

COLLEGE OF CHIROPRACTORS OF ONTARIO



**ELECTRONIC PUBLIC INFORMATION PACKAGE FOR
COUNCIL MEETING**

WEDNESDAY, APRIL 20, 2022 – 8:30 A.M.

COMPENDIUM



COUNCIL MEETING

Wednesday, April 20, 2022 (8:30 a.m. – 1:00 p.m.) ¹

Compendium Volume ²

Page No.	ITEM	Action Required	Action By	Priority Level ³
	Executive Committee Report (con't)			
	<i>Pandemic Planning</i> ⁴	FYI (subject to questions)		Low
4	4.1.59 (C) Ontario Government briefing dated March 9, 2022 re: Living with and Managing COVID-19			
20	4.1.60 (C) Extract from CCO website (March 10, 2022)			
21	4.1.61 (C) Extracts of bulletins from other regulators			
	<i>Communications</i>			
37	4.1.63 (C) President's Message dated March 1, 2022			
	6. For Your Information ⁵	FYI (subject to questions)		Low

¹ Subject to Council's direction.

² The Compendium Volume contains background information and items relevant to Council's agenda. The information is primarily FYI. The Main Agenda includes those high priority matters requiring *action or review* by Council that relate directly to CCO's public interest mandate.

³ Subject to Council's direction.

⁴ Calendars reflect return to in person meetings effective May 1, 2022 (subject to any further changes in government orders and directives).

⁵ The FYI section has been pared down considerably. If members/individuals want information included for Council, they should include the public interest rationale i.e., how is the article/information relevant to CCO's public interest protection mandate?

	<i>World Federation of Chiropractic</i>			
49	6.1 C News Bulletin: Dutch Court Issues Historic Ruling on Causation in Chiropractic SMT Case			
	<i>College of Physicians and Surgeons of Ontario (CPSO)</i>			
51	6.2 C Policy Consultation dated February 24, 2022: Physicians’ Relationships with Industry: Practice, Education and Research ⁶			
56	6.3 C CBC article dated March 22, 2022 entitled “ <i>Patients say Ontario College of Physicians slow to act as more complaints about Toronto gynecologist roll in</i> ”			
	<i>Law Society of Ontario</i>			
67	6.4 C Toronto Star article dated March 7, 2022 entitled “ <i>Law Society of Ontario cancels bar exams after alleged leak</i> ”			
69	6.5 C Grey Areas (March/April 2022)			
76	6.6 C Council Members Terms (dated March 17, 2022)			

⁶ The Quality Assurance Committee to consider possible policy or standard on Chiropractors’ Relationships with Industry: Practice, Education and Research.

ITEM 4.1.59(C)

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Follow the **COVID-19 restrictions and public health measures** (<https://covid-19.ontario.ca/public-health-measures>) and **book your appointment to get vaccinated** (<https://covid-19.ontario.ca/book-vaccine/>).



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(/FR/PAGE/VIVRE-AVEC-FR LA-COVID-19-ET-LA-GERER-LE-9-MARS-2022)

Ment

Living with and managing COVID-19: March 9, 2022

Learn how Ontario intends to lift the remaining public health and workplace safety measures and track key indicators going forward.

Download PDF (<https://files.ontario.ca/moh-living-with-and-managing-covid-19-technical-media-briefing-en-2022-03-09-v2.pdf>)

Updated: March 09, 2022
Published: March 09, 2022

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Living with and Managing COVID-19

Technical Media Briefing

Overview

- With the peak of Omicron behind us, Ontario has been able to cautiously and gradually move through its reopening milestones. The majority of public health and workplace safety measures have now been lifted, and key public health indicators continue to improve or remain stable.
- Thanks to our high vaccination rates as well as the arrival of antivirals, Ontario has the tools necessary to manage the impact of this virus, and we are now learning to live with and manage COVID-19 for the long-term.
- This necessitates a shift to a more balanced response to the pandemic, and changes are being made with respect to the province's pandemic response to reflect a longer-term approach.
- The following slides speak to how Ontario intends to lift the remaining public health and workplace safety measures as well as track key indicators going forward.



Ontario's Reopening Plan

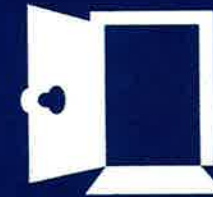
7

Following the peak of the Omicron wave, on January 20, 2022, the government released details of its steps to cautiously and gradually ease public health and workplace safety measures, starting on January 31, 2022.

Continued improvements in key indicators have allowed the province to continue to ease public health measures sooner, with **the majority of COVID-19 related public health and workplace safety measures lifted on March 1, 2022.**



All settings may open at **full (100%) capacity**



Proof of vaccination, capacity limit, and physical distancing requirements lifted in all settings.



No limits on indoor or outdoor **social gatherings** and **organized public events** or **religious services, rites, or ceremonies.**



Sector-specific restrictions such as **limits on dancing or singing, requirements to remain seated, requirements for appointments/reservations, and active screening, etc. lifted.**

Ongoing Improvements in Key Indicators

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Per cent positivity remained stable this past week at 12.07% (February 20 to February 26, 2022). Per cent positivity was at its highest on January 2, 2022 at 34.3%.



COVID-19 hospitalizations have **decreased of 81%** compared to January peak (4190; January 16, 2022). The average for new COVID+ admissions to hospital in the last week was 82 patients per day, which is **a decrease of 79%** from the week of January 10-16 (average was 390).



The average for new COVID-related admissions to ICU in the last week was 15 patients per day, which is a **decrease of 77%** from the week of January 10-16 (average was 65).



The number of wastewater sites in the province reporting a downward trend in SARS-CoV-2 detections has **started to decrease**; with an increase in the number of sites demonstrating a stable trend. It is normal to see fluctuating wastewater trends.

CMOH Directives & Letter of Instructions

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The Chief Medical Officer of Health has issued seven Directives to health care providers and health care entities currently in place detailing precautions and procedures with respect to COVID-19.

In addition, instructions were also issued by the CMOH requiring a COVID-19 vaccination policy in a number of high-risk settings (e.g. the education sector, retirement homes, community care and post-secondary institutions)

A process is now underway to gradually revoke all CMOH Directives and instructions by the end of April. In all cases, Directives will be replaced with operational guidance or recommendations from the CMOH and relevant ministry.



As Directives are revoked, individual organizations will continue to have the authority to keep requirements in place.



Personal protective equipment and rapid antigen tests will continue to be provided to support health and safety in these settings.

Key Principles

- **Moving away from emergency measures to ongoing operations**
- **Moving away from reliance on provincial direction** through mandatory requirements
- Endeavouring to bring as much as possible **consistent** guidance, **both across and within sectors;**
- Ensuring **supports for most vulnerable** are removed last
- Providing **sufficient time** for sectors to prepare
- Ontario's **Chief Medical Officer of Health remains key decision maker on Directives and LOIs.** Decisions on revoking pandemic related requirements (Directives or Letters of Instruction,) continue to be **evidence based** and informed by indicators and trends.
- Lifting of measures are undertaken in a **coordinated fashion.**

CMOH Directives & Letter of Instructions (cont.)

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As Directives are revoked, individual organizations will continue to have the authority to keep requirements in place. Personal protective equipment and rapid antigen tests will continue to be provided to support health and safety in these settings.

Date	What's Changing?	Ongoing Support
March 14: Mandatory vaccination policies end	<ul style="list-style-type: none"> • Revoke Directive 6 • Revoke letters of instruction to Ministry of Children, Community and Social Services, Ministry of Seniors and Accessibility and Ministry of Education • Revoke Minister of Long-Term Care directive on immunization policy 	<ul style="list-style-type: none"> • Province to continue providing rapid-antigen tests to organizations • Organizations can retain their own policies
March 21: Most masking mandates end	<ul style="list-style-type: none"> • Remove masking requirements in most places (including schools), except public transit, long-term care, retirement homes and other health-care settings, shelters, jails and congregate care and living settings, including homes for individuals with developmental disabilities • Lift other measures in schools, including removing cohorting and daily on-site screening • All other regulatory requirements for businesses removed, including passive screening, safety plans 	<ul style="list-style-type: none"> • Province to continue providing rapid-antigen tests and PPE to schools and businesses • Individuals can continue to opt to wear masks • Enhanced cleaning, optimizing air quality and ventilation and absence reporting will remain in schools
March 28: Reopening Ontario Act expires	<ul style="list-style-type: none"> • <i>Reopening Ontario Act</i> (ROA) expires 	<ul style="list-style-type: none"> • Final extension of ROA emergency order for 30 days
April 27: All remaining measures, directives and orders end	<ul style="list-style-type: none"> • Remove masking requirements in all remaining settings • Any remaining emergency orders under ROA expire • Revoke Directives 1, 2.1, 3,4 and 5 	<ul style="list-style-type: none"> • CMOH guidance and recommendations on IPAC, including use of PPE • Province to continue providing rapid-antigen tests and PPE

Case and Contact Management & Isolation

Due to the unique characteristics of the Omicron variant, case and contact management and isolation guidelines are being updated to minimize the burden to workers and families, while ensuring that our highest risk settings continue to be protected. We are able to make these changes due to the availability of rapid tests and the province's high vaccination rate.

	Current	New Guidance
Isolation requirements for non-household close contacts	<ul style="list-style-type: none"> Fully vaccinated individuals do not need to isolate Unvaccinated/immunocompromised individuals need to isolate for 10 days (or 5 days if under 12) Individuals who have tested positive in past 90 days, exempt from isolation 	<p>No isolation requirements for any groups. For 10 days after exposure, all close contacts should:</p> <ul style="list-style-type: none"> Self-monitor for symptoms Wear a mask and avoid activities where mask removal would be necessary Not visit anyone who is at higher risk of illness (i.e. seniors) Not visit or attend work in highest risk settings (unless they have previously tested positive in past 90 days)
Isolation requirements for household close contacts	<ul style="list-style-type: none"> All household members need to self-isolate while the COVID-19 positive case/symptomatic individual is isolating (or for 10 days from last exposure if immunocompromised) 	<ul style="list-style-type: none"> The following household members do not need to self-isolate but should follow above precautions for 10 days: <ul style="list-style-type: none"> Household members that have previously tested positive for COVID-19 in the past 90 days Household members that are 18 + and have received their booster dose Household members that are under 18 years old and are fully vaccinated Household members that do not meet the above criteria must self-isolate as per current requirements.

A close contact is anyone you were less than two metres away from for at least 15 minutes, or multiple shorter lengths of time, without personal protective equipment in the 48 hours before your symptoms began or your positive test result, whichever came first.

Case and Contact Management & Isolation

Ontario's changes to case and contact management and isolation guidelines ensures that those living and working in the highest risk settings continue to be protected. We are able to make these changes due to the availability of rapid tests and the province's high vaccination rate.

	Current	New Guidance
Highest Risk Setting Definition	<ul style="list-style-type: none"> Hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional institutions 	<ul style="list-style-type: none"> In addition to current eligibility, the following settings are now added to the PCR eligibility list: <ul style="list-style-type: none"> Home and community care Provincial Demonstration Schools and hospital schools
Highest Risk Setting Guidance	<ul style="list-style-type: none"> Cases and contacts who live in highest risk settings must complete 10 days isolation and quarantine 	<ul style="list-style-type: none"> Sector specific guidance will be released to allow for shorter self-isolation for residents who are contacts
Recommendations for Cases/ Symptomatic individuals who are Immune Compromised	<ul style="list-style-type: none"> Self isolate for 20 days if severely immunocompromised 	<ul style="list-style-type: none"> All immunocompromised individuals should isolate for 10 days but follow additional precautions (e.g., masking, avoiding highest risk settings and vulnerable individuals) for an additional 10 days (20 days total)

Updates to COVID-19 Data Reporting

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- As Ontario continues to ease public health measures and begins to manage COVID-19 for the long-term, the province will be making changes to data reporting starting **March 11, 2022**.
- The province is providing additional context for certain indicators to reflect the emergence of Omicron as the dominant variant, and the province's high vaccination rates.
- Changes to testing guidelines as a result of the highly transmissible Omicron variant have resulted in some indicators becoming less relevant.

Additional changes effective March 11, 2022

Additions & Enhancements

- Death by **fatality type** (COVID was cause of death, COVID contributed to death, cause of death unknown or missing)
- Deaths by **vaccination status and age group**
- **Removal of deaths known to be not related to COVID from reported death** (i.e., remove deaths that are classified as 'COVID was unrelated to cause of death')

Sunset/Modified

- **Sunsetting reproductive number** (estimate of the average number of people one person will infect with COVID-19).
- Modifying **outbreaks in non-high risk settings and cases with outbreaks in non-high risk settings**.

Updates to COVID-19 Data Reporting

Due to the Omicron variant's high transmissibility, Ontario has seen a larger number of cases than previous waves.

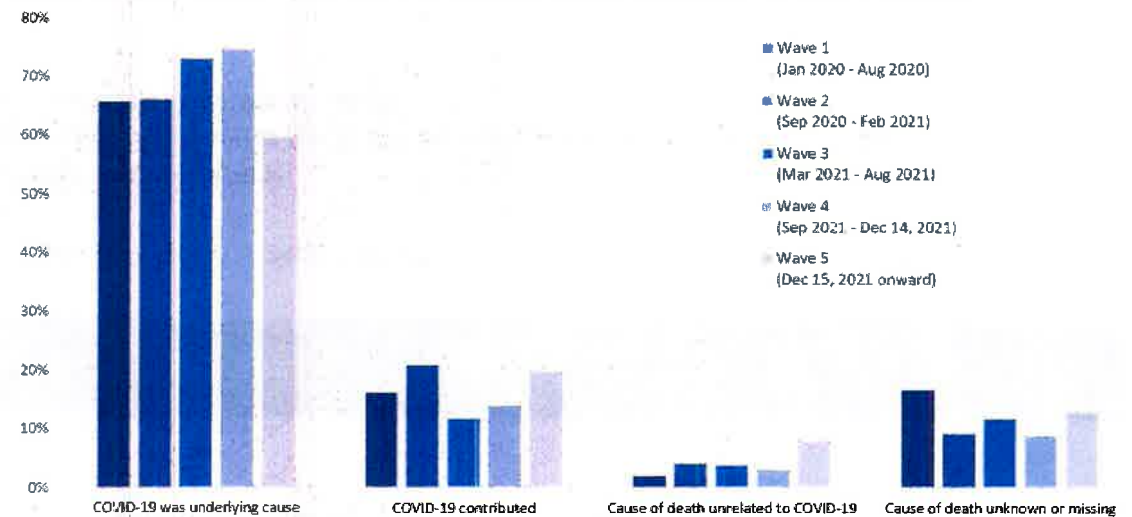
The Omicron variant required a review of our reporting, and we have already made changes to clarify between hospitalization and ICU admissions reporting to stratifying those admitted for COVID-19 versus admitted for non-COVID reasons and tested positive with COVID).

Data from other jurisdictions suggested that with the very high Omicron case counts, some people with COVID-19 infection were dying from causes unrelated to their COVID-19 infection.

This necessitated a review of the reporting processes in place since the start of the pandemic, including whether COVID-19 was causing or contributing to the death of individuals.

A higher proportion of Wave 5 deaths were reported as non-COVID-19-related than in previous waves

Deaths due to causes unrelated to COVID made up 8% of all deaths in Wave 5, significantly higher than in previous waves



Data: CCM March 6, 2022. Dates are reported date when death occurred. Cause of death reporting may be incomplete for some recent deaths.

Updates to COVID-19 Data Reporting

The Ministry undertook a review of best practices to better understand how information was being recorded on Medical Certificates of death.

To support having highest quality data on deaths from COVID-19, we have sent best practices to physicians and registered nurses in the extended class to support improvements in reporting. **Ontario's death reporting will be updated to be consistent with the World Health Organization's categorization.**

Type of Death for Cases of COVID-19	Definition	Change as of March 11 th
COVID was the underlying cause of death	COVID-19 was the underlying cause of death. A death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case.	
COVID contributed to but was not the underlying cause of death	Deaths due to chronic or other pre-existing conditions that were exacerbated by COVID-19.	Will continue reporting as COVID-19 deaths while also outlining fatality type
Cause of death unknown*	Death in a person with COVID-19 infection, cause of death is still under investigation, or the public health unit has been unable to determine the cause of death.	
Cause of death was missing*	Death in a person with COVID-19 infection, with cause of death missing in the Case and Contact Management system (CCM).	
COVID was unrelated to the cause of death	When there was a clear alternative cause of death, e.g., trauma, drug toxicity, other natural death process.	To be excluded from COVID-19 deaths reported

*Due to the live nature of the data, the category may change at a later date when the cause of death is confirmed either as "COVID-19 is the underlying cause of death", "COVID-19 contributed but not underlying cause," or COVID-19 unrelated. As such, data from the most recent days should be interpreted and communicated with caution as those numbers are very likely to increase due to reporting lags.

Updates to COVID-19 Data Reporting

Deaths by Fatality Type

As of March 6, 2022, approximately 84% of fatalities in people with COVID were either caused by COVID or COVID contributed to the death. Approximately 4.2% of fatalities in people with COVID were unrelated to COVID.

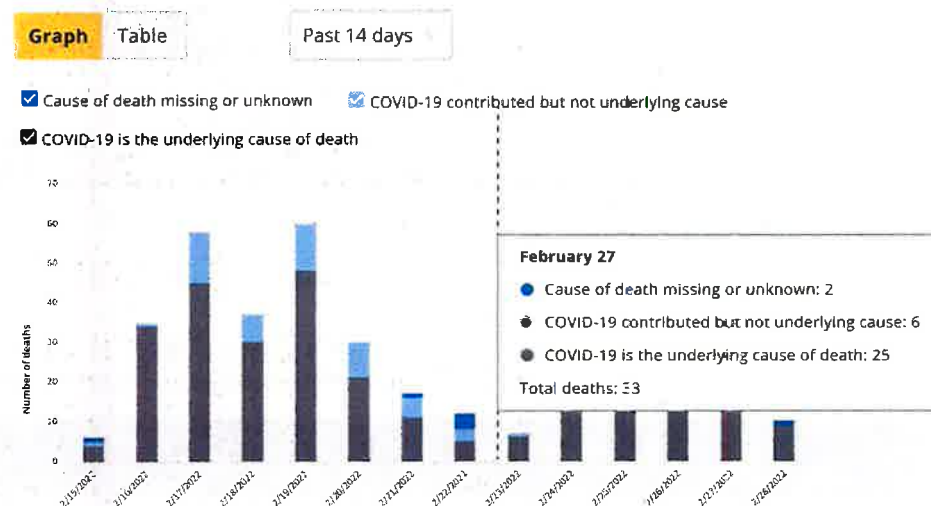
In addition to reporting the total number of deaths, we will begin reporting **daily net changes in the number of COVID-19 deaths reported day over day broken out into three fatality types.**

Information will be provided **from March 2020 and onward. Users will be able to select the following historic outlooks for:**

- Past 7 days
- Past 14 days
- Past 30 days
- Past 90 days
- All time

Deaths are not reported by the date on which death happened as reporting may include deaths that happened on previous dates.

COVID-19 deaths by fatality type



See what we mean by: Cause of death missing or unknown

[Find out more about this data, including why there may be negative numbers.](#)

*Mockup Example of new reporting

Updates to COVID-19 Data Reporting

Deaths by Vaccination Status and by Age Group

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Vaccination remains the most powerful tool in averting COVID-19 death in all age groups and in particular among those 60 years and older. For example, among those 60+, those not fully vaccinated have a 20 times higher risk of dying compared to those with boosters.

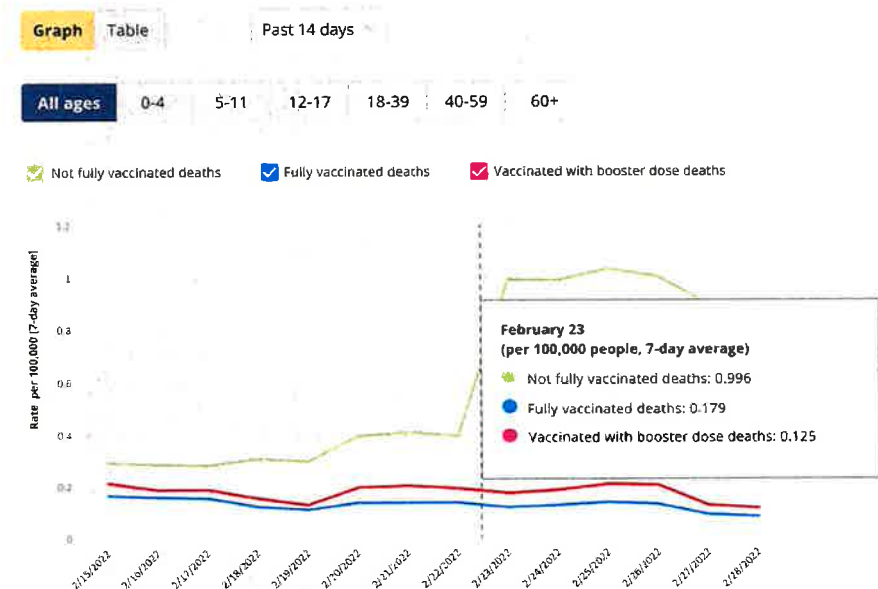
We will report rates of death by vaccination status and age group. Data will be **based on date of death**.

Information will include:

- **7-day moving average of rates of death according to vaccination status and age groups**
- Users will be able to select historic view for the past:
 - 7 days
 - 14 days
 - 30 days (coming soon)
 - 90 days (coming soon)
 - All time (coming soon)

Deaths involving COVID-19 by vaccination status

Rate per 100,000 (7-day average) of COVID-19 deaths by vaccination status.



*Mockup Example of new reporting

Updates to COVID-19 Data Reporting

Changes on March 11, 2022

We will no longer report deaths if the record indicates that COVID-19 was unrelated to the cause of death. This will cause a decrease in the total number of deaths.

The existing visuals that will be updated with this change include:

- Total deaths table
- Cumulative deaths graph
- Deaths by PHU
- Deaths according to age group

On March 11th, the "Reported today" and "Changes from previous day" will not be available for 1-2 days due to the change in methodology. The "Total deaths" will be available.

This change will provide a more accurate representation of deaths that are due to COVID-19 rather than all deaths in people with COVID-19.

Ending on March 11, 2022

In response to the highly-transmissible Omicron variant, Ontario adjusted its COVID-19 testing guidelines to prioritize testing for those at highest risk and working in highest risk settings, consistent with practice in other jurisdictions in Canada.

In this context, we are no longer able to accurately track the total number of cases of COVID-19 in Ontario. Accordingly, as of March 11, 2022, we are discontinuing reporting on the reproductive number. Certain categories within existing public reporting (e.g., outbreaks in non-high-risk settings, cases with outbreaks in non-high-risk settings) will include the following note to caution interpretation until non-high risk settings are removed from the graph in the near future.

Key indicators such as per cent positivity, hospitalizations, and ICU admissions remain relevant indicators to inform our pandemic response.

The Ministry is examining when frequency of reporting should change.

COVID-19 Update – March 10, 2022

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ITEM 4.1.60(C)

On March 9, 2022, The Government of Ontario announced that several COVID-19 measures will be withdrawn in the coming weeks and months.

The Ontario Government has announced that masking requirements will be removed in many indoor settings as of March 21, 2022; however, this does not include health-care settings, as of that date. Regulated health professions, including chiropractors, should continue to practise in accordance with COVID-19 guidance for the health sector, including PPE and active screening requirements, pending any further direction from the Ontario Government.

The Government of Ontario announcement also included that as of April 27, 2022, mask requirements would be removed in the remainder of indoor settings and that COVID-19 health-care directives would be lifted on that date.

The College is continuing to review COVID-19 protocols in collaboration with the Ministry of Health and other health regulatory colleges and will continue to post up-to-date protocols and guidance on the COVID-19 webpage. Please continue to check the COVID-19 webpage regularly as updates continue.

Please see the following link to the [Ministry of Health Technical Media Briefing](#), dated March 9, 2022.

For more news items, read past issues of the [College newsletter Perspectives](#).

All news

Mar 10, 2022

Mask Mandates in Ontario

On March 9, 2022, the Chief Medical Officer of Health (CMOH) announced that mask mandates would be lifted in most public spaces in Ontario on March 21, 2022.

According to the [Ministry of Health technical brief](#), this guidance does not apply to high-risk settings including hospitals, long-term care and other health care settings.

Physiotherapists working in community settings such as private practice clinics should continue to follow the guidance from the Ministry of Health as outlined in the document [Primary Care Providers in a Community Setting](#). We will continue to monitor information coming from the Ministry and will share updates on our website and social media channels.

The CMOH has also announced that Directive #6 for COVID Vaccination Policy in Health Settings will be revoked as of March 14, 2022.

Review the [COVID page](#) for more information and resources.

[Download Acrobat Reader](#)

COVID-19: Managing infection risks during in-person dental care

The RCDSO's guidance, COVID-19: Managing infection risks during in-person dental care, assist dentists in preparing their offices to safely provide in-person care. We've also prepared a list of [FAQs on COVID-19](#). The College continues to monitor and update this guidance as necessary, including in response to additional guidance or announcements from the Provincial Government and changing rates of community transmission of COVID-19.

Posted March 11, 2022

On December 22nd, 2021, RCDSO issued new requirements concerning the use of N95s for dentists and office staff in response to the CMOH's revised [Directive #1](#). In light of improving public health indicators, RCDSO's requirements in response to Directive #1 have been updated. You can [review these updated requirements here](#).

As circumstances related to the COVID-19 pandemic show continued signs of improvement, and as Provincial and other public health measures are lifted, dentists are reminded that they must continue to adhere to the guidance set out in this document, as well as the additional requirements set out by the CMOH ([outlined here](#)).

RCDSO is actively considering opportunities to update this guidance further in response to the changing pandemic and will provide further updates as soon as possible.

Updated September 20, 2021.

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Introduction

Dental offices are at a high risk for spreading COVID-19 given the aerosol generating nature of dental procedures, the proximity of the operating field to the upper respiratory tract, and the number of patients seen per day. All dentists providing in-person care must comply with the direction of government and the College to maintain the safety of patients and staff.

This guidance is informed by the direction of public health authorities and available clinical evidence

The College's guidance aligns with the directives of the Chief Medical Officer of Health, the Minister of Health, and other relevant public health authorities.

This guidance is also informed by current best practices and the best available evidence. Where professional consensus is lacking or the available evidence is unclear, the College's guidance takes a precautionary approach that prioritizes the safety and well-being of patients, staff, the broader public, and dentists.

As Ontario's landscape evolves, including updates to Provincial directives and the emergence of updated evidence, the College will revise the guidance contained in this document.

The college is acting in partnership

Responding to the COVID-19 pandemic is a multi-stakeholder effort involving partners throughout the healthcare landscape, including the Ontario Dental Association, academic researchers, municipal, provincial, and federal governments, and front-line health care workers, among many others.

Ontario's oral health regulators are working together to provide consistent guidance

Ontario's oral health regulatory Colleges are committed to working together to provide consistent guidance for the safe and effective provision of oral healthcare during the COVID-19 pandemic.

This ongoing collaboration, which involves the Royal College of Dental Surgeons of Ontario, the College of Dental Hygienists of Ontario, the College of Dental Technologists of Ontario, and the College of Denturists of Ontario, aims to provide Ontario's oral health professions with clear and consistent expectations for the provision of in-person care. This means that oral healthcare providers can be assured that their regulatory Colleges have reviewed and agreed upon consistent expectations for overlapping areas of practice (e.g., use of PPE), and that these expectations are reflected consistently in each College's updated guidance material.

Building upon the work undertaken to-date, Ontario's oral health regulatory Colleges will continue to work together to produce clear and consistent guidance and to promote safe and high-quality care for patients.

Additional resources

This document should be read in conjunction with related RCDSO Guidance Documents and Standards of Practice.

The College's guidance is written to align with the positions and direction of the Chief Medical Officer of Health, Federal guidance, the Provincial Government and Ontario's other oral health regulatory Colleges.

Additional Applicable Resources Include:



COVID-19 Vaccination Policy

Published: October 20, 2021

Purpose

COVID-19 is a serious condition and has had a devastating impact on Canadians and others across the globe. The Royal College of Dental Surgeons of Ontario ("RCDSO") adopts this Policy to protect the health and well-being of our employees, Council Members and the public.

Ontario employers are bound by the Occupational Health and Safety Act (the "OHSA") to take every precaution reasonable in the circumstances to protect the health and safety of all workers.

Application

This Policy applies to all RCDSO employees (regardless of employment status), Council Members, Committee Members, and service providers and any other individual who will, or may, attend at the RCDSO premises or any location where the RCDSO conducts its business (the "RCDSO Premises"). This includes the location of any RCDSO-sponsored event. These, collectively, are the "Covered Individuals". For purposes of this Policy, the residence of an employee who is working from home is not considered an RCDSO Premises.

Effective Date

This Policy is in effect as of December 10, 2021 (the "Effective Date").

Policy Requirements

After the Effective Date all Covered Individuals must be Fully Vaccinated to attend at the RCDSO premises. For purposes of this Policy Fully Vaccinated means at least 14 days have elapsed since the individual has completed a full course of a Health Canada approved vaccine (one or two shots (where applicable)), and includes ensuring the individual receives any subsequent dose, booster or boosters that may be required or recommended by the provincial government and/or public health authorities.

The following individuals have the following obligations under this Policy:

RCDSO EMPLOYEES

On or before October 22 each RCDSO employee will be advised into which of the following two categories they fall:

An employee whose job does or may require them to attend at an RCDSO Premises; or

An employee whose job does not require them to attend at an RCDSO Premises.

Employees in Category 1

On or before the Effective Date, any Category 1 employee must provide proof they are Fully Vaccinated to Human Resources.

If an employee cannot be Fully Vaccinated for a reason protected by the Ontario Human Rights Code (such as a medical condition or a religious exemption), they should speak with Human Resources and will be provided with accommodation to the point of undue hardship. Such employee may need to provide medical documentation or other proof to support the accommodation request.

If an employee refuses to be vaccinated due to personal choice, or if an employee elects not to provide proof of vaccination as required, the employment of such employee will be terminated for cause as a result of their willful misconduct, disobedience or willful neglect of duty.

Employees in Category 2

While the RCDSO encourages all employees to become Fully Vaccinated, as Category 2 employees will not be attending at RCDSO Premises, the RCDSO is not requiring such employees to provide proof they are Fully Vaccinated.

However, should any Category 2 employee wish to attend in person at any RCDSO Premises for any reason, they must first provide to Human Resources proof they are Fully Vaccinated.

All RCDSO Employees

Any RCDSO employee attending in person at any RCDSO Premises after the Effective Date who has not first provided proof they are Fully Vaccinated will be disciplined, up to and including termination of their employment for cause, as a result of their willful misconduct, disobedience or willful neglect of duty.

All RCDSO employees (including those who have provided proof they are Fully Vaccinated) must continue to follow all policies, protocols and public health requirements with respect to physical distancing, masking and other public health measures related to COVID-19.

COUNCIL AND COMMITTEE MEMBERS, RCDSO MEMBERS, COUNSEL TO MEMBERS OR ANYONE ELSE CONDUCTING RCDSO BUSINESS

The above noted individuals must comply with one of the following:

- a. provide proof they are Fully Vaccinated to Human Resources prior to in person attendance at any RCDSO Premises after the Effective Date of this Policy, or
- b. attend any meeting, hearing, etc. remotely.

SERVICE PROVIDERS (INCLUDING THEIR EMPLOYEES)

Any Service Provider (or any of their employees) must present proof of Full Vaccination, along with identification, upon arrival at RCDSO premises. Any Service Provider (or any of their employees) who fails to do so will not be permitted on RCDSO property.

Human Rights Policy

In accordance with the Human Rights Policy, RCDSO will not tolerate any harassment of any employee on the basis of their vaccination status, including on the basis that the individual continues to wear personal protective equipment or is subject to any of the other measures set out above.

Privacy and Confidentiality

In collecting vaccination records or other information as required by this policy, the College will adhere to its obligations as set out in the Privacy Code. This information is only collected for the purposes of implementing this policy.

This information will not be disclosed to any anyone outside RCDSO without consent, unless required by law or for the purposes of complying with RCDSO's obligations.

Information will only be accessible by Human Resources and will be securely stored with appropriate physical and technical safeguards in accordance with the College's legal obligations and the College's Privacy Code and related policies.

Ongoing Review and Update

This Policy is subject to review and revision in response to public health guidance or other measures deemed necessary for the protection of the health and safety of RCDSO staff.

Questions

For any questions about this Policy, please speak to Human Resources.

HEALTH

B.C. scrapping requirement for health-care workers in all sectors to be vaccinated



By **Simon Little** Global News

Posted March 10, 2022 6:03 pm

Updated March 11, 2022 11:07 pm

British Columbia is scrapping a planned requirement for health-care professionals in all sectors to be vaccinated in order to practice.

The move will not eliminate the vaccine requirement for staff in acute or long-term care, nor will it guarantee all workers in other sectors don't need to be vaccinated.

Provincial health officer Dr. Bonnie Henry made the announcement Thursday, as she unveiled sweeping changes to [COVID-19](#) restrictions that will also see [the province's indoor mask mandate and vaccine passport program repealed](#).

[READ MORE: B.C. bringing in vaccine mandate for all remaining health-care workers](#)

Under the original order, all B.C. [family doctors, dentists, chiropractors, physiotherapists and pharmacists](#) would have been required to be vaccinated by March 24, 2022.



1:50

COVID-19: Update to vaccine requirement for health-care workers

Henry said the new plan will be to work with individual health-care colleges to develop more nuanced regulations based on the risks in specific settings.

READ MORE: [B.C. experts urge caution, courtesy as COVID restrictions change](#)

“What we’ve done is taken a look at the multiple different colleges on different regulated health professionals and we’re taking a more nuanced, risk-based approach,” Henry said.

“For some, that will mean you need to be vaccinated to practice in certain settings, but we’re doing that on a more tailored basis for each of the regulated health professions, and in a step-wise way.”



2:05

COVID-19: 'I understand some of these changes will make people uncomfortable': Dr. Bonnie Henry

Henry said colleges will still have the power to confidentially collect workers' vaccination status, and that in some cases that information may be provided to patients so they can make informed decisions.

"For others, there may be additional measures that we need in place," Henry added.

"This is different from our original vision, which would be people not being able to practice if they were not vaccinated by March 24."

[READ MORE: 'We had no idea': Unvaccinated B.C. doctor stuns patients over COVID-19 beliefs](#)

Like the move to relax other restrictions, Henry said the decision was guided by a high and growing level of immunity to COVID-19 in the province, as well as the approval of the [Novavax vaccine](#).

Novavax is a “traditional” protein-based vaccine, thought to potentially appeal to people uncomfortable with the idea of newer mRNA vaccine technology. The province has yet to receive any, however, and Henry said it may not arrive in B.C. until the end of March.

The requirement for all health-care practitioners to be vaccinated has been questioned by some critics, who argued it would reduce the available number of workers in the province’s already strained health-care system.

In November, more than 3,300 nurses, care aids, doctors and paramedics were placed on unpaid leave for being unvaccinated under the order’s original formulation.

ITEM 4.1.63(C)

Rose Bustria

From: College of Chiropractors of Ontario <cco.info+cco.on.ca@ccsend.com>
Sent: March 1, 2022 3:32 PM
To: Rose Bustria
Subject: Message from the CCO President - March 1, 2022

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

Message from the CCO President - Tuesday, March 1, 2022

The news flow in the past few days and weeks, both here in Ontario and abroad, has been overwhelmingly filled with repeated scenes of division and conflict. As health care practitioners, it can be disheartening to be called to attend to a world so seemingly out-of-balance. Yet there are some encouraging developments. Last week, the province further eased public health measures, raising or removing entirely indoor capacity limits. Effective March 1, 2022, proof of vaccination status will no longer be required. Businesses and other settings may choose to continue to require proof of vaccination, however, and masking requirements remain in place for now.

While the coronavirus will obviously still be with us going forward, this is a significant milestone. I want to thank you for your diligence and efforts in successfully contributing to the pandemic response. I also want to call out the work of CCO staff who have demonstrated tremendous resourcefulness and professionalism throughout this challenging period. Although COVID-19 guidance for the health sector and regulated health professionals providing care to patients continues to be in place and has not changed, CCO continues to provide links to updated Ontario Government and Ministry of Health COVID-19 guidance to members and the public at the [following link](#).

2022 Elections to CCO Council

Nominations for election to CCO Council closed on February 18, 2022. Candidate information continues to be updated on the CCO website at the [following link](#). All eligible CCO members will receive an electronic ballot on March 14, 2022. Please note that voting closes on March 29, 2022 at 4:00 p.m. The results of the 2022 elections will then be posted on the 2022 Elections to CCO Council webpage.

I am pleased to report that consistent with provisions of the College Performance Measurement Framework (CPMF), candidates for CCO Council

have undergone an orientation process while still candidates. In years previous, CCO has developed and put in place a comprehensive onboarding program for newly elected or appointed Council members.

I cannot stress enough the importance of taking the time to read up on candidates and exercise your vote. Direct election is one key component of a self-regulatory organization. Two weeks have been allotted to allow enough time for all eligible members to vote.

New and Amended Standards of Practice, Policies and Guidelines Now in Effect

On February 25, 2022, a suite of new and amended Standards of Practice, Policies and Guidelines previously approved at the November 25, 2021 Council meeting came into effect. These include:

- Amendments to [Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient](#). Consistent with the spousal exception regulation passed on October 22, 2021 permitting members to provide treatment to their spouses, complying with CCO standards of practice, policies and guidelines, without triggering the sexual abuse provisions under the *Regulated Health Professions Act, 1991*.
- Amendments to [Policy P-017: Public Screenings](#).
- Amendments to [Policy P-053: Returning to the General Class of Registration](#).
- Amendments to [Policy P-050: Supervision and Direction of Chiropractors in Training](#) and [Policy P-058: Policy on Considering Applications for Registration During the COVID-19 Pandemic](#).
- New [Standard of Practice S-023](#) and New [Guideline G-023: Health Care Claims in Advertising, Websites and Social Media](#) outline principles for communicating a health care claim in advertising, on websites and in social media, intended to be read in conjunction with standards of practice and guidelines [S-001: Chiropractic Scope of Practice](#), [S-016: Advertising](#), [G-012: Use of Social Media](#), and [G-016: Advertising](#).

The new standard of practice and guideline relating to health care claims were developed after distributing these draft documents to stakeholders, including members, for feedback. All up-to-date standards of practice, policies and guidelines are posted on the CCO website. I urge you to revisit each of these items to ensure you are familiar and in compliance with them now and going forward.

Peer Assessor Workshop Update

On January 29, 2022, CCO convened a virtual peer assessor workshop—the first opportunity for all peer assessors to meet since January 2020. The workshop provided an excellent forum for peer assessors to share their experiences conducting peer and practice assessments during the COVID-19

era and to obtain feedback. A huge thank you to all who participated and provided this invaluable service throughout the changing and challenging circumstances of the pandemic response. The peer assessors were given an opportunity to thank Dr. Bruce Walton for his significant contributions over many years and to welcome Dr. Katherine Tibor to the role of Director of Professional Practice.

Announcement from the Ministry of Health, re: College of Traditional Chinese Medicine and Acupuncturists of Ontario (CTCMAO)

On February 28, 2022, the Ontario Government introduced [Bill 88, Working for Workers Act, 2022](#), which, if proclaimed, would take steps to wind down the CTCMAO, and move the profession to a voluntary oversight model. The CTCMAO will maintain its regulatory functions until such time as the proposed Act comes into force, which is anticipated to be in approximately 18 months. Furthermore, it is anticipated that the Ministry of Health will bring forward regulatory amendments that if passed and proclaimed, would move the controlled act of acupuncture to the public domain.

CCO will review the implications of these changes and will provide further direction as it relates to the performance of acupuncture by chiropractors, as information becomes available.

Please note, at this time there is no change to the regulation of acupuncture and the performance of acupuncture by chiropractors in Ontario. Acupuncture continues to be a controlled act, and chiropractors providing acupuncture must continue to comply with [Standard of Practice S-017: Acupuncture](#).

2021 College Performance Measurement Framework Submission

The College Performance Measurement Framework (CPMF) was developed by the Ontario Ministry of Health to strengthen the accountability and oversight of Ontario's health regulatory Colleges and help Colleges improve performance.

On March 31, 2022 CCO will submit its second annual CPMF document, reporting on completed action items arising from our previous CPMF report and building upon areas identified for further development. Among the many completed actions to be highlighted in this year's report are:

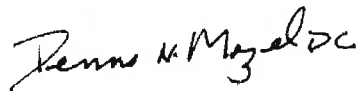
- Orientation sessions for candidates for CCO elections
- Documentation of required competencies for Council and Committee Members
- Regular and ongoing education opportunities for Council and Committee members
- Passing of a policy on posting Council minutes
- Passing of a financial reserve policy
- Review and application of the "Right Touch Regulation" document
- Continued expansion and rebranding of the CCO record-keeping workshop
- Development and posting of risk assessment, decision-making and transparency tools for the Inquiries, Complaints and Reports Committee
- Development of Key Performance Indicators

Several other initiatives related to CPMF goals and measures are underway, including work in the area of diversity, equity, inclusion and belonging. I look forward to sharing our progress on all these initiatives in future messages.

CCO is committed to continuously improving as an organization and in the delivery of its core functions to ensure that Ontario's chiropractic patients have access to safe, quality, ethical care and that College registrants are held to the highest professional standards.

It is what motivates me, and all CCO staff, every single day.

Sincerely,



Dr. Dennis Mizel
CCO President



Dr. Bruce Walton, Director of Professional Practice since August 2011 (outgoing)



Dr. Katherine Tibor, Director of Professional Practice since January 2022 (incoming)

Photos from the Virtual Peer Assessor Workshop - January 29, 2022

Thank you to CCO's 30 peer assessors from across the province for their role in facilitating the implementation of the quality assurance program to over 5,200 members and for helping to ensure the practices of members are safe, ethical and patient-centered!

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From: "Dr.Mizel" <drmizel@stcatharineschiropractic.com>

Date: February 21, 2022 at 2:13:44 PM EST

To: Jo-Ann Willson <jpwilson@cco.on.ca>

Cc: Sarah Green <drsarahgreen1@gmail.com>

Subject: Facebook

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ITEM 6.1(C)

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World Federation of Chiropractic - WFC

3h · 🌐

BREAKING NEWS: DUTCH COURT ISSUES HISTORIC RULING ON CAUSATION IN CHIROPRACTIC SMT CASE

Haarlem, February 21, 2022: Chiropractor cleared of causing grievous bodily harm during treatment

The Noord-Holland court has passed its judgment in relation to a chiropractor alleged to have caused serious physical injury. A patient became unwell during a treatment on January 26, 2016 in his practice in Haarlem.

On January 22, 2016, the patient presented to the chiropractor with head and neck pain complaints. The complaints arose on January 17, 2016 and on January 19, 2016, the GP referred him to a physiotherapist or chiropractor. During the first treatment, the chiropractor manipulated the patient's neck on both sides (popularly: cracked) and a follow-up appointment was made. The second treatment took place on January 26, 2016, during which the chiropractor manipulated the patient's neck again. During that second treatment, the patient became unwell. He lost consciousness, was resuscitated and taken to hospital by ambulance.

In the hospital it was determined that the patient had suffered a brainstem infarction due to oxygen deficiency as a result of dissection. And dissection is a separation of the layers of tissue in an artery wall by a haemorrhage. As a result of the brainstem infarction, the patient developed various neurological deficits, including paralysis of the limbs, speech disorders and visual disturbances. In the course of time some function has returned, but the patient is severely limited by the neurological deficits and to a large extent dependent on care.

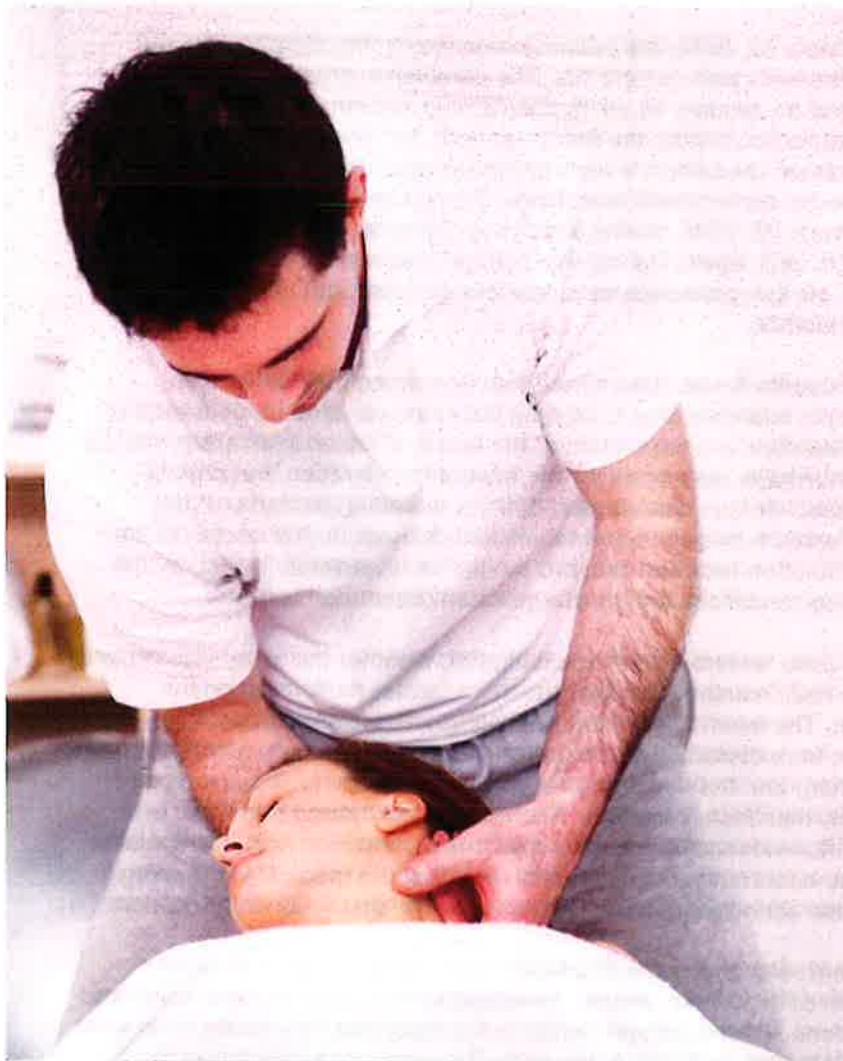
In this case, several experts investigated whether the injury was caused by the neck manipulation that the chiropractor performed on the patient. The experts' reports show that there are several possible causes for a dissection of the carotid artery (resulting in a brainstem infarction) and that it also occurs that a dissection is already present but only manifests itself later. The experts concluded that there is no scientific evidence for a causal relationship between neck manipulation and the occurrence of a dissection and that the medical information in this case cannot determine what caused the dissection in the patient.

The court also took note of a report from a neurologist who, at the request of the liability insurer, investigated the patient's complaints and limitations. The neurologist wrote in his report that the dissections were caused by manipulation of the neck. The court does not follow this conclusion, because the neurologist has not sufficiently substantiated on the basis of which he establishes that the dissections were caused by manipulation of the neck.

The court also ruled that the chiropractor adhered to the professional standards of the Netherlands Chiropractors Association. Prior to the treatment, he took sufficient steps to identify possible contraindications to apply the neck manipulation. There were none and so there was no reason for the chiropractor to forgo the treatment.

The court also found that the chiropractor did not have to inform the patient that dissection would be a possible risk of the treatment. The experts' reports indicate that the current state of knowledge cannot identify carotid dissection as a potential risk of neck manipulation. Moreover, a dissection of the carotid artery after neck manipulation (resulting in a brainstem infarction) is very rare.

<https://www.rechtspraak.nl/Organisatie-en-contact/Organisatie/Rechtbanken/Rechtbank-Noord-Holland/Nieuws/Paginas/Chiropractor-vrijgesproken-van-veroorzaken-zwaar-lichamelijk-letsel-tijdens-behandeling.aspx>



From: Jo-Ann Willson
Sent: February 24, 2022 5:25 PM
To: Rose Bustria
Subject: Fwd: CPSO Consultation Reminder: February 2022

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

College of Chiropractors of Ontario
59 Hayden St., Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
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E-mail: jpwilson@cco.on.ca
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Begin forwarded message:

From: CPSO <policydepartment@cpsy.on.ca>
Date: February 24, 2022 at 1:50:19 PM EST
To: Jo-Ann Willson <jpwilson@cco.on.ca>
Subject: CPSO Consultation Reminder: February 2022
Reply-To: CPSO <policydepartment@cpsy.on.ca>

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CPSO Consultation Reminder: February 2022

[View Online](#)



CPSO CONSULTATIONS **HAVE YOUR SAY**

The College of Physicians and Surgeons of Ontario (CPSO) invites you to participate in our open consultations. Your feedback on our policies, regulations, by-laws, and other initiatives is essential to informing our work.

To help us review and inform changes, please visit the dedicated consultation pages below for more information, including instructions on how to submit your feedback.

After temporarily suspending the consultation deadline due to the most recent wave of the pandemic, we are now resuming our consultation process and seeking your feedback over the next month.

OPEN CPSO POLICY CONSULTATIONS

Current Policy: Physicians' Relationships with Industry: Practice, Education and Research

We want to hear your feedback on our current [*Physicians' Relationships with Industry: Practice, Education and Research*](#) policy to help inform the development of an updated policy. This policy sets out expectations for physicians around professionalism and avoiding conflicts of interest in their interactions with commercial enterprises associated with health care (i.e., "industry").

**You can learn more and provide feedback on the [dedicated consultation page](#).
The deadline to provide feedback is **March 23, 2022**.**

Draft *Out-of-Hospital Premises (OHP) Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain*

To ensure that an appropriate standard of care is being met in OHPs who are providing care for patients suffering from chronic pain, we've developed a new draft [OHP Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain](#) that we want you to help us refine before it's finalized.

**You can learn more and provide feedback on the [dedicated consultation page](#).
The deadline to provide your feedback is March 23, 2022.**

The feedback received through these consultations will be reviewed and considered in light of CPSO's mandate to serve in the public interest. We value your feedback and thank you for participating in these consultations.

In keeping with CPSO's practices, all feedback received will be posted on our website in accordance with our [posting guidelines](#).

Please feel free to reach out to policydepartment@cpso.on.ca if you have any questions regarding CPSO's policy review process.

College of Physicians and Surgeons of Ontario is the licensing and regulatory body governing the practice of medicine in Ontario. The College is responsible for setting and maintaining standards, licensing physicians, investigating complaints about physicians on behalf of the public, and disciplining doctors found to have committed act(s) of professional misconduct.

For more information please visit the [CPSO website](#).



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80 College Street, Toronto, Ontario M5G 2E2



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CPSO

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For more information please visit the [CPSO website](#).

Canada · CBC Investigates

Patients say Ontario College of Physicians slow to act as more complaints about Toronto gynecologist roll in Social Sharing

Complaints from 10 patients have been referred for a disciplinary hearing

[Matthew Pierce](#) · CBC News · Posted: Mar 22, 2022 4:00 AM ET | Last Updated: 5 hours ago



Navi, left, Elizabeth Adamou, centre, and Candice Jones, right, each complained to the College of Physicians and Surgeons of Ontario (CPSO) about Dr. David Gerber more than a year ago. (Albert Leung/CBC)

Three Ontario women are speaking out after making complaints regarding their former gynecologist to the College of Physicians and Surgeons of Ontario. They say that long delays, intimidating legal demands, mischaracterization of complaints, and a lack of communication have left them wondering if the college is acting to protect patients, or the doctors they are supposed to regulate.

Each of the three former patients filed their complaints with the College of Physicians and Surgeons of Ontario (CPSO) more than a year ago, and as they've waited for investigations to conclude and hearing dates to be set, more patients have come forward with their own complaints about the same physician. **57**

- **Toronto gynecologist to face disciplinary hearing with regulatory body over 6 complaints**

In late December 2021, the CPSO [disclosed](#) that Dr. David Gerber of Meridia Medical in midtown Toronto would face complaints from 10 patients at a disciplinary hearing, up from the six previously announced in 2020.

The college alleges that Gerber "engaged in disgraceful, dishonourable or unprofessional conduct," including but not limited to his communication, failing to explain what an examination would involve, failing to obtain informed consent and failing to demonstrate adequate sensitivity.

Howard Winkler, Gerber's lawyer, told CBC News that "two leading independent medical experts have carefully reviewed each complaint and the related medical records. Both experts agree that the care Dr. Gerber provided met or exceeded every clinical standard and did not deviate from the usual and expected practice."

The CPSO will not comment on any specific complaint or hearing. CBC News previously reported that the college had expected to hold the hearing in 2021, however a date has not yet been set.

'My civic duty to warn other women'

Navi, who asked CBC News not to publish her last name for fear of online harassment, alleges that her complaint against Gerber constitutes a sexual boundary violation, as defined by the CPSO.

The college says a [boundary violation](#) occurs when a physician does not establish or maintain the limits of a professional relationship with their patient. Sexual boundary

violations can include a variety of activities, including failing to obtain consent before conducting an examination.



In December 2020 the CPSO let Navi know her complaint would be referred for a disciplinary hearing. She's still waiting for a hearing date to be set. (Albert Leung/CBC) Navi is among the 10 patients listed in the college's notice of hearing, and says the fact that the college is not pursuing her complaint as a sexual boundary violation has shaken her faith in the system.

"I'm doing this as my civic duty to warn other women," she said. "There is no protection available to us. And the protection that does say that it's there, it's not functioning. It's broken."

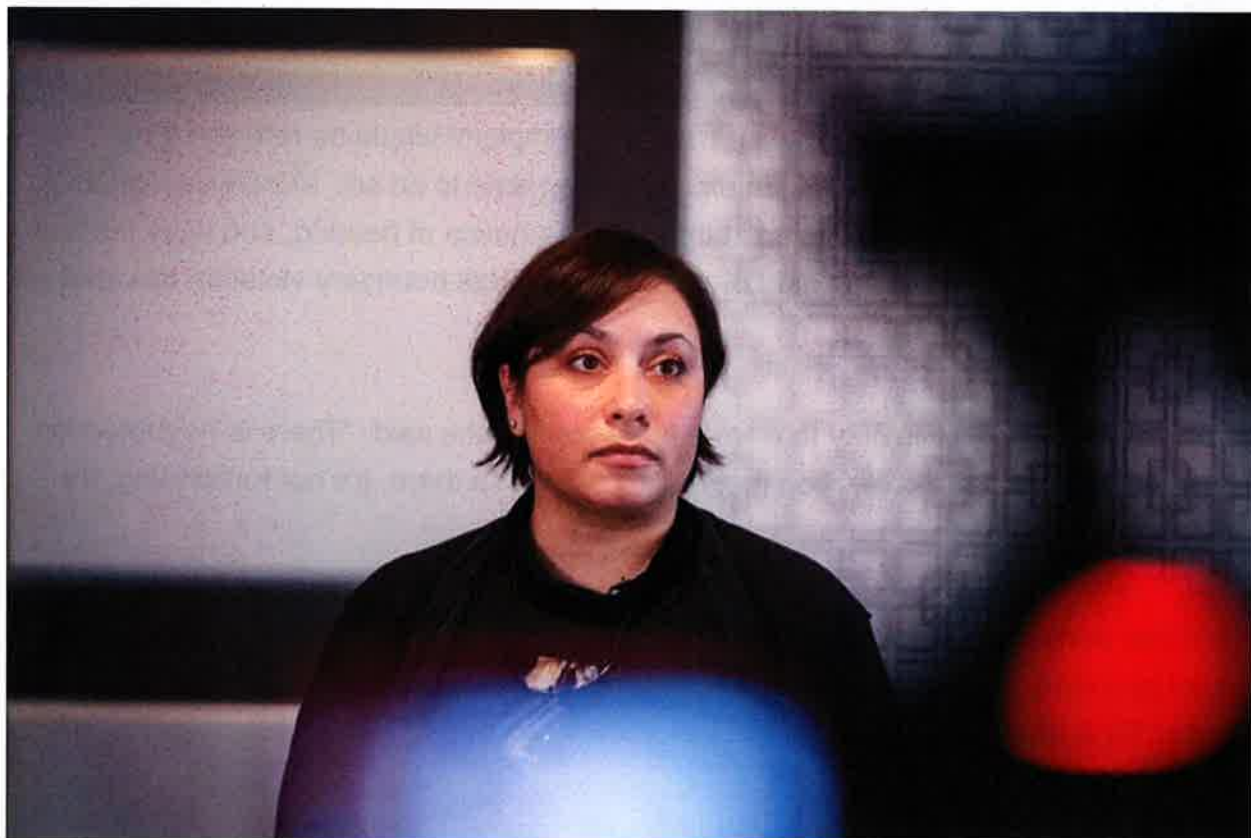
The three women interviewed for this story each want their complaints pursued as sexual boundary violations. CBC News does not know the details of all 10 complaints referred for a disciplinary hearing.

Winkler, Gerber's lawyer, says that the allegation the doctor committed a sexual boundary violation is false. He wrote that "the CPSO, after careful investigation which included the review of the complainants' medical charts, the interview of the complainants, the interview of nurses and others and having obtained numerous expert reports," determined that complaints of sexual boundary violations did not warrant a referral for a disciplinary hearing.

'The only reason is to intimidate'

Candice Jones, who complained about Gerber in January 2021, is not among the 10 patients listed in the college's notice of hearing. She's waited 14 months for the college to deal with her complaint.

Ten months after filing her complaint, she received an 11-page letter from the CPSO demanding "a complete copy," of any communications she had "with anyone in relation to Dr. Gerber." Should she not comply within seven days she could face a fine of \$25,000 or be found in contempt of court, according to the document.



Candice Jones originally complained to the CPSO in January 2021. Ten months later the college demanded a 'complete copy' of any communications she had 'with anyone in relation to Dr. Gerber.' (Albert Leung/CBC)

Jones said the request made her feel overwhelmed, and that she was unsure how to comply with such broad requirements while also maintaining a semblance of privacy.

"Am I going to share all the details of how what has happened to me has impacted my life and the conversations I've had with other people?" she asked.

"It's hard to not get completely defensive and just feel like I'm the one under investigation," Jones said.

"They've had months, over a year to ask for this information, and all of a sudden it's of immediate importance," said Elizabeth Adamou, whose complaint about Gerber was one of the [original six](#) referred for a disciplinary hearing in 2020.

- **Gynecologist facing lawsuit over painful examination was subject of other complaints to physicians' college**

She received a similar request to Jones' in August 2021, though hers had no mention of legal consequences.

"I think when they demand it in that manner, it makes you think that the only reason is to intimidate," she said.

'Let's be realistic'

The way the CPSO handles patient-complainants has been criticized before. In the last 31 years, three independent inquiries have examined how colleges that regulate health professionals in Ontario treat some complainants. Each has highlighted an imbalance in the power wielded by patients and physicians.

Those who make a complaint to the CPSO participate in the process as a witness, not a plaintiff.

That means they do not get their own lawyer, and have very limited access to information about how or if things are moving forward.

Physicians, on the other hand, get broad access to information, the way a defendant would in a trial. Their legal representation is provided by the largely publicly funded [Canadian Medical Protective Association](#), which hires lawyers from some of the top firms in the nation.

"Let's be realistic about who actually can move inside the guts of this system, and be able to influence it in a way that's going to produce the best possible outcomes," said Sen. Marilou McPhedran, a lawyer who chaired all three task forces and was named to the senate in 2016.

"It's not the patients," she said.



Sen. Marilou McPhedran chaired independent task forces examining the CPSO in 1991, 2001, and 2015. (CBC)

'It feels intentional'

The legislation that governs the CPSO requires that it deal with a complaint within 150 days of filing, though it does allow for extensions if the patient and physician are properly notified.

After that deadline came and went for Jones without any update from the college, she took it upon herself to contact them and was surprised by what she heard. They had sent her an email, they said, on day 150.

"To be given this statement that 'oh ya we sent it to you, you know, on the very last day possible,' when I don't even have a record of even receiving it, it doesn't instill a lot of trust and confidence," Jones said.

'I'd really like to give them the benefit of the doubt,' she said, "but it feels intentional."

Jones was told in mid-December that there would soon be a meeting to decide on her case and that she would "receive the Committee decision within eight-to-10 weeks." The 10 week deadline was February 24.

Similar concerns raised in 2018

On March 17, the college informed Jones that after reviewing her case it would "issue advice to [Gerber]" regarding thoroughly obtaining consent, explaining procedures, preparing patients for pain and discomfort and being sensitive to patients' expression of pain.

"This is an educational disposition," it said, "designed to offer the physician some guidance regarding an area of practice in which the Committee has noted concerns, to assist the physician in improving future practice."

The college has previously engaged with Gerber citing similar concerns: in 2018, it issued him an in-person caution noting "Dr. Gerber has been the subject of several previous complaints to the college raising issues about his communications and painful examinations," and that he "was also cautioned in writing about ensuring proper

communication with patients, including properly explaining the procedures to be performed."

It went on to say, "The Committee was concerned that despite his previous involvement with the college on these issues, and attempts at remediation, Dr. Gerber was once more the subject of a complaint raising similar concerns."

'I don't have anything to hide'

Much of the correspondence Adamou, one of the original complainants, has received from the college also includes requests for her to not communicate with other complainants.

"In order to maintain the fairness and integrity of the college processes, it is important that you not discuss this proceeding or your evidence with any other witnesses or potential witnesses," the CPSO wrote to Adamou on Feb. 9.



Elizabeth Adamou first came forward when CBC News reported her story in 2020. (Albert Leung/CBC)

"I've ignored that because I'm 110 per cent confident that I don't have anything to hide," Adamou said, adding that isolating witnesses in this way only serves to disadvantage them in a process that is unequal from the outset.

"The [CPSO] website waxes poetically about 'they're there to help you,'" Adamou said, "and the reality is no one informs you of your rights whatsoever." What is provided is, "haphazard, you might not get it at all," she said.

In some cases, the CPSO offers to pay for three hours of independent legal advice, so complainants can better understand the process. When asked, the CPSO did not answer who is offered this service, or when.

Jones was notified of the program the day before she received the college's request for her communications, and the deadline to respond within seven days. To be able to clear your schedule and find a lawyer who is immediately available to have that conversation isn't realistic, Jones said.

"The college tries, in every case, to provide support to every complainant who comes forward," said Carolyn Silver, lead prosecutor at the CPSO.

"There is always room for improvement," she said, "We always want to do better."

Common for witnesses to be told not to speak to each other: CPSO

Without speaking to any case specifically, Silver noted that requests for witnesses not to speak with each other are commonplace, in order to avoid any suggestion that the witnesses have affected each other, or each other's memories.

"There's a whole body of case law on that," she said.

"I have done these hearings for over 20 years now at the college, they're very difficult cases for complainants. It is not pleasant to be in a hearing," she said. Being cross-examined, challenged on their memory, and facing suggestions that they are fabricating are all possibilities.



The headquarters for the College of Physicians and Surgeons of Ontario is on College Street in Toronto. (Matthew Pierce/CBC)

In a January email, Dr. Gerber's counsel said "the CBC have clearly been conscripted by the malicious efforts of a small number of co-ordinated individuals, intent on destroying the reputation of Dr. Gerber for some perceived wrong towards them."

The women interviewed for this story deny those allegations.

"Being in touch with [other complainants] enables us to inform each other and let each other know what their rights are," Adamou said.

"There is no one who understands what I've been through like a person who has been through the same thing with the same physician, and there's many of us out there."

Complaints and cautions

According to their annual report, the CPSO received 3,483 complaints about physicians in 2020, and had a backlog of 1,104 rolled over from the year prior.

That year they dealt with 3,329 of those complaints, opting to take no action on 34 per cent of them and referring only one per cent for a disciplinary hearing. In less serious instances the college could assign the physician classwork, or take other steps like issuing a formal caution.

There is no record of involvement with the college prior to 2018 on Gerber's CPSO profile. The college does not disclose how many complaints have been made against Gerber in the last two years, only that 10 have been referred for a hearing.

With files from Albert Leung and Judy Trinh

Law Society of Ontario cancels bar exams after alleged leak

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More than 1,000 candidates were to write test in March

Toronto Star · 7 Mar 2022 · JOSHUA CHONG STAFF REPORTER

ITEM 6.4(C)

The Law Society of Ontario (LSO) has cancelled upcoming bar exams slated to begin Tuesday after examination content was allegedly “improperly accessed” by some candidates.

More than 1,000 candidates were set to write the online examinations, which were scheduled from this Tuesday to Friday and March 22 to 25, the LSO said in a statement issued Saturday.

“This decision has been made as a result of information the Law Society has received which strongly indicates that examination content has been improperly accessed by some candidates, compromising the integrity of the upcoming examination period,” the LSO said.

The breach also affects candidates who had already written the exam. The LSO noted that some candidates who passed the exam and were eligible to be called to the bar are now under review. Their eligibility is now on hold pending an investigation.

The LSO also said that “evidence indicates the potential involvement of third parties in this activity.” External investigators are conducting a review.

Diana Miles, chief executive officer of the LSO, said in the statement that the cancellation of the exams is necessary to “protect the public interest.”

“This is a critical and necessary step to protect the integrity of the licensing process and the reputation of those candidates not involved,” she said in the press release.

The LSO said exams will be rescheduled as soon as possible, “once additional measures have been implemented to further strengthen the delivery of licensing examinations; affected candidates will receive additional information through their online accounts.”

Dominique Habbouche, an articling student based in Ottawa, was scheduled to write the bar exam later this month. She says the cancellation is upsetting and “complicates things.” If Habbouche passed her March examination, she would have been eligible to be called to the bar in June. Now, her plans are up in the air.

Licensing exams are scheduled three times a year. To be eligible for licensing, candidates must pass both the barrister and solicitor exams. Licensing exams are open book and each comprises of 160 multiple-choice questions.

The LSO has yet to provide an update on when examinations will be rescheduled and declined to respond to additional questions from the Star, “to protect the integrity of the process.”

Andrew Montague-Reinholdt, an employment and labour lawyer and the director of the student program at Nelligan Law in Ottawa, says the process leading up to the bar exam is “amongst the most stressful and difficult times” for students on their journey to become lawyers.

He says the articling students in his firm who were set to write the exam were juggling a full-time job while studying in the evenings and during the weekends.

“These are professionals who have gone through an undergraduate program, a graduate law degree, passed the LSAT and every single law school exam,” he said. “So then, two days or three days before the exam, to be told you’re not able to write this anymore puts them in a really difficult spot.”

James Bowie, an Ottawa-based lawyer specializing in criminal law and civil litigation, says the cancellations could have significant financial implications for the law students.

“Many of these students are carrying high six-figure student loans, and they need to begin paying against those loans. They are now unable to do so,” he said.

“ This is a critical and necessary step to protect the integrity of the licensing process and the reputation of those candidates not involved.

DIANA MILES CHIEF EXECUTIVE OFFICER, LSO

External Review of Regulators by the Auditor General

by Natasha Danson
March 2022 - No. 264

There are proposals circulating that will expand the mandate of the Auditor General of Ontario to include auditing self-governing professions. It appears that such reviews will not be limited to the financial integrity of regulators. Given the recent audits of other arms-length regulators of professions and industries, the scope of those reviews will extend to questioning the regulatory approaches and philosophies of regulators.

Five of the more recent reviews by the Auditor General for non-government regulators have been for the following regulators:

- Ontario Motor Vehicle Industry Council
- Ontario Securities Commission
- Alcohol and Gaming Commission of Ontario
- Bereavement Authority of Ontario
- Electrical Safety Authority

By analyzing these reports one can obtain a sense of how the Auditor General perceives its role in such reviews.

Some aspects of those reports deal, as expected, with financial revenue and spending issues, including:

- The accumulation of large surpluses rather than using the resources to enhance regulation;
- Whether appropriate investment strategies were used for surplus funds;
- Whether the regulator's meal and hospitality reimbursement policy was appropriate;
- Compensation levels for staff compared to other regulators; and
- The percentage of compensation fund claims recovered from the offending registrants.

However, many aspects of those reports contain a much broader analysis of the regulators, including policy preferences for the approaches and philosophies of regulators. For example, below is a partial list of the points of scrutiny by the Auditor General.

Inspections and Related Compliance Monitoring

- The number of inspections, etc., conducted, including comparison to past years;
- The use of checklists for inspections, etc., and whether those checklists were made public so that practitioners and the public could better understand the expectations of the regulator;
- Public reporting of inspections, etc., and the accuracy of those public reports;
- The use of risk analysis and selection criteria for scheduling inspections, etc.;
- The necessity of inspections, etc., conducted;
- Whether inspections, etc., could be effectively and safely done remotely;
- The frequency of follow-up inspections, etc., where violations were found and whether they were prioritized on the basis of risk;
- Whether inspectors and enforcement staff were rotated so that they would not repeatedly be in contact with the same registrants;
- Whether regulators used "undercover investigators" or "mystery shoppers" to monitor compliance with the rules by registrants;
- Whether regulatory activities were coordinated with other regulators with overlapping mandates;
- The adequacy of information technology and analytical tools to monitor regulatory performance and to identify patterns of concerns within the profession or industry;
- Whether the regulator monitors the length of time to complete inspections, etc., and whether those timeframes are reasonable;

FOR MORE INFORMATION

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WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

- Whether the difference in enforcement action rates among enforcement staff was reasonable; and
- The rate of enforcement action flowing from complaints and the criteria used for evaluating complaints.

Governance

- The percentage of Board members who are from the regulated profession or industry;
- Whether there were term limits for Board members;
- The adequacy and completeness of the performance indicators and targets for the regulator;
- The length of time it took for the regulator to develop and implement key policy changes.

Registration

- The percentage of applicants for registration processed within the target timelines;
- The appropriateness of the registration criteria for applicants (e.g., financial responsibility);
- Whether the regulator follows up quickly with registrants who file incomplete information with their renewal applications;
- Whether the regulator follows up on practitioners who do not renew their registration to ensure that they are not acting illegally; and
- Whether the regulator effectively deters illegal practice by checking advertising and posing as consumers to see the prevalence of illegal practice.

CPD and Quality Assurance

- Whether registrants are required to complete continuing professional development in order to renew their registration.

Public Awareness Activities

- Consumer awareness of their rights and whether the regulator publishes the results of surveys measuring consumer awareness;
- Whether the regulator answers technical questions or has a meaningful way for members of the public to obtain answers to those questions; and
- Whether prices for similar services charged by practitioners was within a reasonable range.

Legislation and Government Role

- The appropriateness of the limits on the compensation fund criteria established in the legislation;
- Whether practitioners should be required to post specified consumer information (e.g., prices for services) online;
- The lack of Ministry oversight related to governance concerns within a regulator;
- Whether the legislation permits the regulator to issue “tickets” and administrative monetary penalties;
- Whether the regulator should be regulating additional categories of practitioners or transactions; and
- Whether the regulator was consulted by government on policy issues or pandemic strategies in which the regulator had expertise.

This broader mandate for the Auditor General is justified under the “value for money” principle, despite the fact that most of these regulators do not receive public funds. As the Auditor General frequently conducts follow up reviews to ascertain whether its recommendations were implemented, these reports can have a significant impact on the future priorities of the regulators subject to the reviews.

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Commentary

<https://www.auditor.on.ca/>

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While one can see the value in holding regulators accountable, a number of questions arise as to the appropriateness of using the Auditor General to assume this role. Does the Auditor General have the expertise to assess these matters? Is it fair to assess a regulator on criteria that are not established in advance? Are the assumptions behind the Auditor General's assessment valid (e.g., Should the regulator be the source of casual advice for members of the public as to the content of technical standards? Should the regulator directly address prices charged by practitioners?)?

Will these reports have the effect diminishing the role of a regulator's Board setting regulatory priorities (e.g., a shift from "right-touch regulation" principles to ticking off timely follow-up boxes)? Does the regulatory cost of participating in the review constitute value for money?

External scrutiny of regulators is a trend that is taking hold in Canada. For example, in British Columbia the Office of the Superintendent of Professional Governance has an oversight role for a number of professions. In Ontario the Office of the Fairness Commissioner is already conducting a similar role for the registration practices of most professions, duplicating the proposed role of the Auditor General.

Ultimately, assuming that external monitoring is valuable, is having the Auditor General periodically conduct intensive reviews of some selected regulators the best way of conducting such oversight?

Regardless of the answers to these questions, regulators should consider whether the general recommendations made by the Auditor General in previous reviews warrant reconsideration of some of their own processes.

The reports of the Auditor General can be found at:

100 Registration Cases Over Three Years Part 1: Burden of Proof

by Julie Maciura
April 2022 - No. 265

The Health Professions Appeal and Review Board (HPARB) renders a lot of decisions. Many, of course, have similar issues and reviewing them can become repetitive. Few people have the luxury of reading all of the decisions. As an experiment, we reviewed 100 recent registration decisions of HPARB decided over the past three years. Our goal was to see if we could identify principles and concepts underlying HPARB's approach to recurring registration issues, especially those that might be different from approaches taken in the past.

The following summarizes our analysis, which may be instructive both to regulators appearing before HPARB and regulators who deal with registration issues scrutinized by other tribunals and the courts. This is the first of a four-part series.

Of the 100 cases, HPARB upheld the regulator's decision 80% of the time and returned the matter for reconsideration 20% of the time. In only one case did HPARB require the regulator to register the applicant. Having said that, many of the cases returned to the regulator had very strong recommendations to register the applicant. In about half of the returned cases HPARB based the referral back on the basis that it had significant new information that had not been available to the regulator at the time.

HPARB conducts both paper reviews and oral hearings, with the choice belonging to the applicant. In 87% of the cases the applicant chose a paper review. However, the applicant was successful in obtaining a decision returning the matter to the regulator for reconsideration in 30% of the cases where an oral hearing was held (compared to 20% for paper reviews).

Burden of Proof

HPARB continues to uphold the fundamental principle that applicants for registration must demonstrate that they meet the registration requirements: *J.H. v College of Psychologists of Ontario*, 2019 CanLII 121575 (ON HPARB), <https://canlii.ca/t/j480l>. This burden on the applicant is supported by the need to ensure that the applicant can practise safely and ethically:

Public protection is a central feature of the public interest in the context of the registration of health professionals. As gatekeepers to registration, the College's application procedure ensures that practitioners who are registered as health professionals meet professional standards. Once registered, a health professional represents to the public at large that their practice meets the standards of the profession and is endorsed by the regulating body and that they can be trusted to practise safely. (*C. R. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 45638 (ON HPARB), <https://canlii.ca/t/jg55j>.)

HPARB has also said:

A college, in accepting an applicant as a member, is verifying to the public that the individual has demonstrated that he or she meets the standards of the profession as set by the college. *A.H.-A.O. v Ontario (College of Physicians and Surgeons)*, 2019 CanLII 50927 (ON HPARB), <https://canlii.ca/t/j0tm9>.

For example, where there are circumstances that create suspicion as to the authenticity of a document, it is the applicant's duty to demonstrate its legitimacy: *Zhang v College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2019 CanLII 141813 (ON HPARB), <https://canlii.ca/t/j8t30>.

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Even in cases where the concern is the suitability of the applicant's conduct, there is no presumption of "good character" or requirement that the regulator prove the allegations. The applicant must demonstrate that they meet the requirement: *F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB), <https://canlii.ca/t/hznht>; *W.-S. (V.) W. v College of Optometrists of Ontario*, 2019 CanLII 35335 (ON HPARB), <https://canlii.ca/t/hzzfl>.

While HPARB has expressed sympathy where the passage of time has made the obtaining of documents difficult (e.g., for establishing details of the applicant's education) the onus remains on the applicant to demonstrate that the requirement has been met: *B.W.P. v College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2020 CanLII 31824 (ON HPARB), <https://canlii.ca/t/j6x0v>.

To meet the onus the applicant must provide "reasonable and relevant specificity and verification as to their qualifications in relation to professional standards and registration requirements": *A.R. v Ontario (College of Registered Psychotherapists and Registered Mental Health Therapists)*, 2019 CanLII 50278 (ON HPARB), <https://canlii.ca/t/j0srq>.

However, HPARB sees that this onus on the applicant is balanced by competing considerations:

The Board notes that in considering an application for registration, the public interest also includes the ability of individuals to practise in their chosen profession. The courts have long held that the right to earn a livelihood is an interest of fundamental importance to an individual affected and should not be lightly overridden. (*C. R. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 45638 (ON HPARB), <https://canlii.ca/t/jg55j>.)

In other cases, the dual aspects of the public interest principle were described as follows:

Registration requirements exist to protect the public by ensuring that individuals permitted to work in the profession can be expected to practice to the standard of the profession. Individuals who have demonstrated their competence and ability by successfully completing the requisite or substantially similar education programs, are to be reasonably assessed for their qualifications to safely practice the profession. (*Breton v College of Psychologists of Ontario*, 2020 CanLII 90815 (ON HPARB), <https://canlii.ca/t/jbqk3>; *Mahboob v College of Physicians and Surgeons of Ontario*, 2021 CanLII 5500 (ON HPARB), <https://canlii.ca/t/jcwkj>.)

HPARB has also said that the burden of proof of establishing evidence of meeting a registration requirement should not be confused with taking a narrow or strict interpretation of the legislation. HPARB quoted previous cases stating: "when considering an application for professional registration, unless there is a public interest that warrants a restrictive interpretation of provisions regulating entry into a profession in Ontario, the interest of an individual to practice a profession should prevail." *A.M. v College of Psychologists of Ontario*, 2020 CanLII 27935 (ON HPARB), <https://canlii.ca/t/j6q17>; *Santhirasegaram v College of Psychologists of Ontario*, 2021 CanLII 802 (ON HPARB), <https://canlii.ca/t/jckf5>.

Unsuitable Conduct

One area in which the burden of proof can be significant is where there is a concern as to whether the applicant will behave appropriately. Sometimes this concern is called a "good character" or "professional suitability" requirement even though the relevant provision is usually worded in terms of future

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behaviour. As noted above, there is no “presumption of good character”.

Ten percent of HPARB’s cases involved issues of unsuitable conduct.

In assessing such cases, HPARB is reluctant to rely only on allegations that have not been objectively established by a court or tribunal finding, at least in the absence of a hearing before it: *L.A. v The College of Medical Radiation Technologists of Ontario*, 2020 CanLII 154 (ON HPARB), <https://canlii.ca/t/j4fdg> (decline to consider serious allegations of sexual abuse where the complainant refused to testify and no hearing was held); *Mahboob v College of Physicians and Surgeons of Ontario*, 2021 CanLII 5500 (ON HPARB), <https://canlii.ca/t/jcwkj> (concerns still before the complaints screening committee); *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v K.A.R.*, 2019 CanLII 63885 (ON HPARB), <https://canlii.ca/t/j1qcx> (evidence of dishonesty must not be vague or ambiguous).

However, once established at a hearing, HPARB is reluctant to accept assertions that the hearing leading to the finding was unfair: *F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB), <https://canlii.ca/t/hznht> (HPARB is not in a position to assess the merits of the US criminal justice system).

Where there are a number and pattern of concerns, HPARB is prepared to support a conclusion that the applicant has not established that they will practise professionally in the future. For example, an applicant with eight recent complaints in another province, many of which resulted in advice and reminders and one of which resulted in a remediation program and where the underlying facts of the most serious of them were not in dispute, did not demonstrate suitability: *Rahman v College of Physicians and Surgeons of Ontario*, 2021 CanLII 122204 (ON HPARB), <https://canlii.ca/t/jkz5m>.

Where some of the allegations have been proven, even in the distant past, recent concerns that were dealt with remedially can reinforce the older finding, especially if there seems to be a lack of insight and remediation: *College of Physicians and Surgeons of Ontario v R.R.*, 2019 CanLII 18858 (ON HPARB), <https://canlii.ca/t/hz13w>.

Likewise, where the conduct is based on a particular belief system (e.g., that satanic ritual abuse is prevalent in the world and patients do not recognize that they have experienced it) with little insight about the potential for those beliefs to impact the applicant’s approach to practice in a possibly harmful way, the suitability concern can be established without a formal finding: *S.F. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2019 CanLII 92678 (ON HPARB), <https://canlii.ca/t/j2q3s>.

Of particular concern is where the applicant is not completely candid in their application for registration:

The Board recognizes that professional regulation is predicated upon self-disclosure. Registered health professionals have an ongoing duty to disclose information to their governing regulating body. It follows that any hesitation or reluctance on the part of an applicant to disclose information during the application process is not reassuring and reasonably calls into question whether the applicant can be trusted to accurately, completely, openly and honestly deal with all of those situations which will arise both in practice and in an applicant’s dealings with the College once registered. That honesty and integrity must exist both when it is easy but also when there may be consequences for the regulated professional. (*Yavari v College of Physicians and Surgeons of Ontario*, 2021 CanLII 212 (ON HPARB), <https://canlii.ca/t/jcgll>.)

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Where there is a suitability concern, HPARB considers all of the relevant circumstances including the nature and seriousness of the conduct, the insight of the applicant, the remedial steps undertaken, and whether the applicant failed to disclose the concern or otherwise demonstrates a lack of appreciation for their professional obligations: *C.C.U. v College of Physicians and Surgeons of Ontario*, 2019 CanLII 91555 (ON HPARB), <https://canlii.ca/t/j2nn2> (failure to disclose proceedings for breaching a patient's privacy by using their records to initiate a boundary-crossing relationship); *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v K.A.R.*, 2019 CanLII 63885 (ON HPARB), <https://canlii.ca/t/j1qcx> (duty to be forthcoming on application for registration); *W.-S. (V.) W. v College of Optometrists of Ontario*, 2019 CanLII 35335 (ON HPARB), <https://canlii.ca/t/hzzfl> (applicant still in process of fulfilling monitoring requirements for billing infractions); *Pelavendran v College of Physiotherapists of Ontario*, 2021 CanLII 119348 (ON HPARB), <https://canlii.ca/t/jkrn8> (lack of insight and remorse significant for criminal findings that involved violence and sexual assault); *R.Y. v College of Registered Psychotherapists and Mental Health Therapists of Ontario*, 2019 CanLII 91588 (ON HPARB), <https://canlii.ca/t/j2npc> (lack of insight into sexual contact while working as a clergy person towards a congregant; improper use of titles).

While HPARB does consider character references and reports of counselling or insight programs, these are given less weight than actual past conduct and applicant insight, at least where the writers do not demonstrate awareness of the details of past findings or expert opinions of likely future behaviour: *L.A. v The College of Medical Radiation Technologists of Ontario*, 2020 CanLII 154 (ON HPARB), <https://canlii.ca/t/j4fdq>; *Rahman v College of Physicians and Surgeons of Ontario*, 2021 CanLII 122204 (ON HPARB), <https://canlii.ca/t/jkz5m>; *F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB),

<https://canlii.ca/t/hznht>; *Pelavendran v College of Physiotherapists of Ontario*, 2021 CanLII 119348 (ON HPARB), <https://canlii.ca/t/jkrn8>; *College of Physicians and Surgeons of Ontario v R.R.*, 2019 CanLII 18858 (ON HPARB), <https://canlii.ca/t/hz13w> (references were older and did not seem to be exposed to the full scope of the applicant's practice).

HPARB is concerned about the importance of honesty and integrity in the health care context:

However, as emphasized by the *Code* which applies to regulated health professionals in Ontario, public trust in the nursing profession is fundamental to the public interest. Often, patients are vulnerable, a reality that emphasizes the importance of honesty and professional integrity for the members of self-regulated professions. (*F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB), <https://canlii.ca/t/hznht>.)

Refusal of registration on the grounds of unsuitable conduct is not governed by the principles of a disciplinary punishment in which the least restrictive order should be imposed. Since the applicant is not a registrant, the refusal is protective of the public of Ontario even though the applicant is registered elsewhere: *Rahman v College of Physicians and Surgeons of Ontario*, 2021 CanLII 122204 (ON HPARB), <https://canlii.ca/t/jkz5m>.

In the next issue of Grey Areas we will examine how HPARB approaches Grey education and examination requirements for registration.

Council Member Terms as of April 20, 2022 ¹

ITEM 6.6(C)

Name	District	Date First Elected/Appointed	Date Re-elected/Reappointed	Date of Expiry of Current Term
<u>Elected Members</u>				
Dr. Michael Gautier	3 (Central East)	April 2022	NA	April 2025
Dr. Kyle Grice	4 (Central)	April 2021	April 2022	April 2025
Dr. Jarrod Goldin	7 (Academic)	April 2021	NA	April 2023
Dr. Colin Goudreau	6 (Western)	April 2020	NA	April 2023
Dr. Sarah Green	5 (Central West)	April 2020	NA	April 2023
Dr. Paul Groulx	2 (Eastern)	April 2019	April 2022	April 2025
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
Dr. Angelo Santin	1 (Northern)	April 2021	NA	April 2024
Dr. Julia Viscomi	4 (Central)	April 2021	NA	April 2024
<u>Appointed Members ²</u>				
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Markus de Domenico	Toronto	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Gagandeep Dhanda	Mississauga	April 9, 2020	April 9, 2021	April 9, 2024
Ms Robyn Gravelle	Burlington	May 16, 2019	May 16, 2020	May 16, 2023
Ms Zoe Kariunas	Toronto	October 14, 2021	NA	October 14, 2024
Mr. Scott Stewart	Cavan Monaghan	March 4, 2022	NA	March 4, 2025
Mr. Shawn Southern	Union	October 8, 2020	October 8, 2021	October 7, 2024

¹ Please advise Ms Rose Bustria a.s.a.p. if you aware of aware of any discrepancies.

² CCO requires at least 6 public members to be properly constituted.