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

College of Chiropractors of Ontario (CCO)

College Performance Measurement Framework (CPMF) Reporting Tool

Submitted March 31, 2021

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

2. help Colleges improve their performance.

a) Components of the CPMF:

1	Measurement domains	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	Context measures	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	Planned improvement actions	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

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

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence
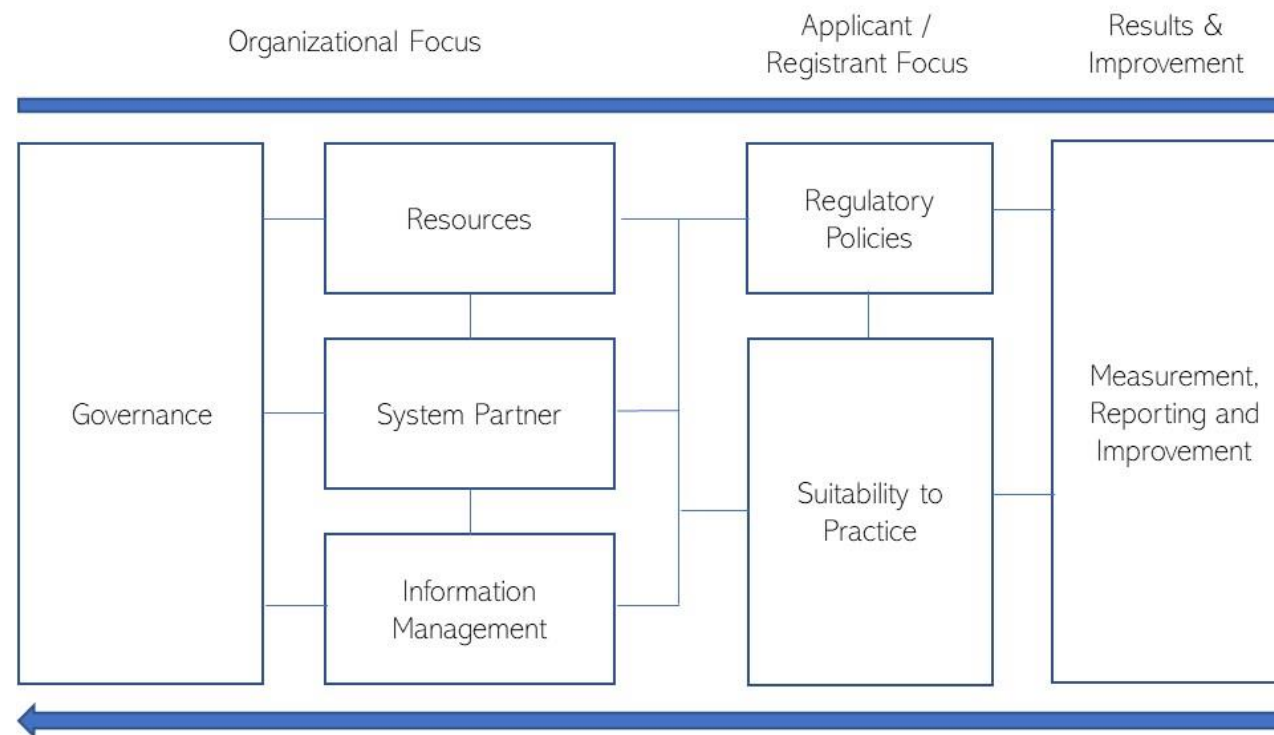
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	**Measure**	**Evidence**	**Improvement**

1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

		b. Statutory Committee candidates have:
		  i. met pre-defined competency / suitability criteria, and
		  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.

		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
		  i. Council meetings;
		  ii. Council
			Nil

		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

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

1. meet with the ministry to discuss the system partner domain;

2. complete the self-assessment;

3. post the Council approved completed CPMF Report on its website; and

4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting; and

- Changes resulting from refined standards, measures and evidence.[1]

---

[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in column two.

Furthermore,

- where a College <u>fulfills the "required evidence"</u> it will have to:

    o provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.

- where a College responds that it <u>"partially" meets required evidence</u>, the following information is required:

    o clarification of which component of the evidence the College meets and the component that the College does not meet;

    o for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and

    o for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

- where a College <u>does not fulfill the required evidence</u>, it will have to:

    o indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

The areas outlined in red in the example below are what Colleges will be asked to complete.
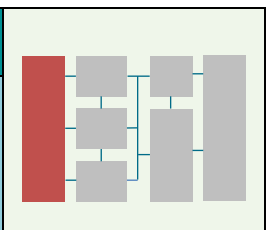
Example:

DOMAIN 1: GOVERNANCE

Standard 1

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public **OR** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☐ No ☐ *Additional comments for clarification (optional):*

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 1 **Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.**		
Measure	**Required evidence**	**College response**
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☒ No R • The competency/suitability criteria are public: Yes ☒ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public **OR** list orientation training topics: CCO identifies competencies and suitability for candidates for election to Council and non-Council committee members in the following documents and using the processes and procedures outlined below. Orientation training takes place after members are elected to Council; however, CCO is currently reviewing the practices of other colleges for pre-election orientation.:

- 2020 Notice of Election – the Notice of Election identifies the criteria for being eligible for election to Council and the factors and conflicts of interest that would preclude a member from being eligible for election to Council. In the 2021 Notice of Election, CCO has identified various competencies that candidates are encouraged to include in their election material, including:
knowledge, expertise, skills and attributes related to: chiropractic care of patients, including patients from different backgrounds, protection of the public interest, serving on boards in an oversight role, interpersonal and communication skills, previous roles and experience in business, organizational planning, human resources, health and safety, policy development, risk management, education and research, financial or accounting, information technology and any other roles relevant to CCO's mandate and functions. This document is available to the public.

- CCO By-law 6 and By-law 12 identify the competencies and criteria for Council and Committee members, which are also included in the Notice of Election. These documents are available to the public. In accordance with By-law 12: Appointment of Non-Council Members, Council shall take into account location of practice, experience, professional qualification and skills, and other qualifications and attributes of members of the committees who are members of Council.

Orientation Training for New Council Members

- As part of the candidate undertaking (available to the public), a candidate for elections is required to undertake that they will attend and participate any and all Council orientation sessions conducted by CCO. In prior years, an orientation and training session is always conducted at the first Council meeting that a new council member attends, which addresses topics such as duties and objects of the College, the role of regulating the profession in the public interest, the roles and responsibilities of CCO committees, various duties of Council members, including the duty of confidentiality and declarations of conflicts of interest. This session is led by outside legal counsel and involves various scenarios and role-playing exercises. Due to the COVID-19 pandemic, council training that typically takes

place in April 2020 was delayed; however, multiple training sessions were conducted for new and current council members during the year. These included training sessions on topics such as: an introduction to governance, effective chair training (basic and advanced training), use of technology for meetings and internal elections, council performance measurement framework and evaluation training. Four orientation sessions were conducted in total in 2020 and two education sessions on meeting and internal election technology were conducted in 2020, all through remote presentations and participation. These took place on the following dates:

- o Technology training for virtual meetings and online voting in internal elections session 1 – led by CCO staff: June 12, 2020
- o Technology training for virtual meetings and online voting in internal elections session 2 – led by CCO staff: June 15, 2020
- o Governance 101 – led by Registrar and General Counsel Ms Jo-Ann Willson and Outside Legal Counsel Mr. Richard Steinecke: June 26, 2020
- o Effective Chair Training – led by outside Legal Counsel Ms Rebecca Durcan: July 10, 2020
- o Council Performance Measurement Framework and Evaluation Training – led by Outside Legal Counsel Mr. Richard Steinecke and Outside Regulatory Consultant Ms Deanna Williams: July 24, 2020
- o Advanced Training – Effective Chairing 2.0 – led by Outside Legal Counsel Mr. Richard Steinecke and Outside Regulatory Consultant Ms Deanna Williams: November 27, 2020

- New Council members are also required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). In 2020, all Council members were also encouraged to participate in HPRO governance training, which took place on November 23 and 30, 2020. All training sessions were 3-4 hours.

Orientation Training for New Committee Members

- CCO also conducts an orientation at the first Committee meeting once a new committee is constituted. This includes a review of the role and mandate of the committees, governing legislation and regulations of the committee, a review of the standards of practice, policies and guidelines and various ongoing processes and activities of the committee, the involvement of stakeholders and system partners in the function of the committee, and the role of committee members and staff.

- The HPRO discipline training is mandatory for all council and committee members before sitting on a Discipline panel. This consists of two full day training sessions. For the ICRC, outside legal counsel attended the first two meetings of the new committee formed in April 2020 to provide training and support. Other committees, included orientations and introductions to the committees provided by internal CCO staff, which typically were 30 minutes.

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

CCO is continuously reviewing its competency/suitability criteria and processes for Council and committee members and looking at new educational and orientation opportunities for new and current Council and committee members, including diversity and inclusion training.

	b. Statutory Committee candidates have:	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
	i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	• The competency / suitability criteria are public: Yes ☒No ☐ As part of the annual orientation session, Council and non-Council committee members are provided with an orientation on all of the committees of CCO. These include the mandate and composition of the committees, a description of the activities of the committees and an expectation of the number of meetings and workload of the committees. CCO also conducts an orientation at the first Committee meeting once a new committee is constituted. This includes a review of the governing legislation and regulations of the committee, a review of the standards of practice, policies and guidelines and various processes and activities of the committee, and the role of committee members and staff. Appointments are made by CCO Council to committee in accordance with By-law 7 and By-law 12. Duties and powers of executive officers and committee chairs are described in By-law 7. By-law 12 describes that appointments of non-council committee positions should "take into account location and type of practice, experience, professional qualifications and skills, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council." Candidates interested in all committee positions are given an opportunity to speak to their competencies and qualifications for that particular committee position and appointments are made by election of Council members, in accordance with By-law 7. Non-Council committee members are given an opportunity to provide a written letter of interest in various committee positions and speak to their qualifications and competencies and are elected by Council in accordance with By-law 7 and 12. The meeting materials regarding appointments to committees are made public at the following link.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		CCO is continuously reviewing its competency/suitability criteria and processes for council and committee members and looking at new educational and orientation opportunities for new and current council and committee members.
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		Once appointed to CCO Council, new public members are required to undergo an orientation session conducted by CCO outside legal counsel which includes an introduction to CCO, professional regulation and governance. This is an online training typically 3-4 hours in length. Public members are also required to participate in all orientation and training sessions listed above for council members conducted by CCO and HPRO and are encouraged to participate in any other courses or training sessions offered. HRPO training sessions are linked to at the [following link]().
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional): CCO continues to explore opportunities for additional training opportunities for public members and encourages public members to find training opportunities relevant to their duties at CCO as well. These training opportunities include both in-house training conducted at CCO and training conducted by collaborative groups, such as HPRO.

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	
	   i. Council meetings;
	
	   ii. Council
		The College fulfills this requirement: Yes ☐ Partially ☒ No ☐

		• Year when Framework was developed **OR** last updated: • Insert a link to Framework **OR** link to Council meeting materials where (updated) Framework is found and was approved: *<insert link>* • Evaluation and assessment results are discussed at public Council meeting: Yes ☒ No ☐ *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:* Every year, CCO Council participates in a strategic planning sessions or a strategic planning refresher. This session consists of weekend-long meetings (Friday – Sunday) to review CCO's Mission, Vision, Values and Strategic Objectives, qualitatively review performance against those objectives and other "big picture" issues related to professional regulation. CCO has typically brought in an outside facilitator to lead these meetings and will also include other presentations and activities from outside experts as part of the meetings. Unfortunately, due to the Coronavirus Disease of 2019 (COVID-19) pandemic, CCO cancelled its annual strategic planning sessions, which typically takes place in September every year. Council approved a Council meeting evaluation form for every Council meeting in 2013. Although CCO Council used this in the past in public Council meetings, it did not use this in 2020, as there were competing priorities related to COVID-19. In 2021, Council will be reviewing its evaluation processes and looking for ways to improve its framework for self evaluation.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional)
		CCO is tentatively planning strategic planning/topic focused meetings in September 2021; however, this will depend on the COVID-19 pandemic and whether such a session is feasible. These meetings focus on bigger picture issues, such as revisiting the College's mission, vision, values and strategic objectives and evaluation frameworks for Council and committees. CCO will also be reviewing its evaluation process for council and committee meetings.
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ Partially ☒ No ☐

Although CCO has not engaged a third party for a formal review of the Council's effectiveness in 2020, CCO has brought in outside consultants, including regulatory consultants, legal counsel and communication experts to facilitate education sessions on issues related to governance, conflict of interest, collegiality in internal debate, locus of responsibility for communication with the public, and duties of Council. This was a focused part of the September 2019 Strategic Planning session. CCO has also engaged these outside consultants to facilitate various internal conflicts on Council related to questions of conflict of interest and breaches of confidentiality.

• Year of last third-party evaluation:

CCO last updated its missions, vision, values and strategic objectives using an outside facilitator in 2017 (last full strategic planning to update CCO's mission, vision, values and strategic objectives). |

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional)
		As part of any future strategic planning/topic focused meetings, CCO is planning to engage outside consultants to assist in the assessment of Council effectiveness.
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found **OR** • Describe briefly how this has been done for the training provided <u>over the last year</u>. CCO council has focused training and education sessions to Council on issues that arise during the year and requests from Council members for further training in specific areas. Based on this, in 2020, training and education have focused on governance, duties of Council members, including confidentiality, objects of the College, Council and Committees, use of technology for meetings, conflict of interest and chairing meetings. Specific education and training sessions are described in Standard 1.1.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional): CCO continues to identify themes and topics related to improving its performance over the next reporting period. In addition to the topics listed above, themes will include business continuity, disaster recovery and any themes or areas identified through further development of tools for self-evaluation.

Standard 2
Council decisions are made in the public interest.

Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: • Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: Included in every Council and committee information package, included are the mission, vison, values and strategic objectives of CCO and the duties and objects of the College under the *Regulated Health Professions Act, 1991 (RHPA).* Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training. CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include: • Code of Conduct (public document on CCO's website, reviewed on an annual basis, last amended April 2016) • Confidentiality Undertaking (public document on CCO's website, reviewed on an annual basis, last amended April 2018) • Internal Policy I-015: Prevention of Abuse (internal policy, reviewed on an annual basis, last amended September 2018) CCO also has a Policy on Conflict of Interest for Council and Non-Council Committee Members which is included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website. CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) CCO reviews its internal policies on an annual basis and updates and amends them if any changes are identified by committees and recommended to Council.
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes ☒ No ☐
		• Cooling off period is enforced through: Conflict of interest policy ☐ By-law ☒ Competency/Suitability criteria ☐ Other *please specify* CCO By-law 6: Election of Council Members and By-law 12: Appointment of Non-Council Members identify "cooling off" periods as follows: • A member may be on CCO council or a committee for a maximum of nine years and then are required to be off CCO council or a committee for at least three years until being eligible for election to Council or appointment to a committee. • A member may only be chair of Council or a committee for a maximum of two consecutive years. • A member is required to not be an employee, officer or director of a professional chiropractic organization that is identified as having a conflict of interest with CCO for a period of at least 12 months before being eligible for election to CCO Council • These by-laws are reviewed on an annual basis and were last amended in June 2019.

---

[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) CCO reviews its by-laws on an annual basis, including cooling off periods, including a review of best practices of other Ontario health regulatory colleges. By-laws continue to be amended and updated.
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally:	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
	i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and	• The year when conflict of interest the questionnaire was implemented *OR* last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☒ Often ☐ Sometimes ☐ Never ☐ Insert a link to most recent Council meeting materials that includes the questionnaire: Although a specific conflict of interest questionnaire has not been used, council and committees are required to identify potential conflicts of interest or appearances of bias at every meeting for every agenda item, based on the criteria of various CCO policies and codes of conduct. Once a conflict is identified, council or committee will discuss that council member's possible exclusion from discussion and/or voting on that particular agenda item while that council member is absent. CCO has identified potential conflicts of interest in its various by-laws, undertakings and policies listed as follows: • Code of Conduct (public document on CCO's website, reviewed on an annual basis, last amended April 2016) • Confidentiality Undertaking (public document on CCO's website, reviewed on an annual basis, last amended April 2018)

| | any conflict of interest <u>specific to the meeting agenda</u>. | [Internal Policy I-015: Prevention of Abuse](#) (internal policy, reviewed on an annual basis, last amended September 2018) CCO also has a [Policy P-011: Conflict of Interest for Council and Non-Council Committee Members](#) which is included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website.
CCO has reviewed and considered questionnaires on conflict of interest; however, has not yet implemented a specific questionnaire. However, CCO begins every Council and committee meeting with a declaration of any real or potential conflict of interest in relation to any agenda item. These declared conflicts of interest are then addressed at the meeting and, if necessary, a council or committee member will remove themselves from the discussion and/or decision-making process for that particular agenda item. CCO also gives consideration to any real or perceived conflicts of interest in inquiries, complaints and reports and discipline matters. Council or committee members will declare any real or perceived conflict of interest in relation to the review of a complaint or report or the sitting on a disciplinary panel. Alternates are available in this event.

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

Additional comments for clarification (optional)

CCO will continue to review its conflict of interest practices for Council and committee meetings in 2021, based on current CCO policy and codes of conduct. |
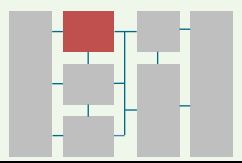
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	**The College fulfills this requirement:** Yes ☒ Partially ☐ No ☐
		Council materials include committee reports that describe the public interest rationale, as well as processes, research and background materials for any motion that is made for approval from Council. Reports to Council often includes research on practices and procedures of other jurisdictions and Ontario regulators in Ontario, feedback from distributions from members, patients and stakeholders and government regulations and priorities. Public Council packages can be found at the [following link](#).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 3
The College acts to foster public trust through transparency about decisions made and actions taken.

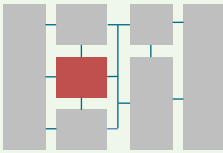| Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g., indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
		• Insert link to webpage where Council minutes are posted: CCO posts on its "News & Updates" page and distributes to members and stakeholders new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into affect following approval of the minutes. Although CCO has not published Council minutes in the past, CCO approved an internal policy on Council minutes, Policy I-017: Minutes for CCO Meetings, which would make Council minutes public, once they are approved, except for those minutes that reflect the in camera portion of the Council meeting.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) CCO has approved an internal policy on the taking and publishing of minutes in February 2021, and will continue to review and revise this policy based on best practices, including status updates of decision items related to the minutes.

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		The College fulfills this requirement: Yes ☐ Partially ☒ No ☐

		• Insert a link to webpage where Executive Committee minutes / meeting information are posted: CCO publishes Executive Committee meetings dates in its public Council packages, posted on the CCO website on the Council meeting page. The public Council package includes committee reports, including the Executive Committee report to Council, which includes all recommendations recommended to Council by the Executive Committee. Recommendations include a description of the recommendation, all relevant documents, including marked up copies of changes to existing documents, relevant information from other regulators, stakeholders and system partners, and feedback from members and stakeholders, if applicable. The Executive Committee report also includes any decisions or approvals made by the Executive Committee to be ratified by Council, if properly constituted.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional) CCO will continue to review its policies around making certain information from Executive Committee meetings publicly available.
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		CCO posts its mission, vision, values and strategic objectives on its website and publications, such as annual reports.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional)

3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		CCO posts its upcoming Council meeting dates and public council meeting materials once they are prepared, general one week in advance.
		Additional comments for clarification (optional)
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		Notices of discipline hearings are posted both on the CCO website and under the member profile on the public register. These postings include a link to the Notice of Hearing and discipline hearing dates once they are scheduled. Following the discipline hearing, an agreed statement of fact, discipline decision and suspension dates are posted.
		Additional comments for clarification (optional)

DOMAIN 2: RESOURCES

Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Among its strategic objectives is "Continue to meet CCO's statutory mandate resource priorities in a fiscally responsible manner". Fiscal management is one criterion at which CCO has excelled, as evidenced by the following: • Through extensive efforts over many years, CCO built sufficient resources to purchase a new home for CCO headquarters in 2019 at Yonge and Bloor; • CCO's new office space was built out on budget (despite many setbacks); • CCO has maintained members' dues at the same level since 2011; • The staff complement is small, competent, and loyal; there are 11 staff members for just over 5100 members. CCO has operated in a fiscally responsible manner as evidenced in its financial reports published in its annual reports and in every Council meeting package. 2019 audited financial statements are included in the 2019 Annual Report and 2020 financial statements will be posted in the 2020 Annual Report, once the auditing of them is complete. CCO has operated with a surplus in every year in the recent past and has reserves that are enough to operate CCO for at least one fiscal year. At every Council meeting, CCO Council reviews its expenses vs. budget for every budget item ongoing during the fiscal year. CCO will review any budget items where the actual expenses may be in excess of the budgeted cost. This may occur for committees such as Inquiries, Complaints and Reports and Discipline where the costs of the committees are contingent on the number of complaints and discipline hearings and may be difficult to predict exactly when approving a budget. Since these are core functions, CCO has always

		been able to fulfill the mandate of these committees by increasing the budget line for that particular college committee or function. CCO will also use these increased figures as a guide to form the future budget for the next year. Despite the requirement to increase particular budget items or committees as described above, CCO has not gone over budget as a whole during a fiscal year. At every Council and Executive meeting, actual financial results are compared with the budget and significant variances are reviewed and investigated further.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐ <u>If applicable</u>: CCO does not have a formal "financial reserve policy"; however, at year end, CCO will always analyse its budgetary spending and invest any surplus in a reserve fund. Has the financial reserve policy been validated by a financial auditor? Yes ☐ No ☒
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐

		In 2021, CCO will be working with its auditor to develop a formal financial reserve policy. The CCO auditor has recommended creating a policy to hold the equivalent of one year's worth of expenses in reserve, which CCO more than exceeds.
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐ • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. CCO includes detailed financial statements in the in-camera section of each Council package as well as each Executive Committee meeting package. At each meeting, the Treasurer provides a detailed report on CCO's updated financial information, including assets and liabilities, yearly spending vs. budget items, details around various fixed costs and reports about human resources, staff and staff training updates. CCO's financial and human resources information is publicly available in CCO's annual reports.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) CCO will continue to work on developing policies related to operation and financial planning.

DOMAIN 3: SYSTEM PARTNER	
Standard 5 **The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**	
Standard 6 **The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**	
Standard 7 **The College responds in a timely and effective manner to changing public expectations.**	
	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.* *Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).*

The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:

- **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**

Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).*

CCO actively engages with other health regulatory colleges, system partners and stakeholders to align the oversight of the practice of the profession and support execution of its mandate. The following is a description of several of those organizations and CCO's involvement in them. Specific initiatives with stakeholders and system partners are further described in standards 6 and 7.

HPRO is an organization of all health regulatory colleges governed under the *RHPA*. HPRO regularly has meetings of all its directors and Executive Committee, as well as several sub-committees, including Communications and Corporate Services. HPRO conducts training and seminars for council and staff of regulatory colleges, such as governance training, basic and advanced discipline training and prevention of sexual abuse of patients. The discipline training is a requirement for CCO Council and committee members to complete before sitting on a Discipline panel. Additionally, HPRO has conducted many virtual meetings in 2020, primarily to communicate with the Ontario Government and Ministry of Health and communicate among health regulatory colleges to ensure consistent messages and regulation with respect to the COVID-19 pandemic. These meetings have included topics such as transitioning to a virtual office and establishing policies and procedures with respect to urgent/emergency care, virtual care, accommodation of applicants due to examination cancellations, and return to work polices and protocols (more description of these initiatives will be included in the upcoming standards).

CCO has also participated in smaller groupings of Ontario health regulatory colleges to discuss and share information on a variety of issues such as procurement policies and business continuity and disaster relief funding.
The Ontario Fairness Commissioner (OFC) is the organization that assesses the registration practices of regulated professions and trades in Ontario to make sure they are transparent, objective, impartial and fair for anyone applying to practise his or her profession in Ontario. CCO provides annual reports to the OFC, posted on CCO's website and has annual meetings with the OFC to discuss ongoing developments in registration practices.

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

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

The FCC regularly holds two multi-day meetings, typically taking place in April and November each year, as well as holding additional meetings and communication exchanges throughout the year. During 2020, many of the communications and initiatives of the FCC related to the COVID-19 pandemic, regulatory issues arising from the COVID-19 pandemic and the sharing of best practices across the country, such as establishing policies and procedures with respect to urgent/emergency care, virtual care, accommodation of applicants due to examination cancellations, and return to work polices and protocols (more description of these initiatives will be included in the following sections).

CCO actively engages with other chiropractic stakeholders in fulfilling its mandate to regulate the chiropractic profession in the public interest. These stakeholders include:

The Canadian Chiropractic Protective Association (CCPA): the largest malpractice protective association for chiropractors in Canada. The CCPA has attended meetings at the FCC and has presented on issues related to professional liability protection. CCO along with the CCPA arranged and presented at the FCC meetings on November 23, 2019 on issues related to scope of practice, advertising, websites and social media. CCO has also presented along with CCPA to groups of chiropractic students at accredited chiropractic colleges such as the Canadian Memorial Chiropractic and D'Youville College. CCO engages in regular communication with the CCPA and both organizations often refer members with questions related to professional liability protection vs. professional regulation.

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

- Component A – Chiropractic Knowledge
- Component B – Clinical Decision Making
- Component C – Clinical Skills Demonstration

CCO attends annual meetings of the CCEB as a member of the board, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, as well as the election of various board positions the review and approval of financial information. CCO attended the CMCC board meeting on November 27, 2020.

The Canadian Memorial Chiropractic College (CMCC) is the only English-speaking accredited chiropractic college in Canada. CMCC is a member of the FCC and attends those meetings to participate in discussions and policy development around accreditation and educational. CCO is in continuous communication with CMCC around the requirements for new graduates to become registered with CCO following graduation. CCO, along with other stakeholders and system partners will often present to students at CMCC on matters related to professional regulation. On September 25, 2020, CCO's Registrar presented as part of a panel discussion with other chiropractic stakeholders and system partners to CMCC students as part of a presentation on the Proposition Statement for chiropractic.

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

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

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

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

	CCO regularly communicates and meets with the above organizations both formally and informally. Details of the meetings and consultations with these groups are detailed in the standards 6 and 7.

Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.

The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).*

The following are examples of specific cooperative and collaborative relationships CCO has engaged in with system partners and stakeholders in responding to public/societal expectations and fulfilling its mandate. Please note, many of these collaborations in 2020 are related to the COVID-19 pandemic.

Moving Towards Urgent/Emergency Care in March 2020

In response to Ontario Government, Ministry of Health and Public Heath Ontario directives regarding the COVID-19 pandemic, CCO held regular virtual meetings with system partners and stakeholders on the move to urgent/emergency care for regulated health professionals. CCO held regular virtual meetings with the FCC board members and chiropractic regulators across Canada to have

Standard 7: The College responds in a timely and effective manner to changing public expectations.

Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.

- *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g., Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).*
- *The College is asked to provide an example(s) of key successes and achievements from the reporting year.*

Moving Towards Urgent/Emergency Care in March 2020

During the COVID-19 pandemic, CCO has been communicating with members and stakeholders through President's Messages, emailed to members and stakeholders and posted on CCO's website. All President's messages are available at the following link.

The collaborative efforts with stakeholders and system partners assisted CCO in communicating timely and consistent messages to align with other chiropractic regulators across Canada, chiropractic professional associations in Ontario and other health regulatory colleges in Ontario.

discussions and share policies and best practices on policies and communications on the move to urgent/emergency care for regulated health professionals. These meetings were valuable in sharing best practices and directly led to the communication of messages to CCO members through President's Messages.

Regular Communications on COVID-19 with members, stakeholders and system partners through President's Messages

During the COVID-19 pandemic, CCO regularly communicated with members and stakeholders through President's Messages on ongoing updates to the COVID-19 pandemic. These included evolving expectations with respect to practice and communication concerning COVID-19 and specifically ensuring that members practised in accordance with evolving public health and safety measures and did not make any communications or claims with respect to COVID-19, vaccines or immunity that were outside of the chiropractic scope of practice. System partners in these communications included members, professional associations, educational institutions, malpractice insurance providers, federal regulatory associations. As well, all messages are posted on the public facing CCO website and available for members of the public to access.

Move to a Virtual/Remote Office

Through HPRO meetings and the sharing of resources through a website, Ontario Health Regulatory Colleges were able to share and learn information from other Ontario regulators on moving to a virtual office in the early days of the COVID-19 pandemic. The sharing of this information was valuable in learning best practices on ensuring core college functions continued in a virtual/remote office setting, such as communicating with members and updating

During the early days of the pandemic, CCO communicated to members and stakeholders the directives to move to urgent/emergency care on the following dates:
- March 16, 2020
- March 17, 2020
- March 24, 2020

Regular Communications on COVID-19 with members, stakeholders and system partners through President's Messages

Regular and ongoing President's Messages with regard to COVID-19 was crucial in informing members of changing public expectations, including evolving public health and safety measures with regard to practice, advertising and communication regarding COVID-19.

Move to a Virtual/Remote Office

The sharing of best practices among health regulators in Ontario and specifically through HRPO meetings and document sharing allowed CCO to move the majority of its operations remotely. This included:
- CCO staff accessing their phones, emails, documents, database and communication and finance tools through CCO-provided laptops.
- The cancellation of in-person meetings and the move to virtual meetings using the Zoom platform, after researching several different options.
- Relaxing or postponing certain registration requirement, such as notarizing photos and application forms, in an effort to assist members in becoming registered.

![College of Chiropractors of Ontario logo] College of Chiropractors of Ontario / L'Ordre des Chiropraticiens de l'Ontario

CCO CPMF Reporting Tool – March 31, 2021

information regarding the COVID-19 pandemic, registering new applicants, responding to, reviewing and deciding inquiries, complaints and reports matters, conducting Council and committee meetings, administering examinations and providing funding for therapy and counselling for victims of sexual abuse.

Developing Guidelines for Virtual Care or "TeleCare"

CCO met and consulted with a variety of system partners and stakeholders in its development of guidelines around providing virtual care to patients as a result of the limitation of in-person care to urgent/emergency care. CCO communicated with the FCC and other Canadian chiropractic regulators on best practices and consistent guidelines that would be applicable to chiropractors practising virtual care across Canada. CCO also had meetings with multi-disciplinary health providers groups in Ontario involving chiropractors, physiotherapist and physicians to discuss and gain valuable insight into the protocols for virtual care in multi-disciplinary settings in Ontario. In developing guidance around virtual care or "telecare", CCO authored and distributed a draft to key chiropractic stakeholders, such as the CCPA, OCA, AFC and FCC, adopting their feedback into the final version of this guidance.

Developing Return to Work Guidance and Infographics

CCO continued to have ongoing meetings with the HPRO and the FCC about return to work guidance for regulated health professionals once the Ontario Government approved the directive for a return to work for regulated health professionals. CCO gained valuable insight from other chiropractic regulators across Canada who were further along with the return to work timelines in the COVID-19 pandemic. As well, CCO distributed and received valuable feedback from system partners and stakeholders, such as the CCPA,

- The intake, review and disposal of inquiries, complaints and reports. CCO processed a high number of complaints in the early months of the pandemic, many relating to advertising, websites and social media. CCO's Inquiries, Complaints and Reports Committee was able to move to virtual meetings and review and dispose of a high number of complaints in the early months of the pandemic. Statistics and messages around complaints were communicated to members and stakeholders as part of the April 27, 2020 President's Message.
- Having a small number of staff occasionally attend the office in person to pick up mail and distribute urgent items to different staff members.

Developing Guidelines for Virtual Care or "TeleCare"

Collaboration with stakeholders and system partners was extremely helpful in the development of guidelines around virtual or telecare, as the chiropractic profession is generally a "hands-on" profession. However, meetings and feedback from a variety of stakeholders, including those in other professions that collaborate with chiropractors in multi-disciplinary practices, was very informative in developing guidance in this area. CCO also observed that many other chiropractic regulators across Canada expanded their criteria for virtual care to allow for various models of care to be delivered virtually during the restriction of in-person care to urgent/emergency care.

CCO used the President's Message on April 17, 2020 to communicate guidance around telecare.

OCA, AFC and FCC in its return to work guidance. Similarly, sharing of resources through HPRO with other Ontario health regulatory colleges was valuable in reviewing and drafting consistent guidance documents and messages.

CCO developed and circulated drafts of return to work guidance documents and infographics in anticipation of the Ontario Government's direction that regulated health professionals could return to work beyond urgent/emergency care. This was done to ensure that the final documents were ready to be circulated to members in Ontario before the return to work, so chiropractors could make preparations for this and ensure that they were prepared to follow safety and public measures with respect to COVID-19.

Development of the General (Provisional) Class of Registration and Application Form for Applicants Affected by Examination Cancellation

One of the unfortunate consequences of the COVID-19 pandemic, was the cancellation of entry-to-practice examinations which were to take place in May/June 2020. CCO's ongoing meetings with the FCC and HPRO involved discussions on how to address the issues of applicants being unable to fulfill the examination requirements for registration, since these cancellations affected multiple professions all across Canada.

CCO commissioned the research group Accessing Centre for Expertise from the University of Toronto to conduct research on the options available to CCO for accommodating applicants for a provisional class of registration due to the inability of these applicants to take these entry-to-practise examinations in May/June 2020. CCO also circulated and incorporated feedback from system

Development of the General (Provisional) Class of Registration and Application Form for Applicants Affected by Examination Cancellation

In developing a policy and application form for a General (Provisional) Class of Registration, CCO benefited from a collaborative approach and valuable insight and feedback from many stakeholders and system partners. ACE provided research which supported the development of a provisional certificate of registration with terms, conditions and limitations, specifically around the requirement to practise under the supervision of a member in good standing. The CCEB participated as a guest at Registration Committee meetings to provide valuable insights into the various components of the entry-to-practise examinations and the movement of various components of their examinations to an online platform for the October 2020 sitting. Other chiropractic stakeholders, such as CMCC, OCA and CCPA also provided valuable feedback from the perspectives of the educational institution, professional association and professional malpractice protection provider.

CCO's Executive Committee approved the policy and application form for a General (Provisional) certificate of registration on August 12, 2020 and immediately posted it on its website and distributed it to members and stakeholders.

In the months of August – November, CCO registered 83 members in the General (Provisional) class of registration. All but one of those members has since passed all of their entry-to-practise examinations and have been registered in the General class of registration.
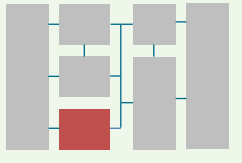
partners and stakeholders regarding a draft policy and application form for General (Provisional) members. CCO used existing policy around the supervision and direction of chiropractors in training as a model for the General (Provisional) certificate of registration, which would require a level of supervision for members who were unable to fulfill certain examination requirements due to the cancellation of the May/June entry-to-practise examinations. CCO also invited the CEO of the CCEB to its Registration Committee meetings to provide updates on the examinations and feedback on the development of the General (Provisional) certificate of registration and application form.

Standards and Guidelines Circulated for Feedback

CCO circulates draft by-laws, standards of practice, policies and guidelines to members and stakeholders for feedback if there is a proposed substantive amended an existing by-law, standard of practice, policy or guideline or if there is a substantively new by-law, standards of practice, policy or guideline. Circulations of draft documents for feedback provide CCO council and committees with valuable feedback from members and stakeholders, such as professional malpractice providers, educational institutions and professional associations. CCO often receives feedback from chiropractic patients and members of the public, as consultations for feedback are available on the front page of CCO's website.

In 2020, CCO reviewed extensive feedback related to two substantive changes to CCO standards of practice, policies and guidelines under review; substantive amendments to Guideline G-008: Business Practices, and a new draft standard of practice and guideline on Health Care Claims in Advertising, Websites and Social Media.

CCO recognizes those members who agreed to supervise new members of the chiropractic profession and who demonstrated their commitment to the chiropractic profession and public interest in Ontario and showed a leadership role during a difficult time. During its annual meeting with the OFC, the policy work and processing of applications for General (Provisional) certificates of registration was identified as a best practice by the OFC during the COVID-19 pandemic.

Due to the cancelling of the February sittings of the in-person component of the CCEB examinations, CCO has reviewed and updated its policy and application form for the General (Provisional) certificate of registration, allowing applicants affected by this cancellation to practise under the supervision of a member in good standing until they are able to successfully pass this component of the entry-to-practise examination.

Standards and Guideline Circulated for Feedback

CCO continued to review hundreds of pages of feedback to a distribution it conducted in 2019 related to substantive changes to Guideline G-008: Business Practices. Due to the COVID-19 pandemic, CCO delayed the review and recommendations for amendments, as a lot of further feedback came into CCO in late February/early March, just as the COVID-19 pandemic was beginning. CCO revisited review of this guideline at a July 2020, including the review and incorporation of hundreds of pages of feedback from chiropractic pages. These recommendations were then recommended to the Executive Committee, [approved and posted on the CCO website and distributed to members and stakeholders on August 24, 2020](.).
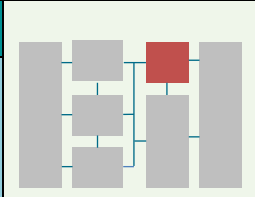
	Opioid Tool from the Ontario Chiropractic Association The OCA consulted with CCO about feedback regarding its opioid tool. Although this was a professional association initiative, CCO reviewed this tool at its June 2020 Council meeting with a view to provide feedback to any regulatory and/or scope of practice issues.	Also delayed by the COVID-19 pandemic, CCO approved the distribution for feedback of a draft standard of practice and guideline around health care claims in advertising, websites and social media. CCO received extensive feedback on this distribution and continues to review this and conduct additional research in this area. **Opioid Tool from the Ontario Chiropractic Association** CCO applauds the efforts of the OCA in developing tools to assist chiropractors in addressing the opioid crisis.

DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Insert a link to policies and processes **OR** provide brief description of the respective policies and processes. CCO has various policies and by-laws intended to maintain privacy and the prevent unauthorized disclosure of information: • CCO has a Privacy Code outlining the privacy practices of the College, available on the CCO website. • CCO Council and committee members and peer assessors are required to sign annually a confidentiality undertaking. • CCO staff members have all signed a confidentiality undertaking with regard to working remotely. This undertaking outlines the expectations of maintaining privacy and confidentiality specific to remote work. • CCO staff members have participated in various continuing education events related to confidentiality and privacy in the face of the COVID-19 pandemic, specifically addressing working remotely. • CCO only makes member information public in accordance with the public register requirements of the Health Professions Procedural Code and By-law 17: Public Register. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

DOMAIN 5: REGULATORY POLICIES

Standard 9

Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.

| Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

		  At the first committee meeting following the constitution of new committees annually, every committee reviews all of its standards of practice, policies, guidelines and by-laws and identifies documents that should be reviewed and considered for amendments. In addition to this annual review, there are many circumstances that may trigger a review of a regulatory document: • The Inquiries, Complaints and Reports (ICR) Committee may find that there is a public interest reason to review a regulatory document based on the facts of circumstances of a complaint. The ICRC would then write a memorandum to that specific committee, identifying the issue and suggesting that the committee review and consider amendments to the regulatory documents based on the facts of circumstances of a complaint. Past examples of this have been the ICRC liaising with the Quality Assurance Committee to review the standard of practice on conflict of interest in commercial ventures to address the issue of the exchange of benefits in the referral of patients (amended in February 2018). Another example was the ICRC liaising with the QA Committee to develop a standard of practice on third party independent chiropractic assessments, at a time when there were a number of complaints on this issue. • Legislative and regulatory amendments to the *RHPA* or other relevant legislation will often lead to review and amendments to regulatory documents to ensure consistency with overarching legislation. For example, when there were amendments to the sexual abuse provision of the *RHPA*, the Patient Relations Committee reviewed and recommended amendments, approved by Council, to Standard of Practice S-014: Prevention of Sexual Abuse of Patients. Another example occurred when By-law 17: Pubic Register was reviewed and recommended for amendments by the Executive Committee, following amendments to the public register requirements of the *RHPA*. • CCO will research the regulatory practices of chiropractic regulators from other Canadian jurisdictions, and other health regulatory colleges in Ontario to assist in

		guiding its policy review in a given area. If CCO identifies best practices on an issue or a regulatory document from another regulator that addresses a particular issue before CCO, this may trigger a review or amendments of a CCO regulatory document. Examples of this have been CCO developing a policy on the submission of police record checks from applicants, and developing a guideline on delegation, assignment and referral of care. • Other incidences that may trigger a review and consideration of amendments to CCO regulatory documents are communications from CCO stakeholders or system partners, such as the Office of the Fairness Commissioner, chiropractic professional associations and malpractice insurance providers and members of the public.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

<table>
<tr>
<td></td>
<td></td>
<td>

- For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) **OR** describe it in a few words.

CCO summarized its policy development with regard to COVID-19 in 2020 in standards 6 and 7 in this document. Due to the COVID-19 pandemic, this work was prioritized by CCO in 2020. The following summarize two additional amendments to guidelines unrelated to COVID-19.

Amendments to Guideline G-008: Business Practices

CCO conducted an extensive review of proposed amendments to Guideline G-008: Business Practices, which proposed to make substantive amendments to this guideline with respect to billing arrangements and payments plans. In its review, the Quality Assurance Committee conducted the following research and review:

- The number and substance of complaints on this issue over the last three years, represented in annual reports statistics and sterilized complaints decisions;
- A review of standards of practice, policies and guidelines from other chiropractic regulators across Canada and Ontario health regulators;
- An extensive consultation, involving feedback from members, stakeholders and system partners, patients and members of the public;
- Extensive discussion on public interest issues related to this guideline specifically to ensure the focus is always on patient care, which follows the process of consultation, consent to examination, examination, communicating of a diagnosis or clinical impression, communicating a plan of care, informed consent for care, delivery of care, re-assessments on or before the 24th visit or when clinically indicated, and the focus of the doctor/patient relationship on examination and care.

The content of this review can be accessed in the Quality Assurance section of the February 26, 2020 Council materials.
</td>
</tr>
</table>

Further review took place in July and August 2020. The Executive Committee approved amendments to this guideline, which were distributed to members and posted on CCO's website at the [following link](). The distribution of this guideline included a memorandum outlining the amendments and an updated version of the guideline.

Amendments to Guideline G-010: Mandatory and Permissive Reporting

As part of its annual review of all standards of practice, policies and guidelines, CCO's Patient Relations Committee reviewed its guideline which summarizes mandatory and permissive reporting obligations for members of CCO. This guideline summarizes various reporting obligations for members, including the mandatory reporting of sexual abuse under the *RHPA* and the mandatory reporting of child abuse under the *Child and Family Services Act*. CCO conducted a review of this guideline to ensure that its legislative references were up to date. CCO updated this guideline to include various reporting obligations associated with privacy breaches under the *Personal Health Information Protection Act, 2004 (PHIPA).*

Based on its review of *PHIPA* requirements and resources from the Ontario Information and Privacy Commissioner, the Patient Relations Committee recommended amendments to this guideline to Council in September 2019, which came into effect in November 2019. Since the amendments were non substantive in nature and were updates to existing legislation, CCO did not circulate the proposed amendments for feedback. However, CCO communicated [these amendments to members and stakeholders in a communication dated November 28, 2019](). Included in this communication was a link to the updated guideline, a summary of the approved changes and links to additional resources about privacy.

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

Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 **The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.**		
Measure	**Required evidence**	**College response**
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[3].	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

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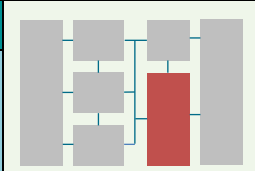
[3] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted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

| | | Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements *OR* describe in a few words the processes and checks that are carried out: Insert a link *OR* provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
CCO's Prospective Members section of its website includes all regulations, by-laws, policies, application forms, decision-making charts for requirements for registration and links to outside organizations, such as educational accrediting agencies and the clinical competency examining board.

CCO's Registration Coordinator receives completed applications from prospective members and verifies them for all of the requirements for registration are included. As part of the registration application submission, CCO will receive documents from outside organizations, such as transcripts from accredited chiropractic educational institutions, examination results from the CCEB and Vulnerable Sector Police Checks from police departments.

Once a completed application is received and reviewed by the Registration Coordinator, it will then be reviewed by the Registrar and General Counsel. The Registration Coordinator and Registrar and General Counsel will review each application to ensure that all requirements for registration in CCO's Registration Regulation and various registration by-laws and polices have been met.

If any application is missing a requirement or if there is a question as to the completeness of an application, the applicant will be asked to provide additional information.

Only after review and approval from the Registrar and General Counsel, will an application for registration be approved and the applicant be issued a certificate of registration. Approximately 95% of applications are approved by the Registrar and General Counsel. |

If there is a question whether the applicant meets the requirements for registration, the application and additional information will be referred to the Registration Committee for review and a decision. Review of the application may include additional information for review, such as a member's professional portfolio, outlining their quality assurance and continuing education activities, letters of good standing from other regulated jurisdictions in which the member practised and any applicable letters from medical or legal practitioners or experts. The Registration Committee will also review CCO regulations and policies as well as decision-making charts based on specific criteria and past precedents to help guide its decisions for previous members and new applicants.

Following review of an application and all applicable information, the Registration Committee may make the following decisions:
- Register the applicant
- Register the applicant with terms, conditions and limitations
- Not register the applicant
- Require the applicant to complete further requirements to be eligible for registration
- Request further information

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

Additional comments for clarification (optional)

	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon **OR** describe in a few words the process and checks that are carried out. • Provide the date when the criteria to assess registration requirements was last reviewed and updated. The Registration Committee annually reviews its regulations, policies and by-laws related to criteria and processes for registration. CCO also reviews its annual recommendations from the OFC for ways to further ensure its registration processes are fair, impartial and transparent. CCO's meetings with the FCC twice a year often include discussions and sharing of best practices regarding registration issues, accreditation and movement of members and applicants across jurisdictions within Canada.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency [4] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

---

[4] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

		• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon *OR* provide a brief overview:
		• List the experts / stakeholders who were consulted on currency:
		• Identify the date when currency requirements were last reviewed and updated:
		• Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.
		The Registration Committee annually reviews its annual renewal processes to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. Every two years, during the same renewal period, members are also required to report on their compliance with CCO's Quality Assurance requirements, such as compliance with self assessment and continuing education. Quality Assurance requirement and reporting are found in the Quality Assurance section of this document. Information related to 2021 renewal can be found at the [following link](#).
		CCO's Registration Committee reviews legislation and regulation, specifically the *RHPA* and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation. As well, in its review, the Registration Committee will review all relevant [by-laws](#), [regulations](#) and [policies](#) for any updates to the renewal process. If necessary, CCO will consult with outside legal counsel for any advice.
		For the 2021 renewal, the Registration Committee met in July and August 2020 to review the 2021 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2021.

		If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO's Registration Coordinator will automatically be notified by email, and that member's renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert a link to the most recent assessment report by the OFC *OR* provide summary of outcome assessment report:
		• Where an action plan was issued, is it: Completed ☒ In Progress ☐ Not Started ☐ No Action Plan Issued ☐
		CCO's OFC reports can all be found at the [following link](#).
		CCO has continuously updated the "Prospective Members" section of its website to ensure that its registration practices are transparent, objective, impartial and fair. These updates, based on its meetings and self assessments with the OFC, have included more links to outside organizations, costs associated with the registration process, lists of requirements and forms to be completed for registration with CCO, links to all relevant by-laws, regulations and policies associated with registration, and flowcharts to visualize requirements for registration for different types of applicants, depending on their circumstances.
		CCO's meetings with chiropractic stakeholders, such as educational accrediting boards and clinical competency examination providers include discussions and meetings to ensure that CCO's registration practices, including those administered by third parties, are transparent, objective, impartial and fair.
		During its meeting with the OFC on October 23, 2020, CCO was commended on its practices related to registration that were affected by COVID-19, described in Standard 6 and 7 of this document.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐ • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided The approval of any new or amended by-law, regulation, standard of practice, policy or guideline is always accompanied by the posting of the new or amended document with an accompanying memorandum in the "New & Updates" section of CCO's website, which is also distributed by email to members, stakeholders and system partners. The focus in 2020 was posting and distributing practices, policies and guidance documents related to COVID-19. These were all distributed via detailed and clear President's messages to members and stakeholders and posted on a COVID-19 page on the CCO website. CCO reaches all members and stakeholders with these communications. CCO also distributed amendments to Guideline G-008: Business Practices with an accompanying memorandum in August 2020. CCO staff are always available to field questions and concerns from members and stakeholders through email or by telephone. CCO will also incorporate updates to standards of practice, policies and guidelines into its Record Keeping Workshop (RKW). The RKW is mandatory for members either prior to registration or within their first year of registration with CCO, but is available to all

| | | members to attend. The RKW covers many regulatory topics in addition to record keeping, such as scope of practice, informed consent, business practices, privacy practices, and practices related to COVID-19. The RKW was moved to an online format in 2020 and was offered three times in February, September and December.

CCO also incorporates the application of new and amended standards of practice, policies and guidelines into both versions of its Peer and Practice Assessment (PPA) Program – 1.0 and 2.0. Each version of the PPA is mandatory for members who are randomly selected every year, but any member may volunteer to participate in either version of the PPA. PPA allows a means for a member to assess their compliance with all standards of practice, policies and guidelines, including new and amended standards of practice, policies and guidelines with a trained peer assessor appointed by CCO. Updates to the PPA program in 2020 included assessments related to COVID-19 when the program was relaunched in July/August 2020.

Statistics related to record keeping workshops and peer and practice assessments are included in the quantitative section of this report.

CCO began a pilot project in 2020 to proactively assess members' advertising, websites and social media accounts to review compliance with advertising provisions, including Standard of Practice S-016: Advertising, Guideline G-016: Advertising and Guideline G-012: Use of Social Media. This pilot project involved the review of the websites and social media accounts of current Council members, non-Council committee members and peer assessors (approximately 50 members) by former CCO President, Chair of the ICRC and peer assessor, Dr. Gauri Shankar, using a combination of technology and advertising checklists to review and provide feedback to members on their websites and advertising. CCO is considering various mechanisms for the proactive review of websites and social media and will continue to evaluate this project and provide further direction in 2021. Information about this pilot project was included in the September 11, 2020 public Council package – pages 1092 – 1098. All participants selected participated in this review. Many had preliminary question which were answered, and those participants provided with feedback on specific deficiencies took immediate action to remedy them. |

☐		• Does the College always provide this level of support: Yes ☒ No ☐ *If not, please provide a brief explanation:*
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) CCO continues to review how it communicates updates to new and amended CCO documents to members and stakeholders, including written materials, video presentations and webinars as well as updates to existing quality assurance programs.

11.2 The College effectively administers the assessment component(s) of its Quality Assurance (QA) Program in a manner that is aligned with right touch regulation[5].	a. The College has processes and policies in place outlining:
	
	i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
	
	ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and
		The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
		
		• List the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** link to website where this information can be found:
		
		• Is the process taken above for identifying priority areas codified in a policy: Yes ☒ No ☐
		If yes, please insert link to policy
		
		• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach **OR** describe right touch approach and evidence used:
		
		• Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable):
		If evaluated/updated, did the college engage the following stakeholders in the evaluation:
		
		    − *Public* *Yes ☐ No ☐*
		    − *Employers* *Yes ☐ No ☐*
		    − *Registrants* *Yes ☐ No ☐*
		    − *other stakeholders* *Yes ☐ No ☐*

---

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

	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	• *Insert link to document that outlines criteria to inform remediation activities **OR** list criteria:* The QA Program is described on CCO's website and consists of many components, including Professional Portfolio, Self Assessment, Continuing Education, Peer and Practice 1.0, Peer and Practice Assessment 2.0 and Record Keeping Workshops and the Core Competencies Document. All members are required to participate in the quality assurance program and are required within a two-year Continuing Education (CE) cycle to complete a self assessment, participate in continuing education and report on this to CCO through the member portal. The requirements of the quality assurance program are described in Standard of Practice S-003: Professional Portfolio. As well, approximately 250 – 500 members are selected for either Peer and Practice Assessment 1.0 or 2.0 each year. These selections are random in nature; however, there are several incidences which may trigger a member being selected for a peer and practice assessment, a requirement to attend a record keeping workshop or additional educational activities: • Members re-entering the General (i.e., active) class of registration after a period of at least 2 years are required to attend a record keeping workshop and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in Policy P-053: Returning to the General Class of Certificate of Registration. • Members who are subject to the inquiries, complaints and reports of discipline process are often required to participate in various components of the quality assurance program, such as a record keeping workshop and peer and practice assessment, through undertakings and discipline decision. These activities are intended to remediate deficiencies found as a result of the complaints or discipline processes. CCO receives feedback on its quality assurance program through a number of mechanisms:

<table>
<tr>
<td></td>
<td></td>
<td>

- CCO holds an annual peer and practice assessment workshop with all of its peer assessors. In 2020, this took place on January 25, 2020. This workshop provides an opportunity for peer assessors to provide valuable feedback on both versions of the PPA program. Each peer assessor conducts approximately 10 – 20 peer assessments per year and, as representatives of CCO who have the opportunity to assess and interact with members in an educational setting, they provide invaluable feedback on strengths, weaknesses and areas of improvement for the PPA program and the quality assurance program in general. Peer Assessors have the opportunity to provide feedback to the program through a number of exercises and all feedback is brought back to the QA Committee for review and consideration of further changes to the program.

- Each peer and practice assessment includes a feedback form that is filled out by the member being assessed. All feedback is reviewed by the QA Committee for the purposes of improving the program.

- All substantive new or amended by-laws, regulation, standards of practice, policies and guidelines are distributed to members and stakeholders for feedback, as well as posted publicly on the "News & Updates" section of the CCO website for the opportunity for the public and patients to provide feedback as well. All feedback related to quality assurance initiatives is reviewed by the Quality Assurance Committee and Council for further amendments.

</td>
</tr>
</table>

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of various Ontario health regulatory colleges. This sharing of best practices assists in identifying areas for improvement for CCO's QA Program. CCO will also be reviewing the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.
11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process: • Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation *OR* describe the process: Both PPA streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. Further remediation follow-up is scheduled on a case-by-case basis and CCO staff follows up with these members to ensure remediation recommendations are incorporated into their practices. This can occur through resubmission of updated record keeping forms.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 12

The complaints process is accessible and supportive.

Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☒ No ☐ • Does the College evaluate whether the information provided is clear and useful: Yes ☒ No ☐ CCO has several pages on its website describing the complaints process, including how to file a complaint, the information to be included in a complaint, template letters involved in the complaints process, the various steps of the complaints process and the possible outcomes of the complaints process. These are included at the following links, under both the "Members of the Public" and "Members of CCO" tab on the website: • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/ • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/ • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/ • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/ CCO staff will often correspond with potential complainants by phone and/or email to assist them with the complaints process.

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

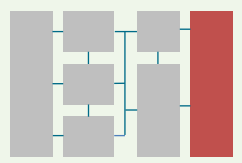|		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>) Responses to inquiries from the public or members regarding the filing of an inquiry, complaint or report, are provided within five business days and more often than not within two business days. Emails and phone inquiries are directed to the staff member who is associated with the question or concern. If staff are away for a period of time, an auto response is provided by email or phone to contact another staff member who will be able to assist the individual. College staff will also inform individuals of the timeline associated with a response to their inquiry, complaint or report. This includes the date of the next Inquiries, Complaints and Reports Committee meeting, an upcoming investigation or other process within the complaints committee.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process: • Most frequently provided supports in 2020: The College supports the public in a number of ways: • Communicating with the member of the public by phone and/or email to aid in understanding the existing standards of practice, policies and guidelines of the College; • Assisting the member of the public in how to draft a letter of complaint and what accompanying information is to be included; • Assisting the member of the public in understanding the various steps of the complaints process, such as communication with the member, review by the ICRC, investigation including the collection and review of clinical notes and records, timelines of the complaints process and possible outcomes for complaints; • CCO has also assisted members of the public who are unable to write a letter of complaint. An example of this is CCO taking a recording of the individual's complaint through a telephone conversation and transcribing this as a letter of complaints. • The College will inform a complainant who is making a complaint for an allegation on sexual abuse on the right of the complainant to apply to the College for funding for therapy or counselling. The College will inform the complainant on the process for this application and direct them to the various forms associated with the complaints process.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process **OR** provide a brief description: The College provides formal letters to the complainant and member within the timelines of the complaints process under the Health Professions Procedural Code under the *RHPA*. CCO will log and track complaints within the internal member database which includes key dates that are required for communications consistent with the *RHPA* requirements. As well, CCO staff will provide informal responses to phone calls and emails during the complaints process.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

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

Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes ☐ Partially ☒No ☐ • Insert a link to guidance document *OR* describe briefly the framework and how it is being applied: • Provide the year when it was implemented *OR* evaluated/updated (if applicable): CCO's ICRC prioritises complaints that have a high level of public risk, such as allegations of sexual abuse, patient harm and financial/insurance fraud. In 2020, CCO also prioritized complaints that were related to allegations of failure to comply with COVID-19 protocols and with respect to advertising or posts for claims related to COVID-19 that fall outside of the chiropractic scope of practice claims. This was communicated to members and stakeholders as part of the October 15, 2020 and April 27, 2020 President's messages regarding COVID-19. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐* *Additional comments for clarification (optional)* CCO will be working to formalize its policy of prioritizing high-risk complaints and related decision matrix supports in an approved policy.

Standard 14

The College complaints process is coordinated and integrated.

Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g., law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐ • Insert a link to policy *OR* describe briefly the policy: • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). Historically, CCO has communicated and shared information with other authorities, such as law enforcement, criminal courts and civil courts, as authorized by governing legislation, when there are matters or concerns related to professional regulation as well as another governing authority. These matters may arise in the inquiries, complaints and reports, discipline, fitness to practise and registration processes when there are simultaneous investigations or decisions of other external system partners. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐* *Additional comments for clarification (if needed)* CCO will be working to codify its practices about sharing information with external system partners.

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

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT	
Standard 15 **The College monitors, reports on, and improves its performance.**	

Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐ • Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included **OR** list KPIs and rationale for selection: Apart from its mission, vision, values and strategic objectives, CCO has not yet developed a specific KPI documents; however, at the beginning of each Council and committee year in April, Council will provide specific direction to committees and each committee will identify its objectives and goals for the committee year. This may include the review of specific standards of practice, policies or guidelines, the expansion of CCO programs, such as within quality assurance and patient relations, or the launching of new technologies or communications to enhance the role of CCO in fulfilling its statutory mandate and addressing risks. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☒ No ☐ *Additional comments for clarification (if needed)* CCO will continue to work on formalizing its practices regarding identifying and tracking KPIs and risks for the college and committees.

	b.	Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
			• Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: [Public Council packages](#) include materials and reports from committee intended to meet its statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), Discipline Decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by committee and Council.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
			Additional comments for clarification (if needed) CCO will continue to work on formalizing its practices regarding identifying and tracking risks for the college and committees.
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a.	Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
			• Insert a link to Council meeting materials where relevant changes were discussed and decided upon: Council meetings include recommendations from committees which include addressing its statutory objectives and risk factors. An example was at the [June 17, 2020 Council meeting](#), Council approved several recommendations to approve policies to conduct virtual Discipline Hearings in the face of the COVID-19 pandemic. These approvals were essential in ensuring that core college processes could continue in the absence of in-person hearings. Additional approvals of policies and processes are discussed in this document, such as approval of the General (Provisional) certificate of registration and reporting on COVID-19 protocols for members. All decisions addressing these issues are

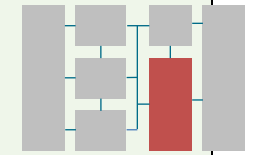|		
		included in public Council package and communicated to members, stakeholders and system partners and posted on the CCO website under the "New & Updates" section. At its Strategic Planning session in September 2019, CCO reviewed several regulatory reports from other jurisdictions and in the broader health regulation context to help guide Council's implementation of its mission, vision and strategic objectives. This includes the Cayton Report from British Columbia (*An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act),* Right Touch Regulation, the Wettlaufer Report, and other regulatory documents.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (if needed) CCO will continue to work on formalizing its practices regarding identifying and tracking risks for the college and committees.
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐
		• Insert a link to College's dashboard or relevant section of the College's website: All decisions addressing these issues are included in public Council package and communicated to members, stakeholders and system partners and posted on the CCO website under the "New & Updates" section.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (if needed) CCO will continue to work on formalizing its practices regarding identifying and tracking risks for the college and committees.

PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.
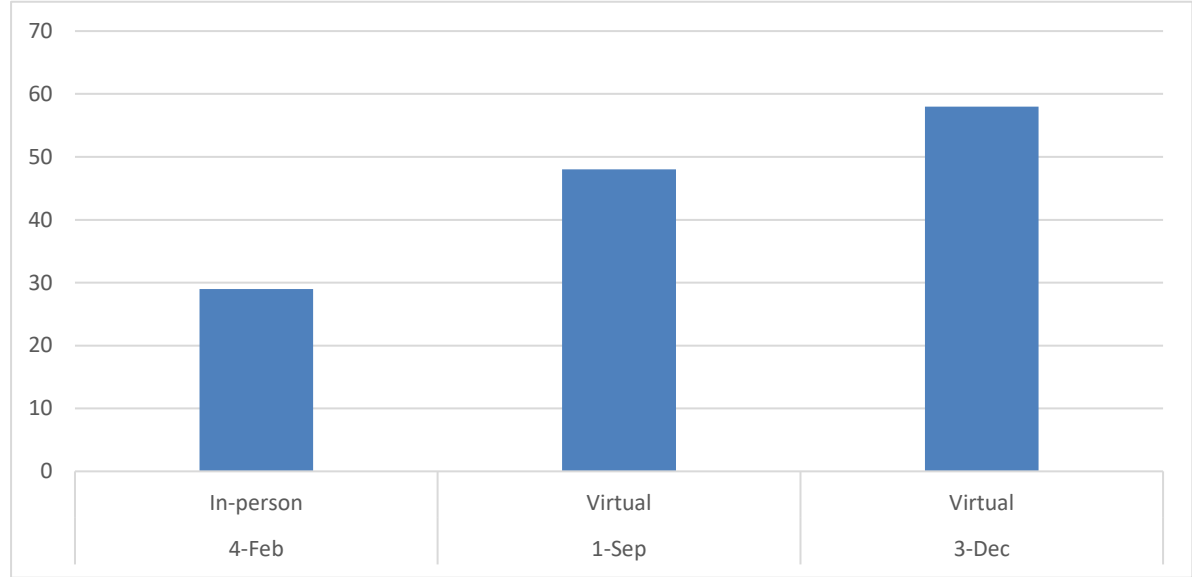
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in 2020*		*What does this information tell us? QA and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).*
Type of QA/QI activity or assessment	#	
1. Record Keeping Workshops CCO, for many years, has mandated that all members attend a mandatory, in-person and interactive record-keeping workshop within the first year of registering with CCO. This workshop is led by CCO staff, including one member of the profession, the Director of Professional Practice. This workshop is also available to all CCO members as a way to refresh and review updates to standards, polices and guidelines and their implementation strategies. Additionally, theses workshops are used as a remediation tool for QA, ICRC and Discipline committee decisions and undertakings. For an overview of the extensive topics covered in this program, please see attached handout that is typically given to each attendee as they participate in this interactive program. Feedback from attendees has been overwhelmingly positive for every workshop we have conducted. Please see attached sample summary of feedback from the September 1, 2020 virtual workshop, which was CCO's first virtual interactive record keeping workshop. This is the link to CCO's posted announcements of Record Keeping Workshops. Due to the COVID-19 Pandemic, CCO has moved the RKW to a virtual platform.	3 (135 attendees)	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently.*

Date of Workshop	Mode of delivery	Registered Attendees
February 4	In-person	29
September 1	Virtual	48
December 3	Virtual	58
		TOTAL: 135

Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

2. Peer and Practice Assessment

All information related to CCO's Peer and Practice Assessment is posted on the CCO website at:
- Peer and Practice Assessment 1.0
- Peer and Practice Assessment 2.0

CCO's QA Committee developed the PPA Program to enhance members' learning opportunities and ensure their compliance with the regulations, standards of practice, policies and guidelines.

On becoming registered with CCO, members have the right to call themselves chiropractors and to practise chiropractic within the scope of practice identified in the *Chiropractic Act, 1991*. In assuming the right to practise, members also assume the responsibilities associated with this right, including the responsibility to maintain competence.

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

CCO has developed two phases (thus far) to the PPA program in an effort to acknowledge and address the changes in member competencies that are gained with clinical experience.

PPA 1.0 is intended for use with entry-to-practice new registrants/practitioners.

PPA 2.0 has been developed for assessing more experienced practitioners and typically only used after a member has undergone PPA 1.0 and addressed any issues revealed in that process.

Peer and Practice Assessment 1.0: 246 members selected, 207 members completed in 2020 Peer and Practice Assessment 2.0: 255 members selected, 190 members completed in 2020 (Please note: due to the COVID-19 pandemic, the number of Peer and Practice Assessments was lower than years past. Please see past Annual Reports for past statistics on the number of Peer and Practice Assessments completed per year: https://cco.on.ca/about-cco/publications/)	

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

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

Both PPA streams are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. If required, further remediation follow-up is scheduled on a case-by-case basis.

Participation is Mandatory

Members who hold a General (i.e., General Active, General Non-Practising and General Non-Resident) Certificate of Registration are required to participate in this program.

If a member is registered as General Non-Practising and General Non-Resident, he/she will undergo a modified assessment. For example, if the member does not actively see patients (General Non-Practising), the assessment would entail a review of his/her knowledge of CCO regulations, standards of practice, policies and guidelines.

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

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

Member Selection

CCO selects members to participate in the program and matches the selected member with a suitable peer assessor: a colleague trained to identify areas of improvement and encourage members to strive for continuous quality improvement will conduct the assessment, designed to be educational, not punitive.

Peer Assessors: Training and Support

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

In 2020 CCO was fortunate to have all 33 trained peer assessors at work in the field.
Each year, since the start of the PPA program, the QA Committee of CCO has hosted all the peer assessors for an in-person daylong training workshop. This workshop typically involves the following elements:
- Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;
- Review of changes to the PPA programs to accommodate the above updates;
- Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle;
- Group and individual performance feedback to peer assessors;
- Small group break-out sessions that often task assessors with brainstorming, creating and developing ideas for new elements, changes or refinements of future PPA or other QA initiatives;
- Guest speakers with experience in quality assurance, continuing competencies or other areas relevant to this initiative;

- Updates on current events such as professional or government trends and/or initiatives;
- Opportunities for assessors from all over the province to interact with their colleagues.

In 2020, the Annual Peer Assessor Workshop was hosted on Saturday, January 25 in person at the CCO offices, for the current pool of trained peer assessors (33 in total).

Feedback for this program is overwhelmingly positive and a summary of that feedback can be found in this attached document.

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

Specific changes and improvements made in 2020

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

This included an initial email communication on March 16, 2020 with all assessors to immediately suspend their scheduled assessments until it was safe to do so.

Staff continued to work, remotely on addressing a variety of urgent matters as well as developing draft changes to the PPA process suitable to be implemented once the assessments were resumed.

B: Developing and implementing processes to safely resume the PPA program.

This included developing a detailed communication outlining the protocols to follow when resuming assigned assessments. Please see the attached documents:
- Memo Resuming PPA Protocols 30JUL20
- PA Protocol Checklist for Conducting Assessments 28JUL20
- Memo re. PPA Virtual assessments V24SEPT20

C: Developing and implementing changes to the PPA reviews addressing members compliance with all guidelines related to providing direct patient care during the COVID-19 pandemic.

The QA Committee also developed a checklist for the assessor to use when assessors the required adaptations members were required to make to their practices when resuming providing care to patients during the COVID-19 pandemic. Pease refer to the following attachment:
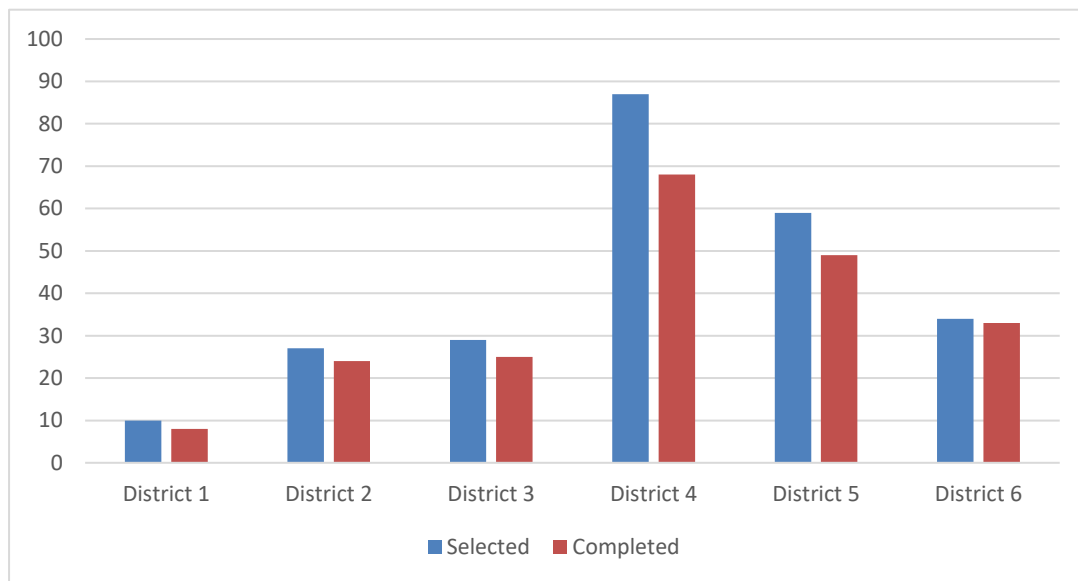- PPA Pandemic Protocol Compliance Review V21JUL20

PPA Statistical Review for 2020

PPA 1.0 PROGRESS REPORT as of December 31, 2020							
	TOTAL						
	District 1	District 2	District 3	District 4	District 5	District 6	
Selected	10	27	29	87	59	34	246
Completed	8	24	25	68	49	33	207

PPA 2.0 PROGRESS REPORT as of December 31, 2020							TOTAL
	District 1	District 2	District 3	District 4	District 5	District 6	
Selected	9	26	34	85	68	33	255
Completed	9	19	22	61	53	26	190
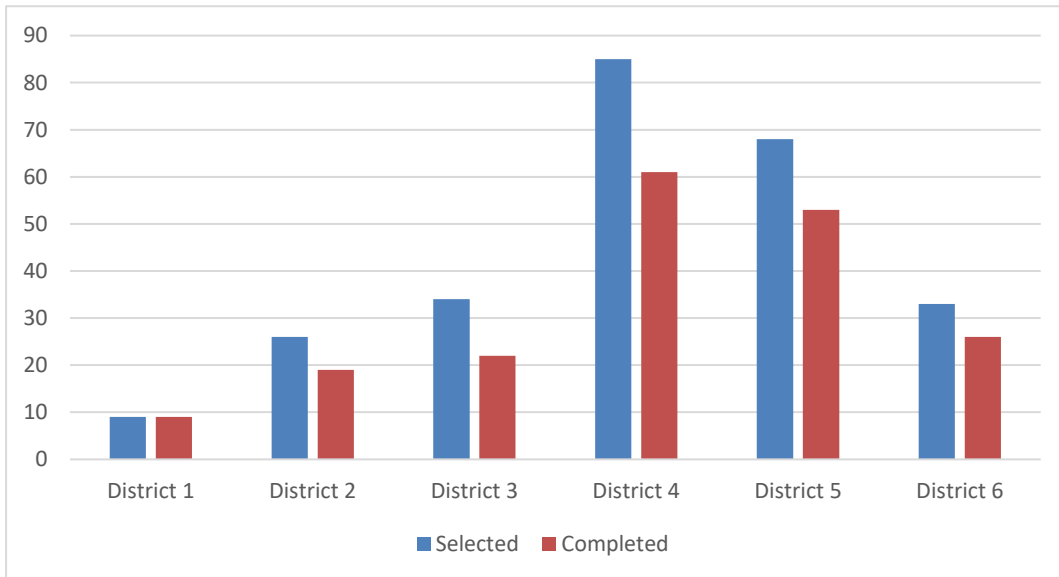
It should be noted that, in keeping with the non-punitive nature of this program, coupled with the unprecedented circumstances associated with the COVID-19 pandemic, CCO's completion rates for PPA in 2020 were very good.

- For PPA 1.0, 201 assessments were fully completed on December 31, 2020.
- For PPA 2.0, 219 had been completed.

There were a number of other factors, which played a role in the completion of assessments in 2020. For example, members not returning to practice, as well as postponements for a number of reasons related to the pandemic (e.g., members significantly limiting their clinical

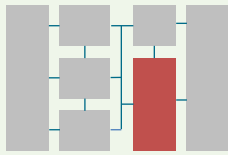|	
practice schedules, members taking more time to return to practice following initial closures). As such, several members selected for review were granted extensions or postponements until a future assessment cycle. It should also be noted that the total completed number takes into account that some members, initially selected, were later taken out of the process for this cycle, due to a range of factors (e.g., change in practice status, maternity/paternity leaves, family or other professional circumstances necessitating postponing the process).	
3. Self-Assessment As part of each QA Cycle (two year period, e.g. July 1, 2018 – June 30, 2020), members are required to complete a Self Assessment, which includes a questionnaire designed to have the member reflect on their practices, competencies and knowledge and identify areas for improvement, a handbook, to help guide members through the questionnaire, and a plan of action summary sheet, to identify specific educational opportunities to address those areas for improvement. These documents are available as fillable PDFs on CCO website. In 2020 the QA committee completed a lengthy process of development, prototyping, beta-testing and gathering of feedback to make further improvements on the development of a second-generation self-assessment. Evidence supports that members should be demonstrating ongoing and evolving competencies throughout their careers. It was the Committee's view that it would be prudent to have a self-assessment suitable to reflect on basic, entry-to-practice competencies and then to have further self-assessments that engaged more experienced members in self-reflection on competencies more relevant to advancing expertise. The new version of the Self-Assessment, now referred to as "SA 2.0", was ready for implementation at the start of the new two-year CE cycle, July 1, 2020. However, due to the COVID-19 pandemic, a decision was made to provide members an extension on completing their mandatory activities until December 31, 2020. As such, SA 2.0 will be launched at the start of the next two-year CE cycle.	Approximately 4738 (Number of General Members)

It is important to note that, where elements of SA 1.0 focus on entry-to-practice competencies such as knowledge of regulations, standards of practice, policies and guidelines, SA 2.0 was framed around the revised CCO Core Competencies for CCO Members.

Thus, SA 2.0 is designed to assist more experienced members of the profession to reflect on their competencies after several years of practice experience. For example, members reflect on various scenarios they may have encountered or may encounter in practice. These scenarios are based on archival case examples and trends. The Core Competencies for CCO Members also clearly lays out basic expectations members should be aware of when providing care to the public in the section titled: "What to Expect when attending a chiropractor appointment: an application of the core competencies."

4. Continuing Education Requirements

As mentioned above, June 30, 2020, was to be the end of a two-year CE cycle for CCO members. However, given the events of 2020, a decision was made to provide members with an extension on completion of their activities.

This was particularly important as at least half of the mandatory activities must be "structured", that is have an interactive, often in-person and hands-on component. Additionally, five of those structured hours must be related to the controlled acts granted for chiropractors. Again, many of the activities a member might undertake to fulfill these requirements, are often in-person sessions.

Approximately 4738 (Number of General Members)

CCO's ongoing effort to embrace technology was particularly useful during 2020 which saw unprecedented hours of remote work and remote learning. Members were reminded that, during periods of reduced work (for one period, a complete shut-down) members could engage in both structured and unstructured CE activities to maintain their skills to be ready to return to work when safe to do so.

As in all previous CE cycles, CCO has developed a mandatory CE program that is built on the best available evidence, with respect to professional continuing competency. As such, our program is a balance of "trust" and "proof" models; that provide members with a range of

options for meeting their requirements that also embraces the diversity of practices and populations served. Additionally, CCO has always allowed for members to engage in continuing competency development relevant to their areas of interest and expertise. This has been true even for those members who may not be engaged in direct patient care but rather serving in administrative, research or academic roles. However, CCO still requires that all members comply with five hours of structured activities related to the core, controlled acts (e.g., diagnosis and treatment of patients) in the event that they choose to engage in direct patient care at any point. Members report on their CE compliance through the member portal, which they may use to log activities at any time during the CE cycle and submit it once they have completed the requirements.		
5. Professional Portfolio CCO requires that members maintain a Professional Portfolio Log where they track compliance with all CCO continuing competency initiatives. The professional portfolio includes, among other things: - Self-Assessment Plan of Action Summary Sheet - A log of all completed continuing education activities - Materials collected while fulfilling CE requirements (e.g., course outlines brochures from conventions/conferences, etc.) - Current samples of advertising. All professional portfolio information is available at the following link: - Professional Portfolio - Professional Portfolio Handbook It should be noted that, for the 2020 calendar year, members could log and track all their continuing education activities through a confidential on-line member portal. This was	Approximately 4738 (Number of General Members)	

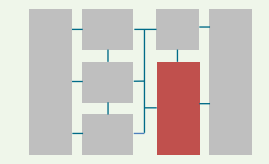|		
developed to provide CCO the ability to track member activities as well as link registration actions to a member's completion of other mandatory activities.		
6. Other Initiatives The QA Committee and CCO staff worked tirelessly throughout 2020 in support of fulfilling CCO Council's mandate to govern the profession in the public interest. In addition to what has been outlined above, and specific to the COVID-19 pandemic, we highlight the following demonstrating CCO's ongoing and highly adaptive commitment to protecting the public. *A: Providing guidance and updates to members, and the public, directly related to the COVID-19 Pandemic* • Posting, and regularly updating, all government documents related to the ongoing COVID-19 Pandemic on the CCO website • Initial guidance on March 17, 2020 and March 24, 2020 for members to close their practices, save for emergency situations only, in compliance with initial government directives related to the closure of non-essential workplaces. • Developing and implementing guidance for members to provide tele-care services to members of the public. • Further guidance for return to practice during the COVID-19 Pandemic including, not limited to: screening procedures, contract tracing registries, cleaning and sanitizing protocols, and how to interact, safely, with patients when unable to maintain appropriate physical distancing. • Creation of user-friendly info-graphics suitable for chiropractors and members of the public when attending a chiropractor during the COVID-19 pandemic • Ongoing and regular communications with the profession throughout the COVID-19 pandemic through various detailed President's Messages. • CCO staff handling ongoing case-by-case communications with members of the profession and the public on a variety of topics, issues and concerns related to the practice of chiropractic during the COVID-19 pandemic	N/A	

- CCO staff supporting other branches of the organization for specific issues arising as a result of the COVID-19 pandemic. e.g., working closely with ICRC to develop protocols and processes to help deal with issues of non-compliance with various guidance directives provided to CCO members.

B: Ongoing College QA support Staff training and collaboration initiatives intended to address institutional continuing competence.

- CCO staff participating in a range of collaborative meetings with counterparts from other regulatory colleges
- CCO Staff monitoring ongoing government communications, updates and announcements.

i. *<Insert QA activity or assessment>*	
ii. *<Insert QA activity or assessment>*	
iii. *<Insert QA activity or assessment>*	
iv. *<Insert QA activity or assessment>*	

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

NR = *Non-reportable: results are not shown due to < 5 cases*

Additional comments for clarification (if needed)

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 **The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care**			
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology *If College methodology, please specify rationale for reporting according to College methodology:*			
Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program 2020	Record Keeping Workshops: 135 Members Peer and Practice Assessment 1.0: 246 members selected, 201 members completed Peer and Practice Assessment 2.0: 255 members selected, 187 members completed Self Assessment, Professional Portfolio and Continuing Education: Approximately: 4733 Members (Members registered in the	Record Keeping Workshops: 2.9% Peer and Practice Assessment 1.0: 5.2% members selected, 4.0% members completed Peer and Practice Assessment 2.0: 5.4% members selected, 4.0% members completed Self Assessment, Professional Portfolio and Continuing Education: 100%	*What does this information tell us?* *If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment in 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*

	General class of registration)	of members registered in the General class of registration	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in 2020 where the QA Committee directed the registrant to undertake remediation. *	Approximately 10 members	2.6% of members who were assessed	

Additional comments for clarification (optional)

All members, who undergo a PPA are provided a detailed Quality Assurance Disposition summary of feedback. This is in addition to the on-site feedback they are provided at the time of the assessment from the trained peer assessor. All members are provided a QA PPA Disposition with varying feedback. The feedback is intended to be educational and non-punitive, in the spirit of the overall PPA program. As such, most feedback provided, outlines the areas members should review, update, improve and implement into their practices along with suggestions of resources available for reference. In a small number of cases (in 2020 less than 10) members were asked to take further action, such as providing additional sample files to review to demonstrate the implemented improvements in competency.

Professional Portfolio and Continuing Education Requirements: All members of CCO, registered in the General category, must maintain a professional portfolio and comply with all continuing education requirements. As outlined above, due to the COVID-19 pandemic, an extension for completion of the CE cycle (to be reported at the end of 2020) was granted to members.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 4. Outcome of remedial activities in 2020*:	#	%
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	10	100%
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0%

What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.

Additional comments for clarification (if needed)

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in 2020.

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

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

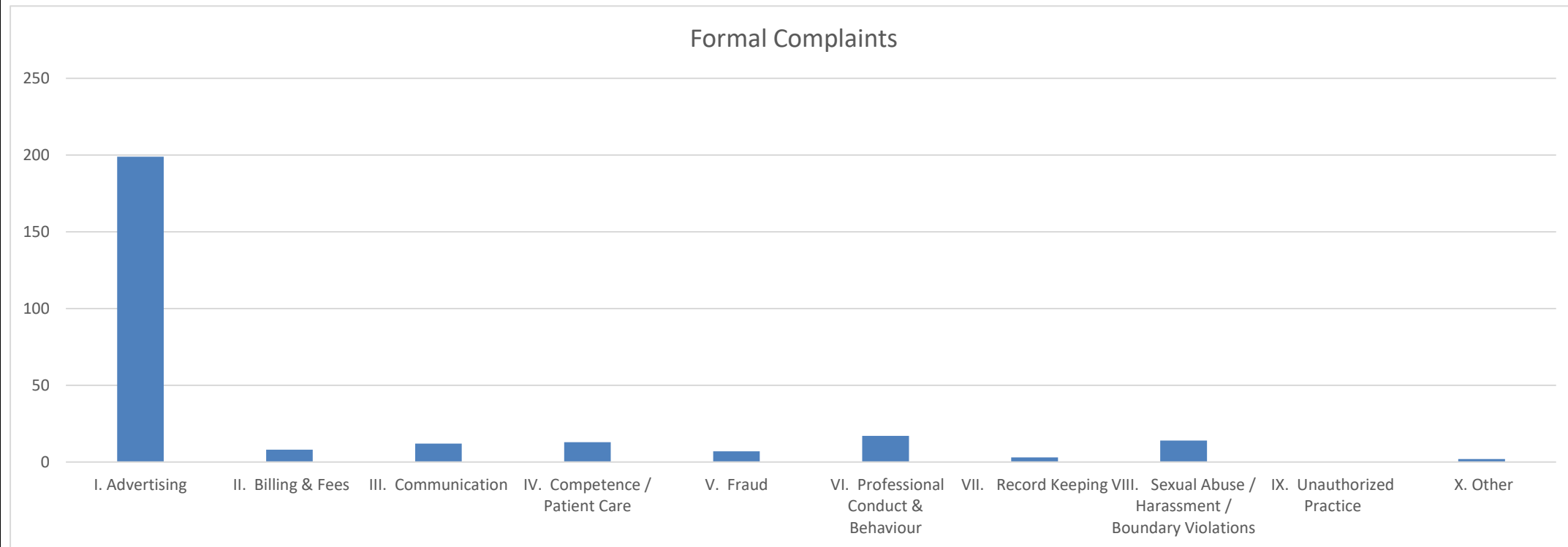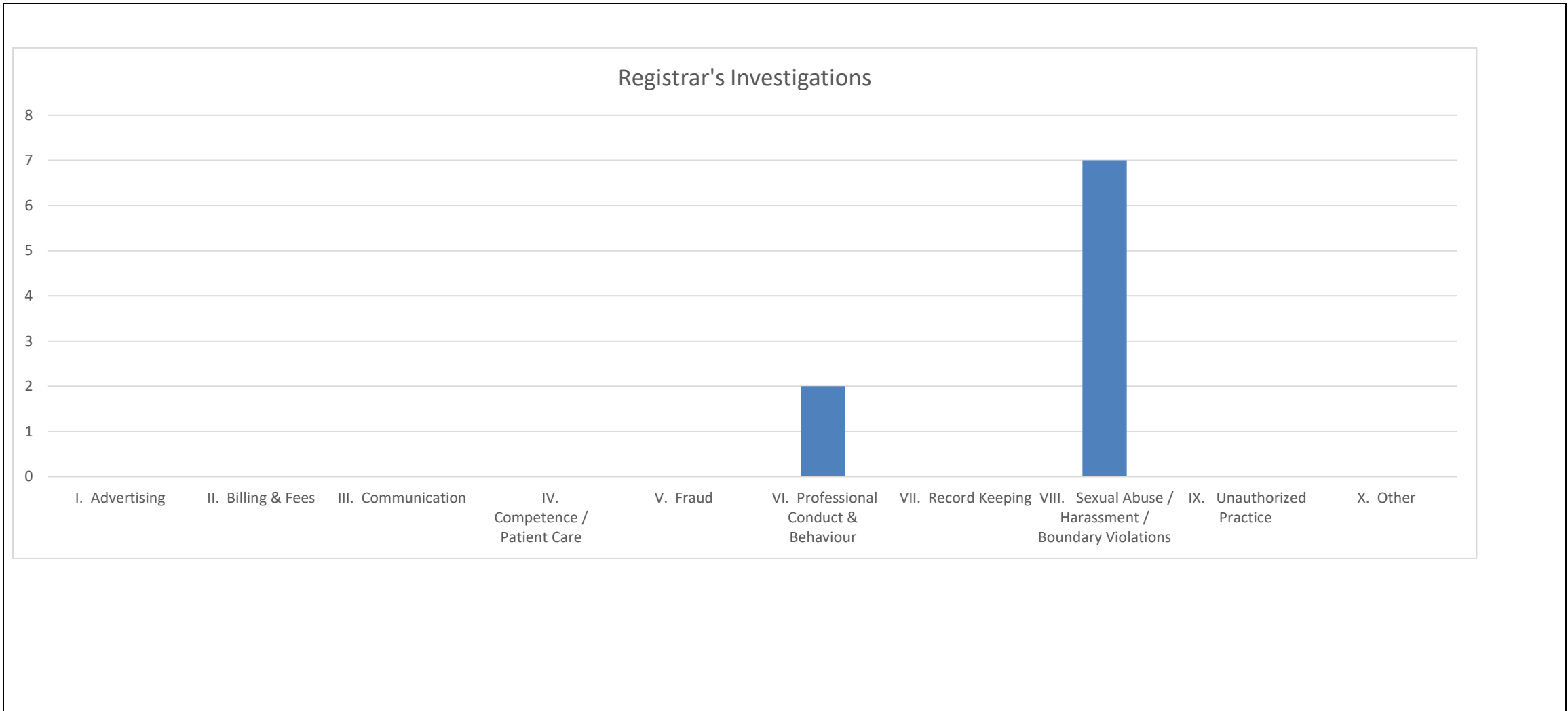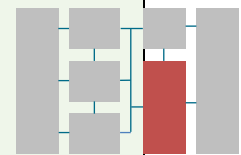| CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising	199	72	0	0	
II. Billing and Fees	8	.029	0	0	*What does this information tell us?* This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.
III. Communication	12	.043	0	0	
IV. Competence / Patient Care	13	.047	0	0	
V. Fraud	7	.03	0	0	
VI. Professional Conduct & Behaviour	17	.025	2	22	
VII. Record Keeping	3	.010	0	0	
VIII. Sexual Abuse / Harassment / Boundary Violations	14	.050	7	77	
IX. Unauthorized Practice	0	0	0	0	
X. Other (acting outside of scope of practice)	2	.007	0	0	
Total number of formal complaints and Registrar's Investigations**	**275**	**100%**	**9**	**100%**	

*   **Formal Complaint**: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.
    Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.
ǂ   **NR** = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.

Formal Complaints bar chart. Categories: I. Advertising (~199), II. Billing & Fees (~8), III. Communication (~12), IV. Competence / Patient Care (~13), V. Fraud (~7), VI. Professional Conduct & Behaviour (~17), VII. Record Keeping (~3), VIII. Sexual Abuse / Harassment / Boundary Violations (~14), IX. Unauthorized Practice (0), X. Other (~2).

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

Registrar's Investigations

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in 2020	247		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in 2020	1		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in 2020	9		
CM 9. Of the formal complaints* received in 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ǂ	0	0	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.*
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed*** of by ICRC	227	91	
IV. Formal complaints that proceeded to ICRC and are still pending	20	.080	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	3	.012	

** **Disposal:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant).*

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

ⱡ **ADR**: *Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*

Δ *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*
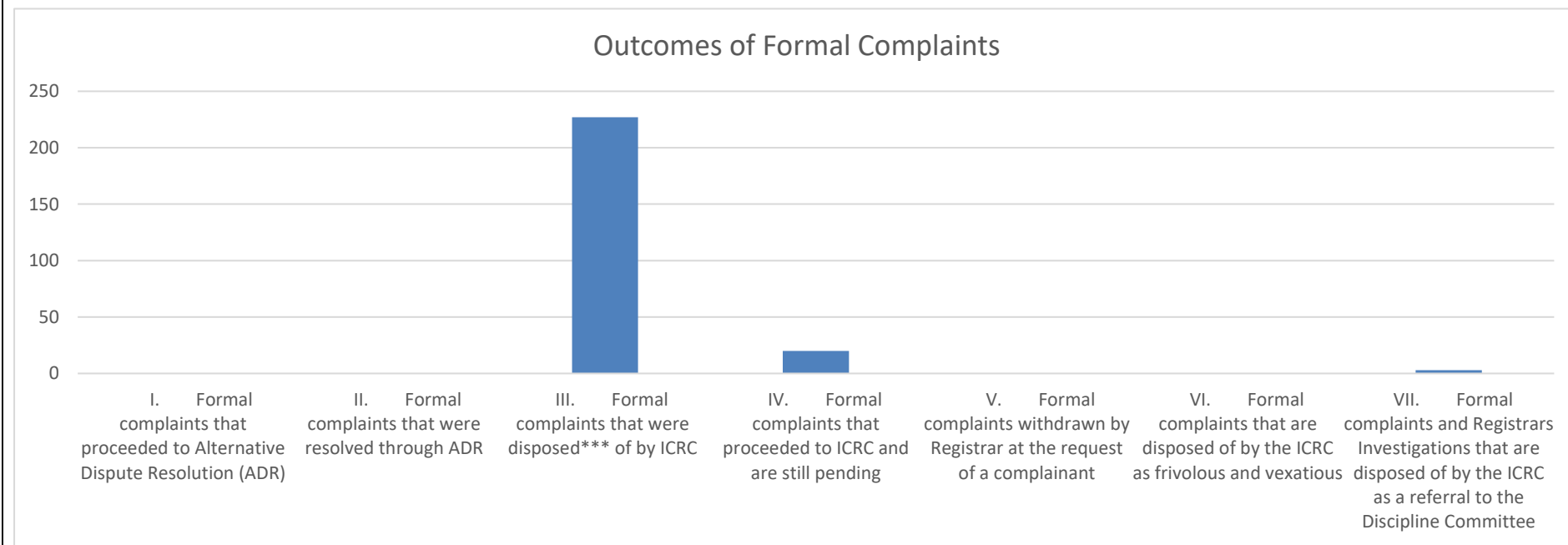
\# *May relate to Registrars Investigations that were brought to ICRC in the previous year.*

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

ϕ **Registrar's Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

NR *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*

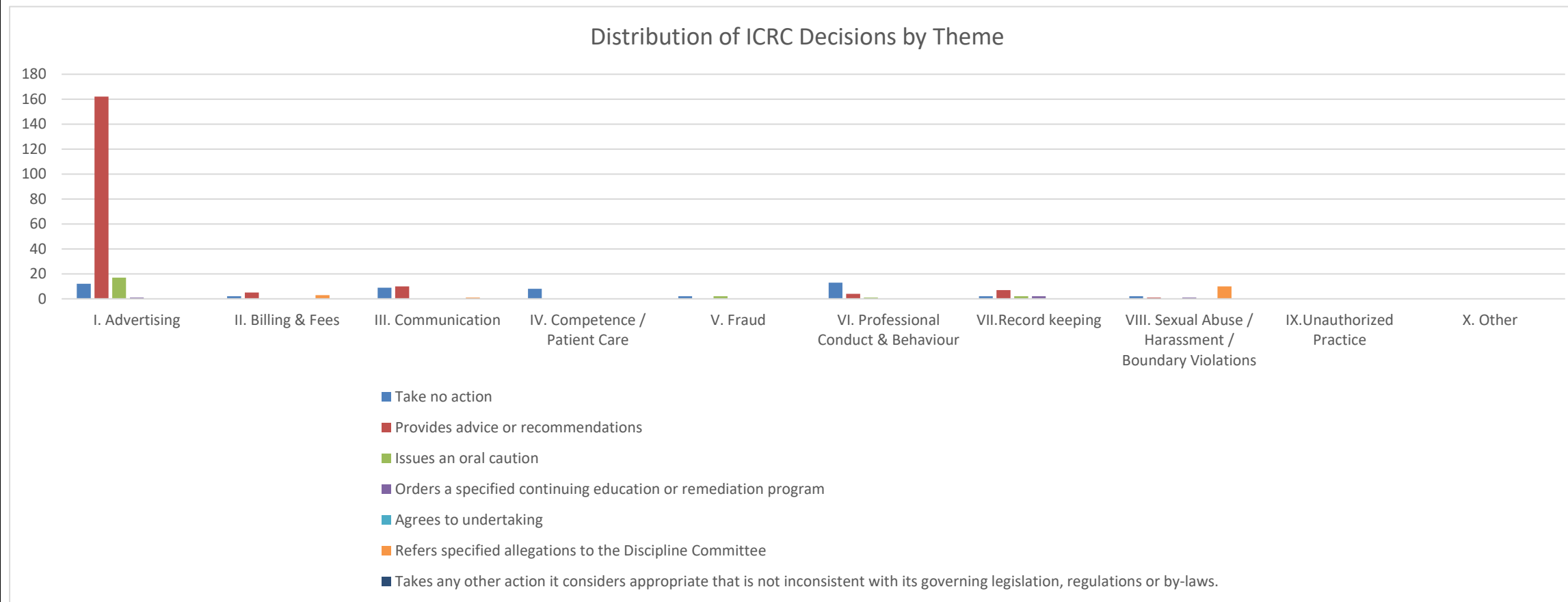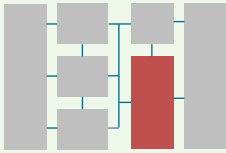*Additional comments for clarification (if needed)*

Outcomes of Formal Complaints

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisionsŧ

Nature of issue	Take no action	Provides advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	12	162	17	1	0	0	0
II. Billing and Fees	2	5	0	0	0	3	0
III. Communication	9	10	0	0	0	1	0
IV. Competence / Patient Care	8	0	0	0	0	0	0
V. Fraud	2	0	2	0	0	0	0
VI. Professional Conduct & Behaviour	13	4	1	0	0	0	0
VII. Record keeping	2	7	2	2	0	0	0
VIII. Sexual Abuse / Harassment / Boundary	2	1	0	1	0	10	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. Other	0	0	0	0	0	0	0

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

*ŧ **NR** = Non-reportable: results are not shown due to < 5 cases.*

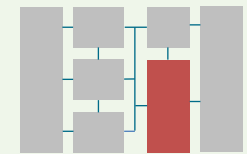| ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total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

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

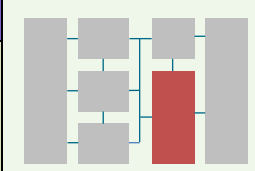*Additional comments for clarification (if needed)*

Distribution of ICRC Decisions by Theme

- Take no action
- Provides advice or recommendations
- Issues an oral caution
- Orders a specified continuing education or remediation program
- Agrees to undertaking
- Refers specified allegations to the Discipline Committee
- Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 11.	90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I.	A formal complaint in working days in 2020	52	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II.	A Registrar's investigation in working days in 2020	137	

*   **Disposal Complaint:** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

*   **Disposal Registrar's Investigation:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

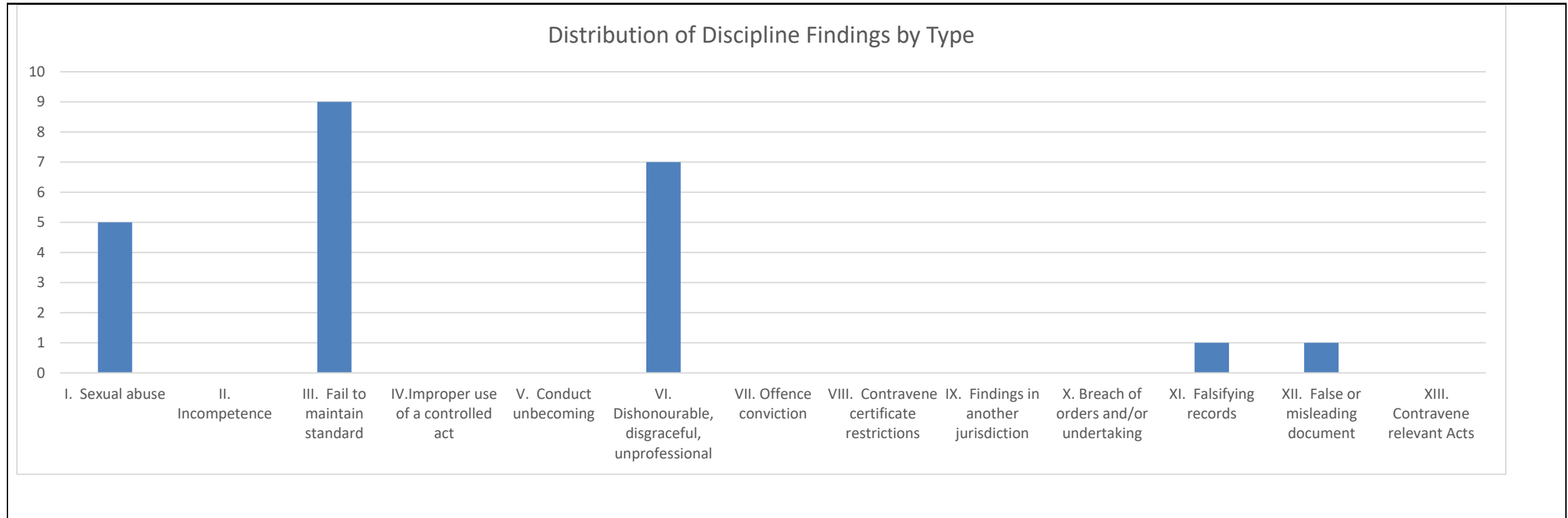*Additional comments for clarification (if needed)*

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

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13 **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**	

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. **
I. An uncontested^ discipline hearing in working days in 2020	141	
II. A contested# discipline hearing in working days in 2020	N/A (no contested discipline hearings in 2020)	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

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

^   *Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.*

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.
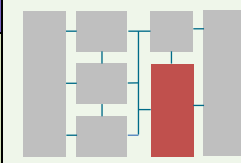
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual Abuse	5	
II. Incompetence	0	
III. Fail to Maintain Standard	9	
IV. Improper Use of a Controlled Act	0	*What does this information tell us?* This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.
V. Conduct Unbecoming	0	
VI. Dishonourable, Disgraceful, Unprofessional	7	
VII. Offence Conviction	0	
VIII. Contravene Certificate Restrictions	0	
IX. Findings in Another Jurisdiction	0	
X. Breach of Orders and/or Undertaking	0	
XI. Falsifying Records	1	
XII. False or Misleading Document	1	
XIII. Contravene Relevant Acts	0	

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

NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

Distribution of Discipline Findings by Type

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

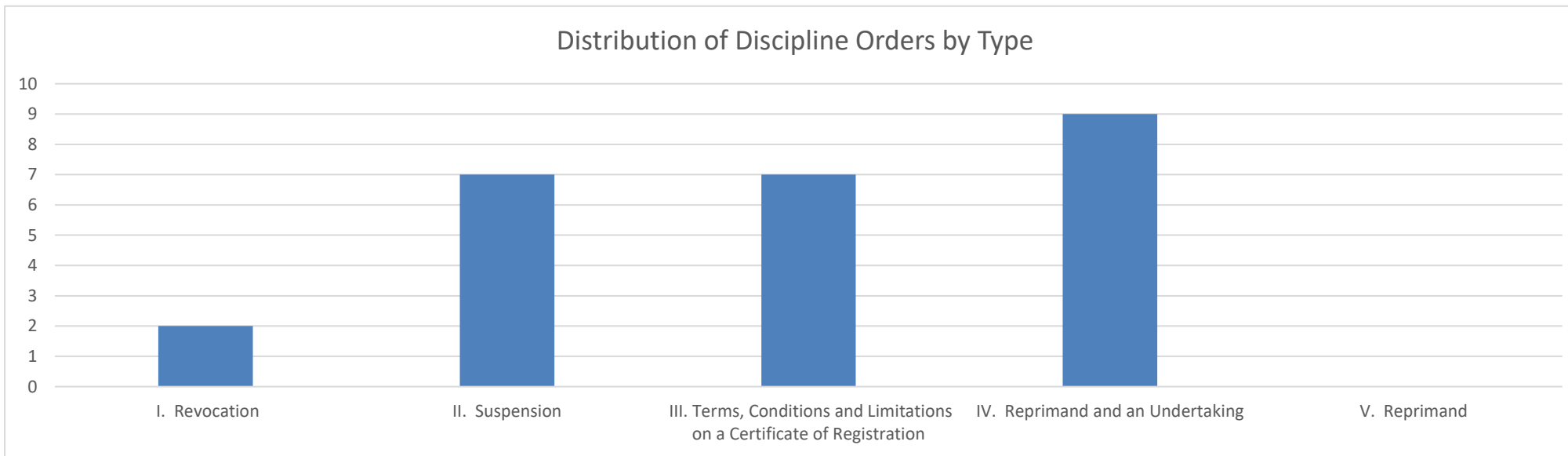*If College methodology, please specify rationale for reporting according to College methodology:*

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation+	2
II. Suspension$	7
III. Terms, Conditions and Limitations on a Certificate of Registration**	7
IV. Reprimand^ and an Undertaking#	9
V. Reprimand^	0

What does this information tell us? *This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*

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

+ *Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.*

$ *A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:*
- *Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),*
- *Practice the profession in Ontario, or*
- *Perform controlled acts restricted to the profession under the RHPA.*

** *Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.*

^ *A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice*

\# *An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.*

NR *= Non-reportable: results are not shown due to < 5 cases*

Additional comments for clarification (if needed)

Distribution of Discipline Orders by Type

Type	Count
I. Revocation	2
II. Suspension	7
III. Terms, Conditions and Limitations on a Certificate of Registration	7
IV. Reprimand and an Undertaking	9
V. Reprimand	0

List of Acronyms

ACE   Accessing Centre for Expertise
ADR   Alternative Dispute Resolution
AFC   Alliance for Chiropractic
CCA   Canadian Chiropractic Association
CCEB   Canadian Chiropractic Examining Board
CCO   College of Chiropractors of Ontario
CCPA   Canadian Chiropractic Protective Association
CE   Continuing Education
CEO   Chief Operating Officer
CMCC   Canadian Memorial Chiropractic College
COVID-19   Coronavirus Disease of 2019
FCC   Federation of Canadian Chiropractic
HPARB   Health Professions Appeal and Review Board
HPRO   Health Professions Regulators of Ontario
ICRC   Inquiries, Complaints and Reports Committee
KPI   Key Performance Indicator
NA   Not Applicable
NR   Non-reportable
OCA   Ontario Chiropractic Association
OFC   Ontario Fairness Commissioner
PDF   Portable Document File
PHIPA   *Personal Health Information Protection Act, 2004*
PPA   Peer and Practice Assessment
QA   Quality Assurance
QI   Quality Improvement
RHPA   *Regulated Health Professions Act, 1991*
RKW   Record Keeping Workshop
SA   Self-Assessment

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Public Interest

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

https://www.presentationgo.com/presentation/silhouette-icons-cycle-powerpoint-google-slides/