

**Minutes of the Extraordinary General Meeting**  
held Saturday, June 5, 2021  
10:00 a.m. to 12:00 p.m. (via videoconference)

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1 **1. CALL TO ORDER**

2 Dr. Johnny Suchdev, Chair of the College Board, welcomed participants to the College  
3 of Chiropractors of British Columbia (CCBC or "the College") Extraordinary General  
4 Meeting (EGM).

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6 The Chair informed that the College received requests from 15% or more of the College  
7 Registrants, under section 33(5)(b) of the College Bylaws to convene the EGM. The  
8 general nature of the business to be considered at the EGM was described as  
9 "including but ... not limited to discussion of board motions and resolutions to be  
10 presented as required by bylaw". It was noted that the meeting was open to the public.  
11

12 A quorum was confirmed with approximately 545 voting registrants present (see the  
13 appended "Post-Meeting Note"). The EGM was called to order at 10:01 a.m.  
14

15 **2. TERRITORIAL ACKNOWLEDGEMENT**

16 The Chair acknowledged the devastating discovery of the remains of 215 children in  
17 unmarked graves found on the site of the former Kamloops Indian Residential School.  
18 He confirmed that CCBC stands in solidarity with the Tk'emlúps te Secwépemc  
19 First Nations and all Indigenous people in Canada as they continue to process the  
20 discovery. He called on all health professionals to practice vigilance to cultural humility  
21 and safety and to learn about and understand the impacts of residential schools on  
22 Canada's Indigenous peoples.  
23

24 The traditional, ancestral, unceded territories of the Katzie and Stó:lō First Nations from  
25 which the meeting was being chaired, were acknowledged. Registrants were requested  
26 to give thanks and acknowledgment to the traditional territory they were on.  
27

28 **3. APPOINTMENT OF PARLIAMENTARIAN**

29 Without objection, Chair Suchdev invited Mr. Barrie Lynch, Parliamentarian, to preside  
30 over the Meeting.  
31

32 Mr. Lynch explained the purpose, process and expectations of the EGM. He advised  
33 that the meeting would be conducted in accordance with the *Health Professions Act*,  
34 CCBC Bylaws, the Standing Rules, and Roberts Rules of Order, Newly Revised.  
35

36 **4. APPROVAL OF THE AGENDA**

37 Mr. Lynch confirmed that the Agenda was circulated electronically prior to the meeting  
38 and was available on the CCBC website.  
39

40 **Consensus Decision**

41 By consensus, the Agenda for the June 5, 2021 College of Chiropractors of British  
42 Columbia Extraordinary General Meeting was approved as presented.

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44 **5. APPROVAL OF STANDING RULES**

45 Mr. Lynch confirmed that the Standing Rules were circulated electronically prior to the  
46 meeting and were available on the CCBC website.

47  
48 **Main Motion**

49 **It was MOVED**

50 That the "College of Chiropractors of British Columbia Extraordinary General Meeting  
51 2021 Standing Rules" be approved, as presented.

52  
53 **Point of Order**

54 In response to a Point of Order, the CCBC Registrar confirmed that voting during the  
55 EGM would proceed by online polling, through the videoconference platform. Results  
56 of the vote will be announced after each vote, as a percentage. After the EGM, votes  
57 will be verified by CCBC staff to ensure that only votes cast by eligible CCBC  
58 registrants, were counted.

59  
60 **Amendment to the Main Motion**

61 **It was MOVED**

62 That the main motion be amended by adding thereto, "That the Mover of each  
63 resolution be allowed to speak to their resolution, for up to three minutes".

64 **CARRIED**

65  
66 **Amendment to the Main Motion**

67 **It was MOVED**

68 That the main motion be further amended by adding thereto, "That a complete  
69 recording of the June 5, 2021, College of Chiropractors of British Columbia (CCBC)  
70 Extraordinary General Meeting be placed on the CCBC website for a minimum of six  
71 months".

72 **RULED OUT OF ORDER**

73  
74 **Ruling of the Parliamentarian**

75 Mr. Lynch ruled that the Amendment to the Main Motion was outside the scope of the  
76 Standing Rules, but would be taken into consideration as advice to CCBC staff. The  
77 Registrar confirmed that this could be considered after the EGM.

78  
79 **Amendment to the Main Motion**

80 **It was MOVED**

81 That the main motion be further amended by adding thereto, "That the June 5, 2021,  
82 College of Chiropractors of British Columbia (CCBC) Extraordinary General Meeting  
83 be allowed to conclude its business without being limited to two hours".

84 **RULED OUT OF ORDER**

87 **Ruling of the Parliamentarian**

88 Mr. Lynch ruled that the Amendment to the Main Motion was out of order, as it was  
89 contrary to legal precedents that state that when EGMs are called, the time of starting  
90 and closing must be provided. As such, the June 5, 2021, EGM would not conclude  
91 past 12:00 p.m. as indicated on the approved Agenda.

92  
93 **Question on the Main Motion as Amended**

94 The question was called on the Main Motion as amended. A vote was conducted by  
95 poll, and Mr. Lynch declared that the motion was:

96 **CARRIED (039/20-21)**

97  
98 *The Main Motion as amended, now reads as follows:*

99 *“That the College of Chiropractors of British Columbia Extraordinary General Meeting*  
100 *2021 Standing Rules be approved, and that the Mover of each resolution be allowed*  
101 *to speak to their resolution, for up to three minutes”.*

102  
103 **6. RESOLUTIONS UNDER SECTION 35 OF THE CCBC BYLAWS**

104 Mr. Lynch explained that votes for each of the resolutions would require a majority to  
105 pass. Each vote would be conducted immediately following discussion on the  
106 resolution. Only full registrants of CCBC were eligible to vote.

107  
108 The College received a total of 11 resolutions for the EGM. As four non-compliant  
109 special resolutions were received, their Movers had been informed that their resolutions  
110 did not comply with the CCBC Bylaws and would not be considered.

111  
112 All of the resolutions on the agenda are for the consideration of the Board and are not  
113 binding on the Board.

114  
115 As requested by registrants who submitted resolutions, all of the resolutions were  
116 deemed to be duly moved and seconded. Up to six full registrants would be permitted  
117 to speak to each of the resolutions. Speakers in favour of the resolution and in  
118 opposition to the resolution, would be heard in alternating order.

119  
120 **Ruling of the Parliamentarian**

121 Mr. Lynch confirmed that in accordance with Roberts Rules of Order, a motion would  
122 be ruled out of order, if it conflicted with a previously decided motion; or, if it was similar  
123 to a previously decided motion, within the same session.

124  
125 **6.1 Resolution #1**

126 Mr. Lynch confirmed that Resolutions #1 and #2 were similar. As such, Resolution #1  
127 would be considered, as it addressed the intent of both resolutions.

128  
129 **It was MOVED (Dr. Mark Foullong)**

130 **WHEREAS** registrants of the College of Chiropractors of British Columbia (CCBC) are  
131 required to graduate from one of the recognized chiropractic education programs as  
132 listed in Schedule B of the CCBC Bylaws.

133 **WHEREAS** the amendments of 15.1 and 15.2 as stipulated directly contradict with the  
134 required curricular meta-competencies that are stipulated to be demonstrated by the  
135 accreditation standards by the Council of Chiropractic Education (CCE), Canadian  
136 Federation of Chiropractic Regulatory and Educational Accrediting Boards  
137 (Federation), and Council of Chiropractic Education International (CCEI) for all  
138 accredited programs.

139 **WHEREAS** the Canadian Chiropractic Exam Board (CCEB) conducts the entry to  
140 practice exam for the CCBC and all provinces, these examinations include assessment  
141 of diagnostic imaging competency.

142 **WHEREAS**, the authority of the College to govern its affairs is subject to the *Health*  
143 *Professions Act* (HPA) and the Chiropractors Regulation ("Regulation"). Section  
144 16(2)(b) of the HPA states that regulatory colleges have the duty to govern their  
145 Registrants according to the HPA, the Regulation, and the bylaws of the College. The  
146 Regulation states that:

147 *4 (1) A registrant in the course of practising chiropractic may do any of the following:*  
148 *[...] (e) apply X-rays for diagnostic or imaging purposes, excluding X-rays for the*  
149 *purpose of computerized axial tomography;*

150 **WHEREAS** the CCBC quality assurance continuing education (CE) program mandates  
151 all registrants that six diagnostic imaging structured credit hours are to be obtained to  
152 maintain competency.

153 **WHEREAS** anomalies or contraindications to care are often detected during  
154 radiographic examination that present the possibility of causing harm to a patient if the  
155 force and technique applied are not altered by practitioners that utilize the specific  
156 chiropractic adjustment (spinal manipulative therapy).

157 **WHEREAS** research shows that significant changes affecting the type of adjustment,  
158 care plan, and potential concurrent care can occur 66-91% of the time after  
159 radiographic analysis has been undertaken.

160 **WHEREAS** the amendments to the PCH were based on the findings of a single rapid  
161 review which was largely inconclusive, disregarded a large body of literature as seen  
162 in the study design, has serious methodological limitations, misrepresented  
163 unsubstantiated data to form its conclusion.

164 **WHEREAS** the referenced rapid review did not present evidence of harm from a  
165 radiographic image.

166 **WHEREAS** the study design and method utilised was a rapid review, which is an  
167 incorrect and inappropriate method to use in such an amendment.

168 **WHEREAS** the amendments state that "the application is not without risk and  
169 therefore, must be carefully considered", though evidence suggests that low-dose  
170 radiation brings at most minimal risk, if not negligible. Therefore the radiographic risk  
171 argument is undecided in the scientific literature.

172 **WHEREAS** a lack of scientific literature on the clinical utility of routine or repeat  
173 radiographs utilized by chiropractors, does not confirm a lack of benefit or harm-done  
174 to the public patient.

175 **WHEREAS** the CCBC by their own admission had not received a complaint from the  
176 public in the past 2 years at a minimum with regards to the misuse of diagnostic  
177 imaging by a chiropractor.

178 **WHEREAS** the College reduced the submissions of the public consultation to a  
179 summary document. Therefore, the full impact of the public consultation was unfairly  
180 represented, and letters submitted were not made accessible to board members or  
181 registrants for review.

182 **WHEREAS** attending registrants of the February 4th, 2021 board meeting witnessed  
183 bias in the decision-making process. The summaries of the public consultation letters,  
184 completed by the policy advisor, given to the board members, did not fully reflect the  
185 perspective of the public, stakeholders, associations, medical and chiropractic  
186 specialists.

187 **WHEREAS** following the vote which approved the amendments to PCH Part 2, Part  
188 15, and Appendix L on February 4, 2021, it was clearly explained by three board  
189 members that they were opposed to the motion due to the significant omission of  
190 information. They requested their vote to be recorded and documented, as per the  
191 bylaw involving Robert's Rules of Order, that they were concerned of potential legal  
192 repercussions and/or costs of these amendments.

193 **WHEREAS** the amendments create increased risk by negating the chiropractors ability  
194 to clearly and safely assess and manage a patient. The fear of financial or disciplinary  
195 repercussions from the College impacts and obscures the clinical judgement, intuition,  
196 or "gut-feeling" of the chiropractor based on fear of reprimand.

197 **WHEREAS** the amendment creates ineffective patient risk management due to the  
198 fact the chiropractor is not able to assess and manage the patient without fear of  
199 disciplinary action.

200 **WHEREAS** the amendment exposes the public to unnecessary risk of harm and/or  
201 poor outcomes due to what the registrant may not see or identify due to limited ability  
202 to utilize diagnostic imaging.

203 **WHEREAS** the amendments expose the health professional to potential allegations of  
204 malpractice from the inability to reveal serious pathology where the patient history and  
205 physical examination may not identify all information relevant to that patient.

206 **WHEREAS** the Health Care (Consent) and Care Facility (Admission) Act ("HCCFA")  
207 define health care to mean anything that is done for a therapeutic, preventative,  
208 palliative, diagnostic, cosmetic or other purpose related to health. Section 4 of the  
209 HCCFA states that:

- 210 *4 Every adult who is capable of giving or refusing consent to health care has:*  
211 *(a) The right to give consent or to refuse on any grounds, including moral or religious*  
212 *grounds, even if the refusal will result in death,*  
213 *(b) The right to select a particular form of available health care on any grounds,*  
214 *including moral or religious grounds,*  
215 *(c) the right to expect that a decision to give, refuse or revoke consent will be*  
216 *respected, and*  
217 *(d) the right to be involved to the greatest degree possible in all case planning and*  
218 *decision making.*

219 **WHEREAS** the amendments take away this statutorily-given right from the patient's  
220 right to choose. Patients that have found significant benefit from chiropractic care that  
221 safely utilize repeat diagnostic imaging beyond "red flags" and "serious pathologies".

222 **WHEREAS** the financial weight of the amendments on CCBC, and thus the  
223 Registrants, is considerable. This considers: the funds already spent on the rapid  
224 review study commissioned to generate the amendments, funds that have been and  
225 will be spent by the College in legal defense of the amendments, and funds that have  
226 been and will be spent by the Registrants in legal challenge. As nothing was indicated  
227 to the registrants by the CCBC, it seems that the College was trying to solve a problem  
228 that didn't exist. This clearly represents an inappropriate and irresponsible use of the  
229 CCBC's financial resources. These total costs could add into the hundreds of  
230 thousands of dollars.

231 **BE IT RESOLVED THAT** the College of Chiropractors of British Columbia (CCBC):

- 232 1. Is encouraged to review and redact the Feb 4th, 2021 amendments to the Personal  
233 Conduct Handbook (PCH) Part 2, Part 15, and Appendix L regarding Diagnostic  
234 Imaging.

235  
236 **Discussion on the Motion**

237 Speaking for the resolution were Dr. Mark Foullong, Dr. Kelsey Bjola and Dr. Surdeep  
238 Dhaliwal. Comments were offered in favour of the motion, regarding:

- 239 - The importance of using X-rays as a diagnostic tool, as part of chiropractic training,  
240 and as part of chiropractors' licensure (nationally and provincially)  
241 - No recent X-ray related complaints or discipline decisions filed against the College  
242 - Questions raised on the appropriateness of "rapid review" research  
243 - Potential impacts of restricting X-ray taking and ordering, to instances where  
244 serious medical pathology is suspected  
245 - Contradictions between Section 15.2(C) and Section 8.1.

246  
247 Speaking against the resolution were Dr. Michael Maxwell, Dr. Daniel Skinner and Dr.  
248 Clark Konczak. Comments were offered in opposition to the motion, regarding:

- 249 - Recognition that Certified Clinical Densitometry-accredited chiropractic colleges  
250 did not recommend or perform routine or repeat imaging  
251 - Acknowledgement that the February 4, 2021 amendment did not:  
252 o Limit a chiropractor's ability to perform or refer a patient for X-rays  
253 o Take away the ability to engage in clinical decision-making, based on patient  
254 history and examination  
255 o Limit scope or autonomy, or hold chiropractors to a different standard than other  
256 professions  
257 - The responsible use of X-rays, which allowed chiropractors to be upheld as trusted  
258 leaders in spine and health care.

259  
260 **Question on the Motion**

261 The question was called on the motion. A vote was conducted by poll, and Mr. Lynch  
262 declared that the motion was:

263 **DEFEATED (040/20-21)**

264 *247 eligible registrants voted in favour*  
265 *287 eligible registrants voted in opposition*

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## 6.2 Resolution #2

### It was MOVED (Dr. Michael Maxwell)

That the following resolution be approved: "We acknowledge that the amendments to the Professional Conduct Handbook (PCH) Part 2, Part 15, and Appendix L regarding diagnostic imaging are supported by scientific evidence and best practice guidelines, was developed in accordance with a transparent process that included public consultation, and is in the best interest of the public. We resolve that these amendments be upheld".

### RULED OUT OF ORDER

### **Ruling of the Parliamentarian**

Mr. Lynch confirmed that Resolution #2 was out of order, in accordance with his previous ruling: "A motion would be ruled out of order, if it conflicted with a previously decided motion; or, if it was similar to previously decided motion, within the same session".

## 6.3 Resolution #3

### It was MOVED (Dr. Michael Maxwell)

That the following resolution be approved: "We acknowledge that the Efficacy Claims Policy (<https://www.chirobc.com/wp-content/uploads/2019/12/Efficacy-Claims-Policy-Dec-2019.pdf>) protects the public by reducing false and misleading marketing, and does not inhibit chiropractors' ability or scope. We resolve that the College of Chiropractors of BC Efficacy Claims Policy be upheld and updated according to the policy".

### **Discussion on the Motion**

Speaking for the resolution were Dr. Clark Konczak, Dr. Zehra Gerretsen and Dr. Kristine Salmon. Comments were offered in favour of the motion, regarding:

- Impacts of not upholding the Efficacy Claims Policy, including losing access to Insurance Corporation of British Columbia (ICBC), Medical Services Plan (MSP) and third-party insurance, and patients losing access to chiropractic treatment
- Benefits of the policy, including to enhance relationships and collaboration with health authorities and other professions
- Damaging impacts of misleading claims, to the chiropractic profession
- Alignment of the policy with the College's mandate to protect the public.

Speaking against the resolution were Dr. Kelsey Bjola, Dr. Nareeta Stephenson and Dr. Tonya Tyre. Comments were offered in opposition to the motion, regarding:

- Appendix N of the PCH, which may limit discussions with patients on the benefits of chiropractic care
- Evidence prepared by research-focussed organizations
- Pillars of an evidence-informed practice: best available clinical evidence, clinical judgement and expertise; and patients' preferences
- Ambiguity in the policy, which may present opportunities for misinterpretation

- 314 - Preparation of the policy, without engagement of the stakeholders of the College  
315 - Potentially limiting patients' ability to make informed decisions, based on emerging  
316 evidence, technologies, and clinical strategies, which may benefit them.  
317

#### 318 **Question on the Motion**

319 The question was called on the motion. A vote was conducted by poll, and Mr. Lynch  
320 declared that the motion was

321 **CARRIED (041/20-21)**

322 *330 eligible registrants voted in favour*  
323 *286 eligible registrants voted in opposition*  
324 *Four votes were disqualified*  
325

#### 326 **6.4 Resolution #4**

##### 327 **It was MOVED (Dr. Michael Maxwell)**

328 That the following resolution be approved: "We acknowledge that the research reviews  
329 produced by Ontario Tech University have assisted in developing evidence-based  
330 regulation in the public interest. We request that this relationship, or a similar  
331 relationship with an established research institution, be maintained for the purpose of  
332 informing regulation in the public interest using current, unbiased assessments of the  
333 evidence".  
334

##### 335 **Discussion on the Motion**

336 Speaking for the resolution were Dr. Larissa Juren, Dr. Richard McIlmoyle and Dr.  
337 Zehra Gerretsen. Comments were offered in favour of the motion, regarding:

- 338
- 339 - A rapid research review of literature on the chiropractic care of children, which
  - 340 prioritized public protection over professional interest
  - 341 - The World Health Organization's support of the rapid research review approach
  - 342 - The lead researcher from Ontario Tech University, who was a recognized leader in
  - 343 the chiropractic profession
  - 344 - Government's requests for information, which supported chiropractors position
  - 345 within the interprofessional health care team
  - 346 - Benefits of the research gathered, in supporting advocacy work and maintaining
  - 347 relationships with other health care providers.
- 348

349 Speaking against the resolution were Dr. Kelsey Bjola, Dr. Cameron Allan and Dr.  
350 Joshua Korten. Comments were offered in opposition to the motion, regarding:

- 351
- 352 - Questions raised on the research review and its definitive results
  - 353 - The College's request for the research, at a time when there were no public
  - 354 concerns raised related to the use of X-rays
  - 355 - Questions raised by the research review, which may support a position that limits
  - 356 the profession
  - 357 - Benefits of the College funding media campaigns to educate the public
  - 358 - Consensus statements related to X-ray findings, which may have been
  - 359 disregarded by legal professionals and others.

##### 360 **Question on the Motion**

361 The question was called on the motion. A vote was conducted by poll, and Mr. Lynch

362 declared that the motion was:

**CARRIED (042/20-21)**

*338 eligible registrants voted in favour  
267 eligible registrants voted in opposition  
Five votes were disqualified*

368 **6.5 Resolution #5**

369 **It was MOVED (Dr. Don Nixdorf)**

370 **WHEREAS:**

- 371
- 372 1. Minutes of Board do not appear to record in camera or closed meetings in  
373 compliance with governance required in bylaw 13 (5), (6).
- 374 2. There is an apprehension of bias by the Registrar, Deputy Registrar, and related  
375 committee investigating allegations against directors of the Board, which should  
376 more appropriately be done independently by the Registrar or other officer of a  
377 different regulated health profession.
- 378 3. The Registrar and directors of the College have knowingly permitted advertising  
379 and marketing of other regulatory college membership not found in provincial  
380 legislation implying authority or status that is not achieved by other registrants and  
381 inferring expertise associated with disease related conditions.
- 382 4. Chiropractors employed in administration, or serving on a board of directors, of  
383 chiropractic academic institutions should not be eligible for nomination for election  
384 to the board of the CCBC due to conflict of interest. The ineligibility of such  
385 registrants as directors of a regulatory College is noted in bylaws of the College of  
386 Physicians and Surgeons of BC, BC College of Nurses, Manitoba Chiropractors  
387 and College of Chiropractors of Ontario.
- 388 5. Elected directors may have been in conflict of interest and failure to perform  
389 fiduciary duty by approving motion giving eligible directors financial benefit, not in  
390 compliance with prior motion of the board for use of funds, and duty and objects  
391 stating post-secondary education 16 (k) (i).
- 392 6. The directors have refused registrant's request for the public CCBC meetings held  
393 4-5 times per year by Zoom or equivalent to be recorded and available on the CCBC  
394 website for up to 1 year

395 **BE IT RESOLVED THAT** the directors undertake a comprehensive and full  
396 examination to include but not limited to Roberts Rules of Order found in bylaw 13,  
397 (12), all actions of the board, committee, and staff for transparency, possible  
398 apprehension of bias, conflict of interest, and compliance of fiduciary duty. The review  
399 and published report with recommendations of and actions to be taken by the Board  
400 to be placed on the public CCBC website prior the AGM to be held in 2021.

401

402 **Discussion on the Motion**

403 Speaking for the resolution were Dr. Don Nixdorf, Dr. Cameron Allan and Dr. Mark  
404 Foullong. Comments were offered in favour of the motion, regarding:

- 405 - The structure of CCBC Board meeting minutes, and the purpose of in-camera  
406 sessions
- 407 - Ensuring Board meeting minutes reflect the fulfillment of the Board's fiduciary duty

- 408 and obligations  
409 - Questions raised related to the Board's decisions on marketing practices  
410 - Clarifications requested on staff's role in evaluating the merits of complaints.  
411

412 Speaking against the resolution were Dr. Larissa Juren, Dr. Hafeez Merani and Dr.  
413 Clark Konczak. Comments were offered in opposition to the motion, regarding:

- 414 - The Board's fiduciary duty to make decisions in the best interest of the organization  
415 - Results pending of a governance review of the CCBC, by WATSON Advisors Inc.  
416 - Recommendations of an external evaluation of the CCBC's complaint process,  
417 which have been implemented  
418 - CCBC's dedication to transparency, fiduciary duty and the protection of the public  
419 - Changes to CCBC's X-ray policy, based on the public and registrant's feedback  
420 - A Conflict of Interest Policy outlined in CCBC Bylaws  
421 - Adherence to Roberts Rules of Order at Board meetings  
422 - Annual organizational reviews that consider the CCBC's policies and procedures.  
423

#### 424 **Question on the Motion**

425 The question was called on the motion. A vote was conducted by poll, and Mr. Lynch  
426 declared that the motion was:

427 **DEFEATED (043/20-21)**

428 *269 eligible registrants voted in favour*

429 *317 eligible registrants voted in opposition*

430 *Two votes were disqualified*  
431

### 432 **6.6 Resolution #6**

#### 433 **It was MOVED (Dr. Bruce Russel)**

##### 434 **WHEREAS:**

- 435
- 436 1. The *Health Professions Act* Section 16(2)(k) broadly describes the duty of all  
437 Colleges to promote and enhance collaborative relations with other colleges and  
438 interprofessional collaborative practice between its registrants and persons  
439 practising another health profession;
  - 440 2. Barriers to interprofessional collaboration do not serve and protect the public and  
441 are not in the public interest;
  - 442 3. There have been published statements that:  
443 a) medical radiologists not engage with chiropractic doctors,  
444 b) orthopaedic specialists not take referrals from chiropractic doctors, and  
445 c) general practitioners not cooperate with, or not recommend patients attend, a  
446 chiropractic doctor;
  - 447 4. Occurrences regularly continue where patients attending a chiropractic doctor  
448 report they were previously advised by a medical doctor or persons practising  
449 another health profession not to attend a chiropractic doctor;
  - 450 5. ICBC reported in November 2020 that initial reports provided by chiropractors since  
451 1972 will no longer be provided by chiropractors after May 01, 2021. They will only  
452 be provided by medical doctors after that date.
  - 453 6. The Competition Bureau of Canada reported in its Submission to the Royal

454 Commission on Health Care and Costs that the medical profession generally  
455 discouraged collaboration with chiropractic doctors by:  
456       dissuading physicians from referring patients to or accepting referrals from  
457       chiropractors,  
458       discouraging the sharing or interpreting of medical diagnostic test results such  
459       as X-rays,  
460       dissuading health care institutions, and most notably hospitals from accepting  
461       applications from chiropractic doctors to assist in patient care.

462 **BE IT RESOLVED THAT** the board of the CCBC conduct a full investigation and  
463 review to identify all direct and indirect policies, guidelines, directives, position  
464 statements, or other information of other health professions, and institutions such as  
465 ICBC or WCB that directly or indirectly fail to serve and protect the public or are not in  
466 the public interest because such information influences the public not to attend  
467 chiropractic doctors in BC. A report of the findings will identify any third parties  
468 influencing patient choice or creating barriers to interprofessional collaboration. The  
469 report shall include sources of such information and recommend the means by which  
470 compliance with the Health Professions Act may be achieved. An interim report should  
471 be provided for public review on the CCBC website at latest 2 two weeks prior to the  
472 CCBC 2021 AGM and final report published on the CCBC website by March 15 2022.  
473

#### 474 **Discussion on the Motion**

475 Speaking for the resolution were Dr. Bruce Russell, Dr. Cameron Allan and Dr. Don  
476 Nixdorf. Comments were offered in favour of the motion, regarding:

- 477 - The responsibility to ensure fair and equitable access to chiropractic care
- 478 - The College of Physicians and Surgeons directions to radiologists to not accept  
479 referrals from chiropractors
- 480 - Implications of chiropractors not having access to past X-ray images, including:
  - 481     o Increased impacts on hospitals and others who respond to requests for reports
  - 482     o The increased potential for serious pathologies being missed
- 483 - Recognition of the College's role in the *HPA*.

484  
485 Speaking against the resolution were Dr. Zehra Gerretsen, Dr. Hafeez Merani and Dr.  
486 Moe Baloo. Comments were offered in opposition to the motion, regarding:

- 487 - The BC Chiropractic Association's initiatives, intended to enhance relationships  
488 with other health care providers and improve the image of chiropractors
- 489 - CCBC's inability to intervene in ICBC or WorkSafeBC (WSBC) processes
- 490 - ICBC's recognition of chiropractors' ability to provide diagnoses
- 491 - Communications with chiropractors, supported by ICBC and WSBC.

#### 492 **Question on the Motion**

493 The question was called on the motion. A vote was conducted by poll, and Mr. Lynch  
494 declared that the motion was:

**DEFEATED (044/20-21)**

*274 eligible registrants voted in favour*

*329 eligible registrants voted in opposition*

*Three votes were disqualified*

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501 **6.7 Resolution #7**

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**It was MOVED (Dr. Gregg Smillie)**

**WHEREAS:**

1. Elected directors inform the Board on all matters relating to the practice of chiropractic including chiropractic education, expertise, practice and research.
2. Section 16 (2)(k) (iii) provides that the College has a duty to promote and enhance the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.
3. Elected directors have an obligation to communicate accurately and fairly about all aspects of chiropractic education, expertise, practice and research at Board meetings, committee meetings, and in staff training.
4. In order to act in the public interest, all evidence must primarily be directly relevant to chiropractic education, research, and practice experience.
5. Elected directors should present information to the Board or to the staff that is relevant and credible, and all sources of that information are fully disclosed and publicly available.

**BE IT RESOLVED THAT** the directors of CCBC adopt a clear policy that information considered by the Board must be relevant to chiropractic education, expertise, practice experience, research and be fully disclosed and available to the public unless protected by privacy legislation.

**Discussion on the Motion**

Speaking for the resolution were Dr. Greg Smillie and Dr. Cameron Allan. Comments were offered in favour of the motion, regarding:

- Ensuring CCBC's policies reflect the responsibility to protect public safety, and to promote interprofessional and collaborative practices between registrants and other health professionals
- Medical management and care, which carries a different risk/benefit ratio from chiropractic care; the amendment to the PCH regarding X-rays, did not reference chiropractic-specific research.

Speaking against the resolution were Dr. Larissa Juren, Dr. Elliot Mayhew and Dr. Kristine Salmon. Comments were offered in opposition to the motion, regarding:

- Impacts of expanding the responsibilities of the College defined by the *HPA*
- The CCBC's Strategic Plan, which generates goals categorized into individual initiatives in a workplan
- Closed CCBC Board sessions, held in accordance with CCBC Bylaw Section 13.5
- Policies needed to ensure that the Board is focused on relevant regulatory issues
- Encouraging registrants to read meeting minutes or attend meetings to stay informed.

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**Question on the Motion**

The question was called on the motion. A vote was conducted by poll, and Mr. Lynch declared that the motion was:

**DEFEATED (045/20-21)**

*246 eligible registrants voted in favour  
334 eligible registrants voted in opposition  
Three votes were disqualified*

**CONCLUSION**

The June 5, 2021, Extraordinary General Meeting of the College of Chiropractors of BC Board, concluded at 11:51 a.m.

\* \* \*

**Post-Meeting Note**

Following the EGM, CCBC staff verified and confirmed that 701 full registrants of CCBC were in attendance.