received in 2021.

Other complaints are related to members not following COVID-19 protocols and directives.





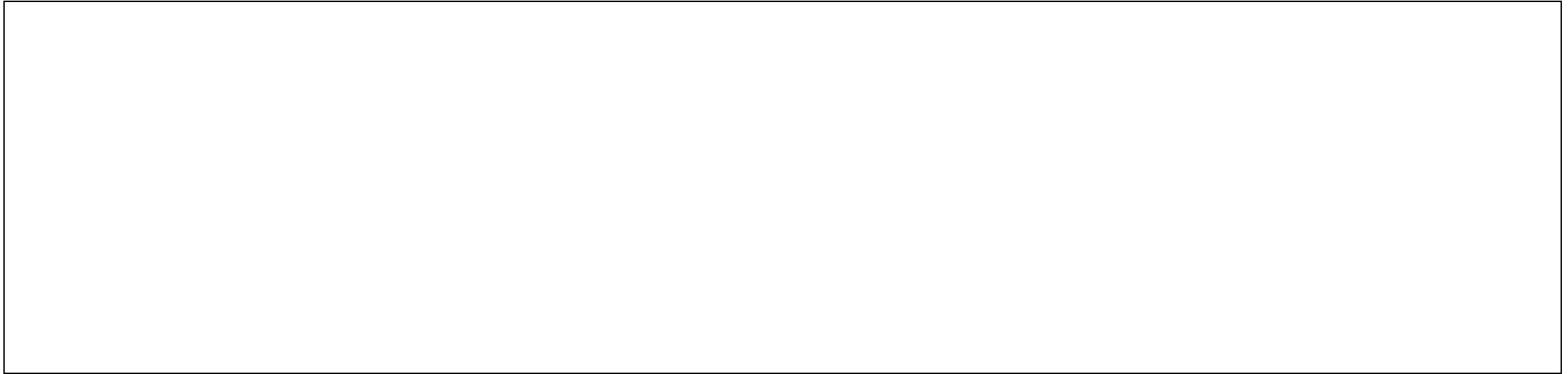


Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	232	<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 committee.</i>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	8		
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 2021	7		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#		%
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	148		64
IV. Formal complaints that proceeded to ICRC and are still pending	68		29
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	16	7	
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[ADR](#)
[Disposal](#)
[Formal Complaints](#)
[Formal Complaints withdrawn by Registrar at the request of a complainant](#)
[NR](#)
[Registrar’s Investigation](#)

May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.

** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)

Not all complaints disposed of in 2021 were received in 2021.

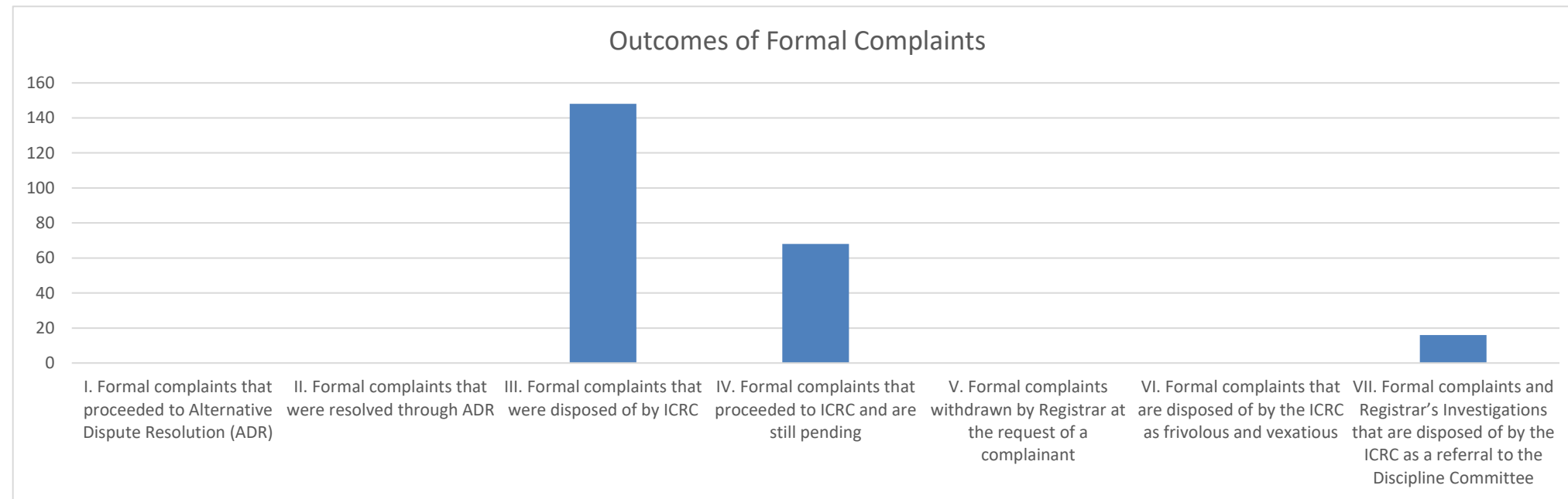


Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021		174					
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Provides 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	9	42	1	17	0	0	0
II. Billing and Fees	7	0	0	3	3	2	0
III. Communication	9	2	0	1	0	0	0
IV. Competence / Patient Care	15	0	0	2	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	4	0
VI. Professional Conduct & Behaviour	0	4	0	1	1	0	0
VII. Record Keeping	2	10	1	1	0	0	0
VIII. Sexual Abuse	1	0	0	2	3	10	0
IX. Harassment / Boundary Violations	0	1	0	1	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	9	6	2	2	0	0	0

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.
[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)
 Other complaints were complaints received with respect to members not following COVID-19 protocols or directives.

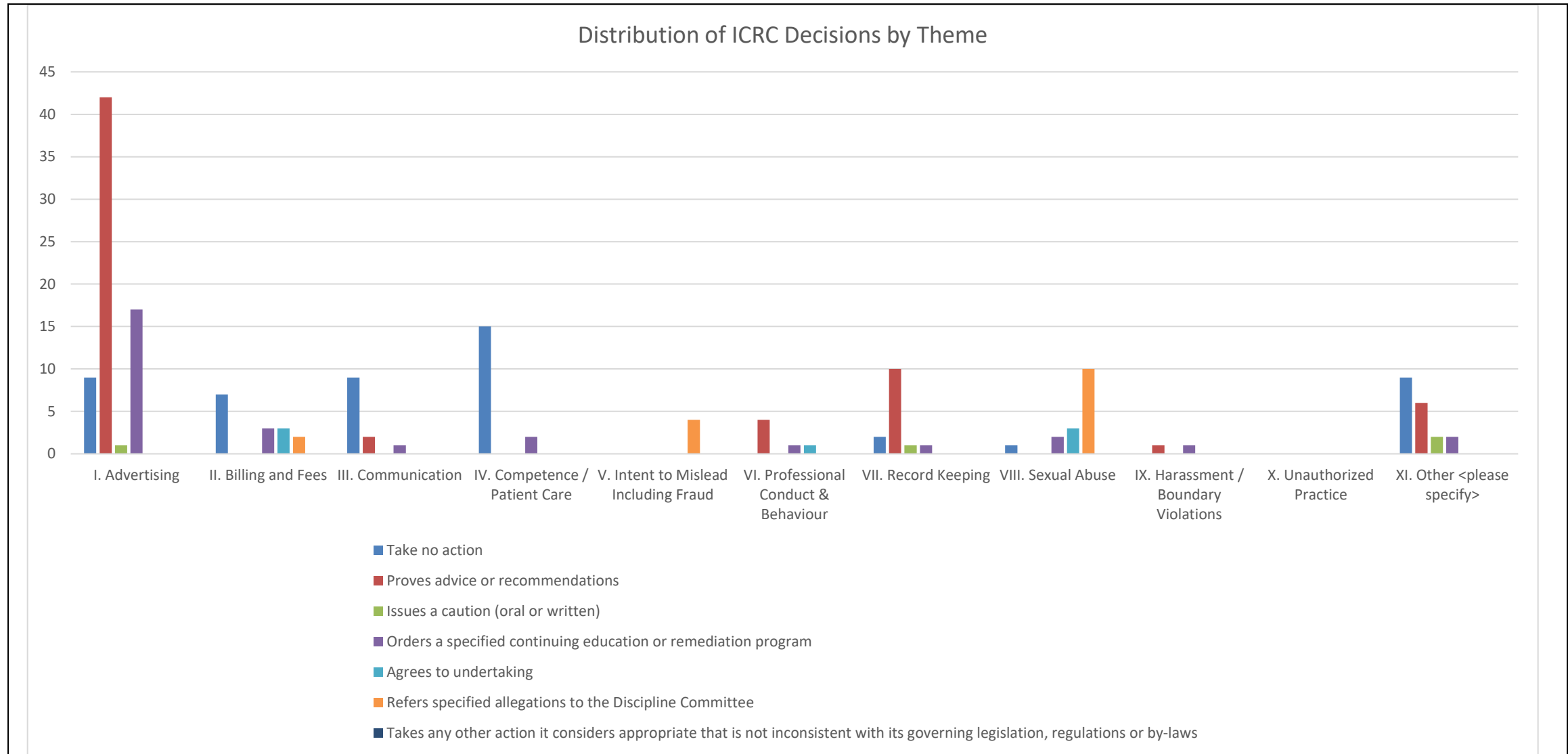


Table 7 – Context Measure 11

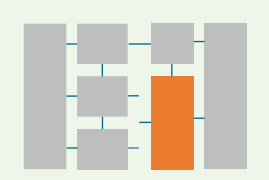
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2021	211	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2021	192	
Disposal		
<i>Additional comments for clarification (if needed)</i>		

Table 8 – Context Measure 12

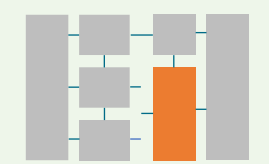
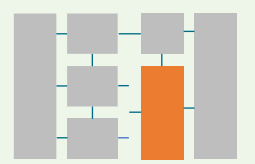
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<p><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></p> <p><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></p>
I. An uncontested discipline hearing in working days in CY 2021	607	
II. A contested discipline hearing in working days in CY 2021	N/A	
<p>Disposal Uncontested Discipline Hearing Contested Discipline Hearing</p>		
<p><i>Additional comments for clarification (if needed)</i></p>		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	6	
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	1	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	
		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

[NR](#)

Additional comments for clarification (if needed)

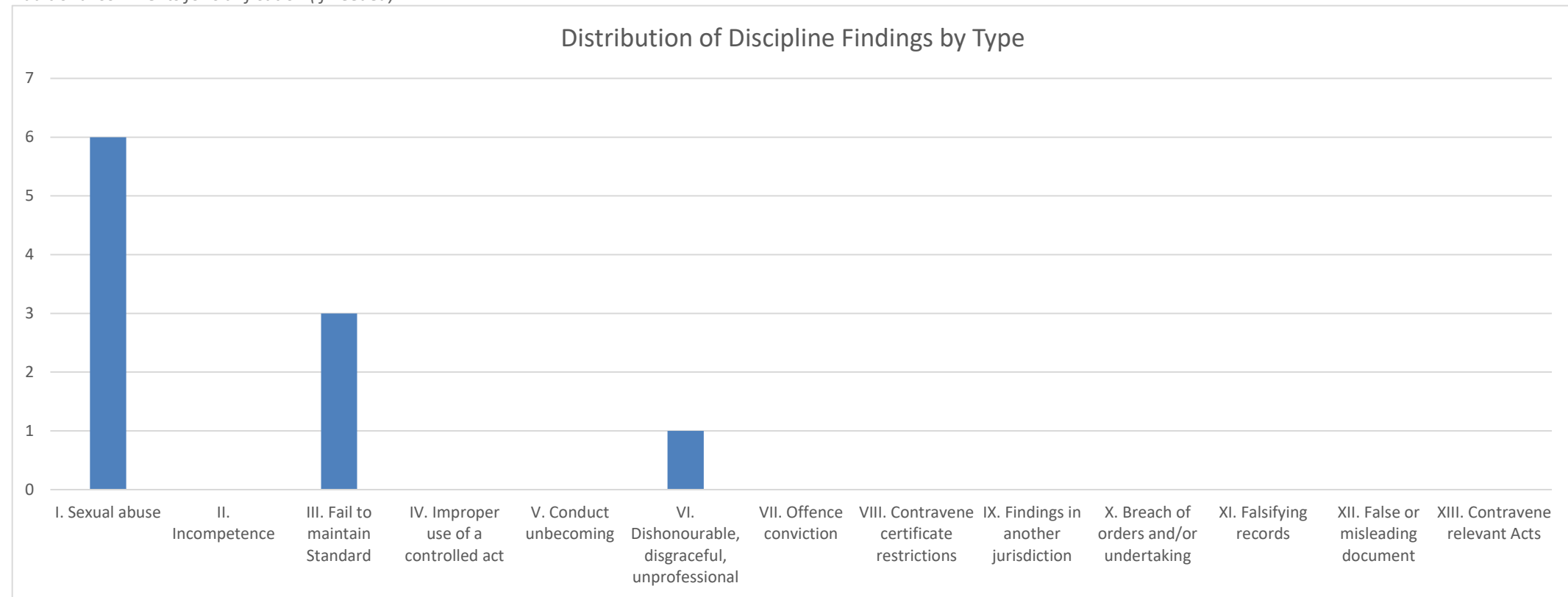
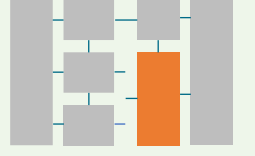
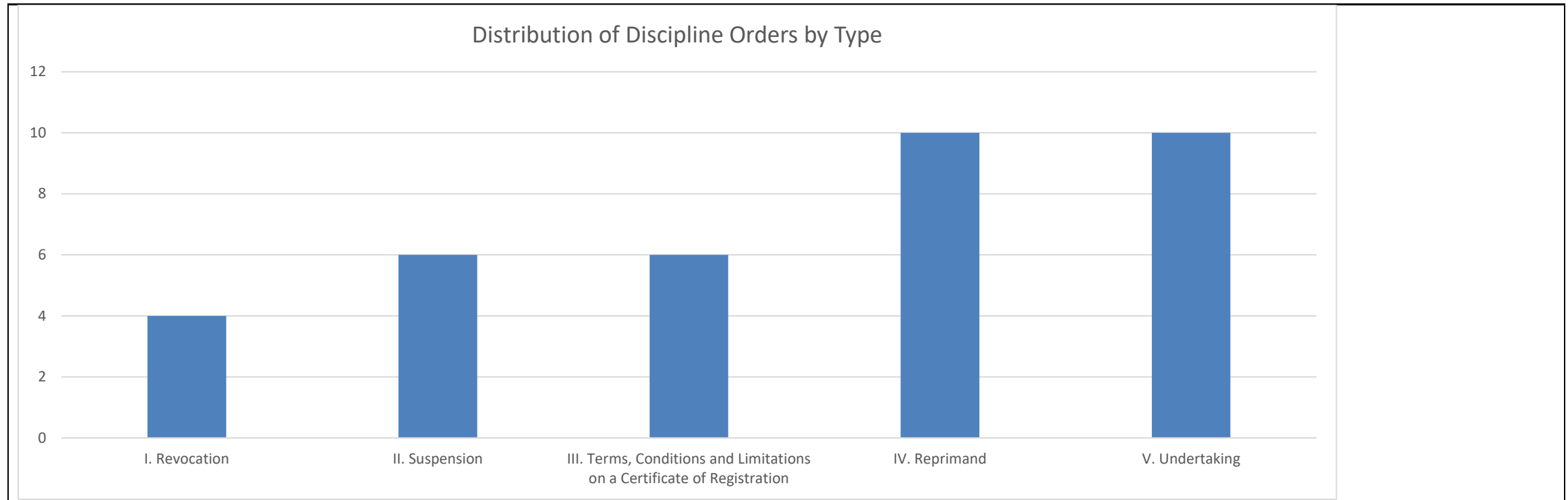


Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>
Type	#	
I. Revocation	4	
II. Suspension	6	
III. Terms, Conditions and Limitations on a Certificate of Registration	6	
IV. Reprimand	10	
V. Undertaking	10	
<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>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>There are multiple orders in each Discipline Decision.</p>		



Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she 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](#)