

MANITOBA CHIROPRACTORS ASSOCIATION

CODE OF ETHICS

April 2021

Table of Contents

I. Purpose	3
II. Principles	4
III. Responsibilities and Accountability	5
A. Responsibility to Patients	5
Article 1 Service	5
Article 2 Competency.....	5
Article 3 Fitness/Incapacity to Practice.....	5
Article 4 Informed Consent to Treatment.....	5
Article 5 Consultation and Referral.....	6
Article 6 Provision of Accurate Information	6
Article 7 Confidentiality and Release of Patient Information....	6
Article 8 Guarantees	6
Article 9 Emergencies	7
Article 10 Provision of Care	7
Article 11 Limits of Chiropractic Care	8
Article 12 Best Practices in Chiropractic.....	8
Article 13 Reporting of Sexual/Physical Abuse.....	8
Article 14 Professional Boundaries	8
B. Responsibility to the Public	9
Article 1 Representation	9
Article 2 Contractual Services	9
Article 3 Choice of Chiropractor	9
Article 4 Advertising and Promotional Activities	9
Article 5 Fees and Compensation for Service	10
Article 6 Community Activities	11
C. Responsibility to the Profession	12
Article 1 Support of the Profession	12
Article 2 Co-operation with MCA	12
Article 3 Reporting of Inappropriate Conduct	12
Article 4 Conflict of Interest	12
Article 5 MCA – Spokesperson and the Media	12
D. Responsibility to Colleagues	13
Article 1 Consultation and Referral	13
Article 2 Judgements in Peer Review – Justifiable Criticism ...	13
Article 3 Practice Associations	13
Article 4 Duty to Report	13
E. Responsibilities of board members and committee members	14
F. Declaration of Ethical Commitment	20

I. PURPOSE:

This Code of Ethics (the “Code”) is a set of principles of professional conduct which establishes the requirements and expectations for chiropractors in fulfilling duties to their patients, to the public, to the profession, and to their colleagues.

This Code affirms and/or clarifies principles that are definitive to professional and ethical chiropractic care. For those about to enter the profession, this Code identifies the basic moral and ethical commitments of chiropractic and will serve as a source for education and reflection.

For those within the profession, this Code provides direction for ethical practice; in so doing, it also serves as a basis for self-evaluation. For those outside the profession, this Code provides public identification of the profession’s ethical expectations of its members.

Therefore, this Code is educational, guides behavior and expresses to the larger Community the values and ideals that are espoused by the chiropractic profession by reason of trust and commitment.

This Code is not a comprehensive listing for the practice of chiropractic and is superceded by the Chiropractic Act, Regulations and By-laws. This Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. Simply because a duty or right may not be specifically considered in the Code does not preclude its existence, or the possibility that it might be enforced by an Inquiry Panel.

Additional information and clarification may be found within Manitoba Chiropractors Association (“MCA”) Policies, Guidelines, Standards of Practice and Regulatory Reports.

II. PRINCIPLES:

This Code contains the guidelines for and expresses the values of the chiropractic profession of Manitoba.

The Principles of Ethics are the goals to which every member of the profession must aspire.

There are five principles that form the foundation of the Code. These are:

1. Patient autonomy and informed consent

Members of the public have the right to choose their own chiropractor. Chiropractors, in serving the public may also exercise reasonable discretion in selecting patients for their practice.

A chiropractor shall respect the patient's right to participate in treatment decisions, to be informed of the potential risks and benefits of treatment options and venue, and to accept or refuse such treatment.

2. Nonmaleficence (to do no harm)

A chiropractor, in all manner of examination and treatment, shall strive to do no harm. The application of this principle will vary as the state of scientific knowledge changes with time and new research. It is understood that in some conditions deterioration or exacerbation may occur despite appropriate care.

3. Beneficence

Chiropractic treatment shall endeavor to elicit improvement in the patient's condition. The ultimate goal of treatment shall be optimum function, health and wellness for the patient. The achievement of this goal will be influenced by variables such as the patient's age, general health, underlying anatomy, and compliance with instruction for health care. Chiropractors have a responsibility to provide a high standard of professional services and are accountable for treatment rendered.

4. Competence

A Chiropractors primary obligation is to provide service to the public through the delivery of quality care in a competent and timely fashion.

5. Veracity

Chiropractors must be truthful and forthright in all professional matters.

III. Responsibilities and Accountability

A. RESPONSIBILITY TO PATIENTS

Article 1 Service

- a) This Code is an important part of the way in which the MCA fulfills its obligation to promote and protect the public interest. This Code is binding on all members with respect to their conduct and violation may result in disciplinary action.
- b) This Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. In resolving any ethical problems explicitly covered by the Code, chiropractors shall consider ethical principles, the patient's needs and interests, and all other applicable laws. Although ethics and the law are closely related, they are not the same. Ethical obligations may and often do exceed legal duties.
- c) As primary health care providers, a chiropractor's first responsibility is a duty of care to his or her patients. As such, the competent and timely delivery of appropriate care within the bounds of clinical circumstances presented by patients, shall be the most important aspect of that responsibility.

Article 2 Competency

The privilege of chiropractors to be accorded professional status rests primarily in the knowledge, skill and expertise with which they serve their patients and society. All chiropractors, therefore, must keep their knowledge of chiropractic contemporary and must provide treatment in accordance with currently accepted professional standards. Competence has been described as the combined knowledge, skills, attitudes and judgment required for providing professional services. Chiropractors have an obligation to maintain competence throughout their career.

Article 3 Fitness/incapacity to practice

- a) Chiropractors shall inform the MCA when a serious injury, health condition, infection or any other condition has either immediately affected, or may affect over time, their ability to practice safely and competently. It is unethical for a chiropractor to practice while abusing controlled substances, alcohol or chemical agents that impair their ability to practice. Chiropractors shall refrain from practice when so compromised.
- b) Chiropractors have an ethical obligation to urge impaired colleagues to seek treatment.
- c) Chiropractors with first-hand knowledge of colleagues who are practicing chiropractic when so impaired have an ethical responsibility to report such evidence to the MCA.

Article 4 Informed Consent to Treatment

Chiropractors must discuss with patients treatment recommendations including benefits, prognosis and significant risks, as well as reasonable alternatives and associated costs to enable patients to make an informed decision with regard to any proposed chiropractic care.

Article 5 Consultation and Referral

- a) Chiropractors will recognize professional limitations and, when indicated, will provide the appropriate referral.
- b) When requested by a health practitioner and with the written permission of the patient, the chiropractor shall make available any relevant information. A reasonable and customary fee may be charged for file review/retrieval/duplication.

Article 6 Provision of Accurate Information

Chiropractors are obligated to provide to patients a full and accurate comment and opinion concerning their chiropractic health. A chiropractor shall neither exaggerate nor minimize the gravity of a patient's condition, nor offer any false hope or prognosis and will ensure that the patient, or the person(s) responsible for the patient, has sufficient knowledge of that condition to make decisions regarding the patient's best interests.

Article 7 Confidentiality and Release of Patient Information

- a) A chiropractor will keep a patient file for each patient, showing name and address, the dates seen, and adequate history and particulars of physical examinations, radiographic examinations, investigations ordered and the results of same, the diagnosis made, and the treatment prescribed.
- b) Patient information, verbally, written, or electronically acquired and held in the custody by chiropractors, shall be kept in strict confidence except as required by law or as authorized by the patient.
- c) Upon request from a patient, or consent from a patient, the chiropractor shall within a reasonable amount of time provide a copy of the patient file/record notes. The chiropractor may charge an appropriate administrative fee for the duplication of this file.
- d) Information may also be released when necessary, to safeguard society, or when required by law.
- e) Records are to be maintained in custody for a minimum of six (6) years. Destruction of files, when it takes place, must be thorough to ensure that there is no chance for the breach in confidentiality.

Article 8 Guarantees

Chiropractors shall not guarantee a cure to any patient either verbally or in writing.

Article 9 Emergencies

- a) An emergency exists if professional judgment determines that a person needs immediate attention. Chiropractors have an obligation to consult and to provide treatment in an

emergency, or if unavailable, to suggest alternative arrangements.

- b) Chiropractors should have alternative emergency care arranged when the office is closed, when unavailable, or when away from the office for a period of time.

Article 10 Provision of Care

- a) Chiropractors shall not discriminate against or refuse to treat patients when this is contrary to applicable human rights laws.
- b) Chiropractors shall recognize the right of the patient to select his/her own method of health care. The chiropractor shall also respect the patient's right to change his/her own choice of providers. Chiropractic care may be separate, concomitant, or complementary to other forms of healthcare.
- c) Patient preparation for chiropractic examination requires that the area to be examined be adequately exposed to allow for examination. Exposure must not be excessive, and the patient's dignity must be preserved throughout the clinical encounter.
- d) Before initial chiropractic treatment, a chiropractor must conduct an intake, history and examination of the patient, and will advise the patient of findings and recommendations in a professional and responsible manner.
- e) The chiropractor shall give a patient a reasonable estimate regarding the length of time/number of visits that may be required to favorably address a particular condition, but he/she must scrupulously avoid protracted or unnecessary care without some favorable outcome.
- f) The doctor of chiropractic shall not take physical, emotional or financial advantage of the public or any patient he/she serves.
- g) A chiropractor will ensure that patients enjoy the benefits of a clean and professional office with equipment that meets minimum office requirements as identified by the Board.
- h) A chiropractor may utilize a single "open-concept" treatment room provided all patients are advised that, at any time, they may choose to be examined and treated in private. Chiropractors who utilize "open-concept" treatment in their practice will maintain a separate room within their office where patients can be examined and treated with visual and reasonable auditory privacy.
- i) Where the specific consent of the patient is obtained, observers may view all aspects of patient care.
- j) Patient care may only be conducted by a licensed chiropractor in good standing with the MCA. Patient care includes consultation, examination, diagnosis, treatment, and follow-up.
- k) In terms of direct contact with patients, chiropractic office staff may:
 - i. be present in the treatment room for the purpose of providing comfort to patients or ensuring the propriety of treatment; and
 - ii. interview patients for the purpose of completing a printed questionnaire approved or created by the chiropractor covering routine personal background information of the

- patient such as address, employment, insurance, and other treating practitioners.
- iii. if trained, may perform those diagnostic tests and modalities approved by the MCA Board, under the direct supervision of the chiropractor.

Chiropractic office assistants may not take any type of radiographic study unless they are certified as a Radiological Technician. Furthermore, they may not perform a physical examination, nor establish or communicate a diagnosis.

- l) A chiropractor will not require an employee to be a patient as a condition of employment.

Article 11 Limits of Chiropractic Care

- a) The chiropractor shall attend to his/her patient as often as is necessary according to his/her judgement to ensure the well-being of the patient and continued progress.
- b) Chiropractors having undertaken the care of patients shall not discontinue that care without first having given notice of that intention and shall endeavor to arrange for continuity of care with another chiropractor.

Article 12 Best Practice in Chiropractic

The MCA recognizes there are a variety of techniques and modalities available to chiropractors for treatment of patients. Chiropractors in a clinical setting integrate current research with clinical expertise and experience, individual patient needs and available resources to achieve best results for their patients.

Article 13 Reporting of Sexual/ Physical Abuse

Chiropractors are obliged to become familiar with the signs of abuse and to report suspected cases to the proper authorities in compliance with Manitoba laws.

Article 14 Professional Boundaries

Appropriate professional boundaries between the chiropractor and patient must be maintained at all times. Any form of sexual contact or sexual activity between a chiropractor and their patient is strictly prohibited. Chiropractors are directed to the Guideline on Professional Boundaries for specific details.

In addition to sexual boundaries, chiropractors shall abide by all the terms of the Guideline on Professional Boundaries.

B. RESPONSIBILITY TO THE PUBLIC

Article 1 Representation

Chiropractors shall represent themselves in a manner that contributes to the public's trust and confidence in the profession. Chiropractors shall not represent their education, qualifications or competence in any way that would be false or misleading.

Article 2 Contractual Services

When chiropractors enter into contracts with other parties related to the practice of chiropractic, the professional, ethical, and legal responsibilities of the chiropractors are not reduced or transferred in any way to those other parties.

Article 3 Choice of Chiropractor

Chiropractors shall at all times respect and support the public's right to a free choice of chiropractor. Chiropractors shall not participate in any plan, scheme or arrangement which would limit or interfere with any person's freedom or ability to choose a chiropractor.

Article 4 Advertising and Promotional Activities

Chiropractors shall build their reputation on their professional competence and integrity. Chiropractors shall conduct all advertising and promotional activity in accordance with applicable legislation and this Code. Chiropractors may advertise, provided the advertising:

- i. is demonstrably true and accurate;
- ii. is not misleading or deceptive or likely to mislead or deceive;
- iii. is of dignified nature and otherwise such as not to bring the profession into disrepute;
- iv. does not claim or imply any superiority of the advertising chiropractor or clinic over any other member of the association.

False, Misleading or Deceptive

- a) Statements must be avoided which:
 - i. contain misrepresentations of fact;
 - ii. omit facts which, if included, would contradict the statement.
- b) Statements will be evaluated on a case-by-case basis.

Objective Verification

Chiropractors are not to make representation which are not objectively verifiable. "Objectively verifiable" means capable of being proven by facts independent of personal feelings, beliefs, opinions or interpretations. The onus is on the chiropractor to be able to provide, upon request, objective verification of any statements in advertising or promotional activities.

Name of Practice and Trade Names

Since the name under which chiropractors conduct their practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is misleading, or which may create unreasonable expectations is prohibited. For example, trade names such as the

following may create unrealistic expectations in patients:

- Gentle, Caring Chiropractic
- Painless Chiropractic

Other trade names may not be objectively verifiable, for example, “Best Chiropractic”. The examples above are intended to be illustrative and are not exhaustive.

Use of Titles and Announcement of Specialization

- a) This section is designed to help the public make an informed selection between practitioners who have achieved specialty status and general practitioners. All members of the MCA may use the titles Doctor, Dr. or Chiropractor. However, only those chiropractors who are expressly authorized by the MCA may use any of the following titles for specialty areas of chiropractic practice:
 - i. Chiropractic College of Radiologists
 - ii. College of Chiropractic Sports Sciences
 - iii. College of Chiropractic Orthopedists
 - iv. College of Chiropractic Rehabilitation Sciences
 - v. College of Chiropractic Sciences
- b) Other than fellowships in specialties recognized by the Federation of Canadian Chiropractic (FCC) and by the MCA, chiropractors using the attainment of non-academic fellowships in direct advertisements to the public may be making representations which are misleading or deceptive. Such use of a fellowship status may be misleading because of the likelihood that it will indicate to chiropractic consumers the attainment of a specialty status.
- c) To practice acupuncture within a chiropractic office, the chiropractor must abide by all conditions and requirements set forth by the MCA.

Article 5 Fees and Compensation for Service

- a) The health and welfare of the patient should always be paramount and expectation of remuneration or lack thereof shall not in any way affect the quality of services rendered to the patient.
- b) The chiropractor is entitled to receive proper and reasonable compensation for professional services rendered, based on usual and customary practices, experience, the nature of the patient’s condition and patient’s ability to pay. The chiropractor or his designate will disclose fees for services with the patient.
- c) Chiropractors shall not enter into an arrangement with another chiropractor or person whereby he/she receives part of the fee paid to the other, or by way of commission or discount for the referral of patients. This does not refer to the practice of Locum services in which another chiropractor is temporarily retained within a practice for a short term.
- d) Payment agreements may be used in conjunction with Patient Care Plans, but patient care plans and payment agreements must remain as separate documents. A chiropractor may not

use a patient management contract which binds the patient to a care plan and related payment for care. Any payment agreement must allow the patient to terminate care without penalty.

Insurance/Third Party Benefits

Chiropractors may offer a lesser fee for same-day or prompt payment but may not charge insurance companies an additional administrative or processing fee above the stated service fee.

Article 6 Community Activities

Chiropractors by virtue of their education and role in society, are encouraged to support and participate in community affairs, particularly when these activities promote the health and well being of the public.

C. RESPONSIBILITIES TO THE PROFESSION

Article 1 Support of the Profession

The Legislature of Manitoba has granted to the profession the privilege of self-regulation for the purpose of protecting the public and promoting the public interest. This responsibility is borne and implemented by the MCA, its Board of Directors, Officers, committees and each licensed member. Chiropractors have an obligation to participate in the advancement of the profession and to support its professional organizations. A strong profession assists the MCA in promoting and protecting the public interest.

Article 2 Co-operation with the MCA

- a) It is the duty of chiropractors to comply with reasonable requests of the MCA, its officials, committees, and other bodies to enable them to fulfill their responsibilities.
- b) Chiropractors are ethically obligated and shall abide by the Standards of Practice as approved by the MCA.

Article 3 Reporting of Inappropriate Conduct

If chiropractors have reasonable grounds to believe that other chiropractors are engaged in unprofessional conduct, then chiropractors have an obligation to report such conduct to the MCA.

Article 4 Conflict of Interest

Each chiropractor will protect his/her professional reputation by avoiding all situations that could lead to a conflict of interest as defined in the Conflict of Interest Policy of the MCA. Any real or perceived conflict of interest must be disclosed.

Article 5 MCA Spokesperson and the Media

- a) The President of the MCA is the official spokesperson of the MCA. Communications with the press and broadcasting media, on matters relating to MCA policies and legislative matters may only be made by spokespersons designated for that role by the President.
 - i. Information appearing in the press and broadcast media, from individual members of the MCA must be accompanied by a disclaimer that indicates that this is the personal opinion of the author and not the MCA's official position.

D. RESPONSIBILITIES TO COLLEAGUES

Article 1 Consultation and Referral

When patients are referred to another chiropractor for consultation and/or treatment or are seen by another chiropractor on an emergency or substitute basis, chiropractors, upon completion of the care, shall refer the patient back to the original chiropractor. An exception is where the patient initiates and chooses to stay with the interim chiropractor.

Article 2 Judgements In Peer Relations: Justifiable Criticism

- a) Before making comments to patients about other chiropractors' treatment, chiropractors shall take reasonable steps to ensure that they are fully informed about any patient's health and specific treatments provided by previous chiropractors. With the patient's consent, chiropractors are encouraged to consult with any previous chiropractor.
- b) Chiropractors shall not make statements about other chiropractors' treatment which are not reasonable or supportable.

Article 3 Practice Associations

- a) It is expected that chiropractors who enter into practice associations have taken the necessary care and independent legal review to ensure that the structure protects the professional integrity of all parties, especially in the case of a future dissolution.
- b) When one chiropractor ceases to practice in association with another chiropractor(s), either as associate or partner, there is a duty upon both to inform patients of their right to choose who will continue to treat them.

Article 4 Duty to Report

Anyone who believes that member chiropractors have acted unethically or in an unskilled manner should bring the matter to the attention of the MCA, to be dealt with in accordance with the provisions of *The Chiropractic Act*. The chiropractor will ensure that his/her concerns are based on fact.

E. RESPONSIBILITIES TO COLLEAGUES

1. Definitions

In this Part,

“Act” refers to *The Chiropractic Act*, CCSM c. C100;

“Association” means The Manitoba Chiropractors Association;

“Board” means the Board of the Association;

“Board-Appointed Member” means a lay person who has been appointed by the Board, so that the person currently comprises part of the Board, pursuant to s. 22(1) of the Act;

“Board Member” means every Elected Board Member, the Government-Appointed Board Member, and the Board-Appointed Member;

“Committee” means a committee that the Board appoints, pursuant to s. 27 of the Act;

“Committee Member” means a person whom the Board has appointed to a Committee, so that the person currently comprises part of that committee, pursuant to s. 27 of the Act;

“Elected Board Member” means a person who has been elected from among the members of the Association, so that the person currently comprises part of the Board, pursuant to s. 22(1) of the Act;

“Government-Appointed Board Member” means a lay person who has been appointed by the Lieutenant Governor in Council, so that the person currently comprises part of the Board, pursuant to s. 22(1) of the Act; and,

“Meeting of the Board” means a meeting of the Board pursuant to s. 24(a) of the Chiropractic Profession By-Laws, including an annual general meeting or a special general meeting.

2. General responsibilities of each Board Member and Committee Member

- a) Every Board Member and Committee Member shall actively participate as a member of the Board or the Committee to which the member has been appointed, and, without limiting the generality of the foregoing, examples of such active participation include:
 - i. Regular attendance at every Meeting of the Board or Committee;
 - ii. Diligent preparation for every Meeting of the Board or Committee, including a review of the meeting’s agenda and supporting materials, so that the Board Member or Committee Member understands the issues and is able to discuss the business of each meeting;

- iii. Attendance at orientation and training sessions, strategic planning meetings, and educational seminars or other events that promote good governance or effective functioning of the Association; and,
 - iv. Advance the goals and positions set out in any terms of reference that apply to the Board Member or Committee Member and, as a corollary, not advance goals or positions that contradict the wording or spirit of any such terms of reference.
- b) Every Board Member and Committee Member shall conduct himself or herself in a way that preserves and promotes a respectful workplace, and, without limiting the generality of the foregoing, examples of such conduct include:
- i. A demonstration of courtesy at all times toward every other person who is participating in or attending a Meeting of the Board or Committee, or who is otherwise in the workplace where the meeting takes place;
 - ii. The expression of views or opinions in a way that conveys openness to the consideration of the submissions of others;
 - iii. A setting aside of personal disagreements and prejudices in favour of a focus upon considerations relevant to the Meeting of the Board or Committee;
 - iv. Abiding by the parliamentary or procedural rules that govern the Meeting of the Board or Committee; and
 - v. Abiding by the Respectful Workplace policy that the Association has adopted, as amended from time to time, and all other policies as amended from time to time and set out at Schedule A.
- c) Every Board Member and Committee Member shall conduct himself or herself in a manner that does not bring the profession of chiropractic, the governance of that profession, or the Association into disrepute, and, without limiting the generality of the foregoing, examples of such conduct include:
- i. Refraining from undermining the actions of the Association, even where the Board Member or Committee Member had advanced different or contrary positions during deliberations at a Meeting of the Board or Committee;
 - ii. Representing the Association in a positive and supportive manner;
 - iii. Exercising the duties and responsibilities of the Board Member or Committee Member with integrity, diligence, and in a collegial manner;
 - iv. Removing himself or herself from any circumstance in which actual or perceived embarrassment of the Association could arise; and,
 - v. Refraining from communicating with the media on behalf of the Association unless expressly authorized to do so.

- d) Every Board Member shall fulfil his or her governance duties, and, without limiting the generality of the foregoing, examples of such conduct include:
 - i. Understanding the legislative and legal framework in which the Association operates as a statutory delegate of the Manitoba Legislature; and,
 - ii. The exercise of oversight of the Association, ensuring that it abides by the Act.
- e) An Elected Board Member or Committee Member engages in professional misconduct within the meaning of s. 4(2) of the Chiropractic General Regulation, Man. Reg. 66/86, where he or she fails to fulfil his or her responsibilities as a Board Member or Committee Member, including for the sake of emphasis and not for the purpose of limiting the foregoing,
 - i. Failure for any reason to abide by the parliamentary or procedural rules that govern the Board or Committee of which he or she is a member;
 - ii. Failure during a meeting to recognize the authority of the Chair of the Board or Committee of which he or she is a member;
 - iii. Failure for any reason to abide by the Respectful Workplace policy that the Association has adopted, as amended from time to time, and all other policies as amended from time to time and set out at Schedule A, or failure otherwise to show courtesy and promote a respectful workplace for the benefit of any other member of the Board or Committee, any other member of the Association, any member of the Association's staff, and any other person, whether during a meeting of the Board or Committee or at any time before or after such a meeting.

3. The responsibility to protect and preserve confidentiality

- a) Pursuant to s. 43(9) of the Act, except for the purposes of a prosecution under the Act, or in any court proceedings, or for the purpose of the administration and enforcement of this Act and the regulations, no Board Member or Committee Member shall:
 - i. knowingly communicate or allow to be communicated any information obtained by him or her in the course of administering the Act or the regulations; or
 - ii. knowingly allow any other person to inspect or to have access to any book, document, record, file, correspondence or other record obtained by him or her in the course of administering the Act or the regulations.
- b) It is the responsibility of a Board Member or Committee Member to know what information is confidential.
- c) The confidentiality obligation of a Board Member or Committee Member exists while he or she is a current Board Member or Committee Member, but also continues after he or she is no longer a Board Member or Committee Member.

- d) Except for the purpose of administering or enforcing the Act and its subordinate legislation, a Board Member or Committee Member shall never use information obtained by him or her in the course of administering the Act or its subordinate legislation, which, without limiting the generality of the foregoing, includes using such information for the personal benefit of the Board Member or Committee Member. Moreover, every Board Member and Committee Member shall avoid conduct or circumstances that give rise, or may give rise, to the mere appearance that the Board Member or Committee Member has benefitted from confidential information received by reason of his or her role as a Board Member or Committee Member.
- e) Every Board Member and Committee Member is required to sign and agree to comply with a confidentiality agreement in the form set out in Schedule B.
- f) An Elected Board Member or Committee Member engages in professional misconduct within the meaning of s. 4(2) of the Chiropractic General Regulation, Man. Reg. 66/86, where he or she:
 - i. without lawful excuse or authority, knowingly communicates or allows to be communicated any information obtained by him or her in the course of administering the Act or its subordinate legislation;
 - ii. without lawful excuse or authority, knowingly allows any other person to inspect or to have access to any book, document, record, file, correspondence or other record obtained by him or her in the course of administering the Act or its subordinate legislation;
 - iii. has been convicted in Manitoba Provincial Court of contravening s. 43(9) of *The Chiropractic Act*, CCSM c. C100; or
 - iv. breaches the undertaking that he or she has given when executing the confidentiality agreement set out in Schedule B.

4. The responsibility to avoid and address a conflict of interest

- a) No Board Member or Committee Member shall be in a Conflict of Interest, which refers to an instance, whether actual or the existence of a substantial risk, where the interests of the Association are, or reasonably perceived to be, materially and adversely affected by the personal interest of a Board Member or Committee Member or by the interest of any other individual or entity with which the Board Member or Committee Member is connected.
- b) Without limiting the generality of the foregoing definition of a “Conflict of Interest”, examples include:
 - i. Any instance that results, could likely result, or reasonably appear to result in a direct, or even indirect, benefit or gain, whether financial or any other form of advantage, to the Board Member or Committee Member or his or her family, business associate, or friend;

- ii. Seeking, accepting, or receiving any personal benefit, whether direct or indirect, from a supplier, vendor, or any other individual or entity working with, doing business with, or seeking to establish some relationship with the Association;
 - iii. Involvement in the Association's hiring, supervision, evaluation, promotion, remuneration, or termination of a family member, business associate, or friend;
 - iv. Receiving benefits intended to influence the activities or affairs of the Association, including pecuniary benefits, gifts in lieu of cash, privileges, or any other personal reward or benefit.
- c) It is the responsibility of a Board Member or Committee Member to know if he or she has a Conflict of Interest.
- d) Where a Board Member or Committee Member has a Conflict of Interest, he or she shall disclose the conflict as soon as the issue arises during a Meeting of the Board or Committee.
 - i. Where a Board Member or Committee Member discloses his or her Conflict of Interest, the Conflict of Interest shall be conclusively deemed to exist.
 - ii. Where there is no consensus among Board Members or Committee Members that a disclosure gives rise to a Conflict of Interest, the Board or Committee will vote on the existence of the Conflict of Interest, and the Board Member or Committee Member who had initially declared himself or herself to be in a Conflict of Interest shall withdraw from the meeting room and take no part in the deliberations or vote.
 - iii. Where the Board or Committee votes against the finding of a Conflict of Interest and where the Board Member or Committee Member who had initially declared himself or herself to be in a Conflict of Interest persists in asserting a Conflict of Interest, the Conflict of Interest shall be conclusively deemed to exist.
 - iv. Where the Board or Committee votes in favour of the finding of a Conflict of Interest, the Conflict of Interest shall be conclusively deemed to exist.
- e) Where a Board Member or Committee Member holds the opinion that another Board Member or Committee has a Conflict of Interest, he or she shall disclose the purported conflict as soon as the issue arises during a Meeting of the Board or Committee.
 - i. The Board or Committee will vote on the existence of the Conflict of Interest. The Board Member or Committee Member who is purported to have the Conflict of Interest may remain in the meeting room, participate in the deliberations, and vote on the question.
 - ii. Where the Board or Committee votes in favour of the finding of a Conflict of Interest, the Conflict of Interest shall be conclusively deemed to exist.

- f) Where a Conflict of Interest has been conclusively deemed to exist pursuant to (d) or (e) above, the Board Member or Committee Member who has a Conflict of Interest shall not participate in deliberations relating to the subject matter related to the Conflict of Interest; moreover, he or she shall not attempt to influence the deliberations or voting or other Board Members or Committee Members, and he or she shall not vote on the question; lastly, he or she shall withdraw from the meeting room during the deliberations and vote.
- g) For the sake of certainty, it is expressly set out that disclosure of a Conflict of Interest does not resolve the issue. Disclosure merely guides the Association in how to handle the Conflict of Interest.
- h) Every Board Member and Committee Member is required to sign and agree to comply with a “conflict of interest policy” in the form set out in Schedule B.
- i) An Elected Board Member or Committee Member engages in professional misconduct within the meaning of s. 4(2) of the Chiropractic General Regulation, Man. Reg. 66/86, where:
 - i. he or she fails to disclose at the first opportunity that he or she has a Conflict of Interest;
 - ii. having been conclusively deemed to have a Conflict of Interest, he or she
 - 1. participates in deliberations on the subject matter related to the Conflict of Interest,
 - 2. votes on the question related to the Conflict of Interest,
 - 3. influences, or attempts to influence, the deliberations or voting of at least one other Board Member or Committee on the question related to the Conflict of Interest,
 - 4. fails to withdraw for any reason from the meeting room during deliberations on the question related to the Conflict of Interest, or
 - 5. fails to withdraw for any reason from the meeting room during voting on the question related to the Conflict of Interest; or,
 - 6. breaches the undertaking that he or she has given when executing the “Conflict of Interest Policy” set out in Schedule B.

5. Consequences where responsibilities not fulfilled

- a) Where the Board resolves on a majority vote of the quorum present at a meeting of the Board that a Committee Member has failed to fulfil i. the general responsibilities of the Committee Member pursuant to Section III.E.2 of this Code of Ethics;
- b) the responsibilities of the Committee Member relating to confidentiality pursuant to Section III.E.3 of this Code of Ethics; or,
- c) the responsibilities of the Committee Member relating to a conflict of interest pursuant to Section III.E.4 of this Code of Ethics, the Board may revoke the appointment of the Committee Member to any committee to which the Committee Member is currently appointed pursuant to s. 27 of the Act, and the Board further recommend that the Committee Member, whether or not he or she is currently appointed to any committee pursuant to s. 27

of the Act, not be considered for subsequent appointment to any such committee for a period of no more than three (3) years from the date on which the Board adopts the resolution.

- d) For the sake of clarity, where the Board Member himself or herself is the subject of a resolution pursuant to Section III.E.5.a, that Board Member may not vote on the resolution, participate in the deliberations of the Board relating to that resolution, or attempt to influence the vote of any other Board Members on the resolution; and, where a Board Member does any of these acts here prohibited, the Board Member shall be deemed to engage in professional misconduct.

F. DECLARATION OF ETHICAL COMMITMENT

The foregoing Code sets forth the ethical duties and standards of practice that are binding on members of the MCA.

At the time of application for membership in the Association or upon initial enactment of this Code, each applicant/member shall be required to make the following declaration

DECLARATION OF ETHICAL COMMITMENT

I, _____

Do solemnly declare that I have read this document and will uphold the dignity of the profession through the Code of Ethics adopted by the Manitoba Chiropractors Association. I further understand that I could be disciplined in a manner prescribed in the Act and the By-laws of the Association for failing to do so.

Signed: _____

Date: _____

Witness: _____

Schedules

- A. Respectful Workplace Policy and other policies
- B. Confidentiality and Conflict of Interest

 Manitoba Chiropractors Association Policy	Department: Governance	Approved by: Board of Directors	Number: B1
	Title: Respectful Workplace Policy		
	Date of Original Version: March 16, 2018	Reviewed Date: May 13, 2021	Revised Date: May 13, 2021

Purpose:

Every employee, director and volunteer of the Manitoba Chiropractors Association is entitled to work in an environment that is respectful and free of disrespectful conduct, including all forms of harassment. The MCA will take all reasonable steps to prevent disrespectful conduct and, in cases where it has occurred, take corrective action to prevent further incidents.

This policy is intended to govern the activities of those staff, members and volunteers while working on behalf of the MCA. If this policy should conflict with any aspect of *The Chiropractic Act*, Regulations, By-laws or MCA Code of Ethics, they shall prevail over this policy.

Definition:

“Disrespectful Conduct” is the term used to describe conduct prohibited by this policy and includes all forms of harassment. It is any behavior that is discriminatory, abusive, demeaning or offensive to individual MCA staff, directors or volunteers or conduct that contributes to an uncomfortable, hostile or intimidating workplace for MCA staff, directors and volunteers. Examples include conduct:

- Of a discriminatory nature, as defined in the *Manitoba Human Rights Code*, and including inappropriate conduct in any form related to a person’s:
 - age, race
 - creed, religion
 - sex, sexual orientation, gender identity or gender expression
 - marital status, family status, economic status
 - political belief, association or activity
 - disability, size, weight, physical appearance
 - nationality, ancestry or place of origin
- That criticizes or ridicules an individual’s personal attributes or conduct to other staff, directors, volunteers, members or persons outside MCA;
- That are sexually inappropriate in any way;
- That constitutes unwelcome physical contact, bullying or intimidation, including behaviour that may involve:
 - repeated humiliation, criticism or intimidation that adversely affects a individual’s psychological or physical well-being;
 - even a single instance serious enough that it has a lasting, harmful effect on a worker;
- That undermines work performance or threatens a staff member’s employment, professional development or career, *including* any false allegation made about a staff member;

- That is deemed as unsolicited performance review from those who are not the employer; or
- That causes significant discomfort for MCA staff, directors or volunteers.

Disrespectful conduct may be written, verbal, physical, a gesture or display, or any combination of these towards the MCA staff, directors or volunteers or written, verbal, gestures to peers, colleagues, members or stakeholders.

The term “disrespectful conduct” does not include:

- Constructive feedback provided by an employer;
- Consensual conduct between members, volunteers or staff, provided that it does not adversely affect the public, visitors, stakeholder or other staff and volunteers or the workplace environment; and
- Actions taken in accordance with this policy.

Employer may refer to the immediate supervisor, Registrar or Executive Director or the Chair or any member of the Board of Directors.

Staff includes all employees of the MCA.

Volunteers includes MCA Board members and Committee members.

Employer Responsibility:

1. Take all reasonable steps to provide MCA staff, directors and volunteers with a workplace free of disrespectful conduct and hold those accountable for any violation of this policy.
2. Implement fair and timely procedures for the handling of concerns and submissions, including:
 - a. The process to raise and handle submissions and communicate with the involved persons;
 - b. Measures to protect the confidentiality of the process, the accuser, the respondent and other persons involved in the alleged violation, unless disclosure of the information is necessary to manage the submission or is required by law;
3. Undertake measures specifically designed to eliminate or minimize the risk of disrespectful conduct and harassment in the workplace.
4. Develop and maintain this and other policies and procedures designed to give effect to the principles and expectations in this policy.
5. Take corrective action as required to ensure MCA staff, directors and volunteers fully understand their obligations under this policy and will adhere to its terms.
6. Ensure that proper documentation is maintained regarding each submission, the investigative process and the resolution.

Staff, Directors and Volunteers Responsibility:

1. Treat MCA staff members and MCA directors and volunteers respectfully and avoid any disrespectful conduct as defined in this policy.
2. Report disrespectful conduct in accordance with the procedures established under this policy and participate honestly and in good faith in the resolution process.

3. Co-operate in the investigation of an alleged violation. Anyone involved in an investigation is expected to keep all details confidential until the investigation is complete.
4. Any person who makes a frivolous submission, files a submission in bad faith, deliberately provides false or misleading information during the investigation of an alleged violation or retaliates against a person who has made a submission under this Policy may be subject to disciplinary action.

Scope of the Policy:

Nothing in this policy prevents MCA staff, directors or volunteers from pursuing their rights regarding discrimination, harassment and safe working conditions under the *Manitoba Human Rights Code*, the *Workplace Safety & Health Act*, other legislative protections.

Procedures Applying to Complaints

1. If MCA staff, directors or volunteers experience disrespectful conduct, the first thing to do is tell the person responsible for the disrespectful conduct (the “respondent”) to stop if you feel comfortable doing that. You can do this verbally or in writing. If you feel unable to deal with him or her directly, you can speak to your employer.
2. There may be informal ways to handle the issue. Your employer may speak to the respondent. Your employer may also arrange for mediation, in which a neutral third party helps the people involved reach an acceptable solution. If the informal route is not successful or is not appropriate, the employer supports the accuser to file a formal submission.
3. If a formal submission is filed under this policy, it will be investigated thoroughly and promptly by the Executive Director and Board Chair. The Executive Director and Board Chair have the authority to engage an investigator to investigate.
4. In cases where the complaint is filed by or is against either the Executive Director or Registrar, the Board Chair and Vice Chair will conduct the investigation. They have the authority to engage an investigator who is trained to investigate such matters.
5. The investigator will interview the accuser, the respondent and any witnesses. When the investigation is complete, the investigator will provide a confidential written report to the Board of Directors. In the event that the investigator feels this is a significant issue, the Board may, at its discretion, forward this matter on to the regulatory complaints process.
6. The investigator, in collaboration with the employer, will inform the accuser and the respondent of the results of the investigation in a timely manner.
7. If a member of the Association is found to be guilty of contravening this policy, they may be subject to cost recovery for expenses incurred in investigating the issue.

Procedures Applying to Corrective Action

1. Anyone who has been found to have violated this policy will be subject to corrective action by the Employer or in the case of an MCA member, by the MCA Board of Directors. In the event an MCA director or volunteer is found to have violated the Respectful Workplace policy, the director or volunteer may, at the direction of the board, be required to suspend all activity as a committee member or director until completion of an MCA approved respectful workplace training course.

2. If the investigation does not find evidence to support the issue, no record will be kept in the file of the respondent. When the investigation finds disrespectful conduct occurred, the incident and the corrective action will be recorded in the respondent's personnel/member file.
3. In the event of a documented history of violation of the principles of the Respectful Workplace policy, the MCA staff member, director or volunteer shall be required to complete an MCA approved respectful workplace training course before serving in any capacity.
4. In the event an individual is found to have repeat documented violations of the Respectful Workplace policy, the Board may choose to permanently disqualify the member from any further service in any capacity as an MCA director or volunteer.
5. Where the Board determine the nature of the offence to be significant it may, at its discretion, forward this matter to the regulatory arm of the MCA.

Confidentiality

The MCA will not identify an accuser, a respondent or any circumstances about a Respectful Workplace submission, to anyone, except:

- when it is necessary in investigating the alleged violation;
- if it is part of disciplinary action;
- as part of a Board In-Camera meeting; or
- where required by law.

Retaliation

Anyone who retaliates in any way against a person who has made a submission under this policy or a person who has given evidence in a harassment investigation or been found guilty of harassment, will be considered to have committed harassment and will be subject to corrective actions described previously.

Education

The MCA commits to ensuring all employees, directors and volunteers learn and understand the MCA's Respectful Workplace Policy.

Monitoring

The MCA will monitor this policy and make adjustments whenever necessary. If you have any concerns with this policy, please bring them to the attention of the Executive Director.

Note: No record of the submission, investigation or decision will go in the complainant's personnel file if the submission was made in good faith. Any unfavourable work review or comments that were placed in the complainant's personnel file or on any record of the MCA as a result of the disrespectful conduct, any workplace criticism or harassment will be removed from the file all together.

I _____ have read and agree to follow this policy.

Signature: _____ Date: _____



Manitoba
Chiropractors
Association

MANITOBA CHIROPRACTORS ASSOCIATION

Employee and Volunteer Confidentiality and Conflict of Interest

The public and members of the association have the right to protection of all their personal information. Each staff member and volunteer must support the right to privacy. Staff and volunteers in the organization must be committed to maintaining the privacy and confidentiality of members, the public and associated person health information. Breaches of privacy place the organization at risk.

A condition of employment/volunteering in the organization is that all employees/volunteers sign a confidentiality and conflict of interest agreement. This agreement will be placed in the employee's/volunteer's file. This agreement may be renewed at regular intervals (with the annual performance review). Failure to hold the personal information of members and public confidential and private may lead to disciplinary action which may include termination or employment without notice.

Breaches of confidentiality include assessing personal information without authorization to do so and without a need to know, disclosing information in any way, shape or form to someone who does not need to know, not properly destroying, storing or sending information and all other stipulations in the Personal Health Information Act (PHIA).

Employee and Volunteer Confidentiality and Conflict of Interest Agreement

Name of Organization: The Manitoba Chiropractors Association (the "Organization")

Name of Employee/Volunteer: _____

Confidentiality

I acknowledge that during my employment/volunteer work with the Organization that I will have access to personal information about members of the public and association, their families and other employees/volunteers which is of a private and confidential in nature.

At all times I will respect the privacy of members of the public and members of the association, their families and other employees/volunteers.

I will treat all the Organization's clinical, administrative and financial information about members of the public and association, their families, and other employees/volunteers as confidential information.

I will ensure that private and confidential information is not inappropriately accessed, used or disclosed whether directly by me or by my password systems.

I understand that violations to privacy and confidentiality may include, but are not limited to:

- Accessing personal information that I do not require for work/volunteering purposes;
- Misusing or disclosing personal information (verbally, through the computer system or in hard copy) without proper authorization;
- Altering personal information of members, members of the public or other employees; and/or
- Disclosing to another person my user name and password to enable unauthorized access to personal information.

I will only access, use and transmit private and confidential information using organization authorized hardware, software or other equipment, as required by the duties of my position.

I understand and agreed to abide by the conditions outlined in this agreement, which will remain in force even if I cease to have an association with the Organization.

Conflict of Interest

Regarding conflict of interest, which is used in the broad sense to describe situations where an employee's/volunteer's actions, choices or personal circumstances potentially place their private and personal interests in competition with, or in opposition to, those of the Organization, I will not take action that:

- Creates a situation where the employee's/volunteer's outside interests could conflict with the best interest of the Organization;
- Takes away from services that the Organization would normally provide;
- Solicits for personal business while at the Organization; and/or
- Receives any compensation, fee, money or other benefits from a member, supplier or any other person or company which has, or may have, dealings with the Organization.

I understand that I am not to solicit or canvass members, potential members, members of the public or other such individuals for a company that I, my family or friend may derive benefit from. This includes, but is not limited to:

- Entering into an agreement, financial or otherwise, with another company to provide information on their behalf;
- Distribution of another company's literature to members, potential members, responsible parties or other such individuals;
- Discussions with a member, potential member or other such individuals regarding another; and/or
- Providing names of members of the association to another company.

While it is not possible to give examples of all conceivable situations that could rise to potential conflicts of interest or the appearance thereof, the above are listed as general statements and must be tempered with understanding and good judgment.

Since the policy objective is not only to prevent wrongdoing, but also to preclude the appearance of that happening, every employee who may be involved in any possible conflict of interest should make full disclosure to his or her Committee Chair/Board Liaison/Executive Director, who will then advise the employee of the position of the organization with respect to the matter.

Conflict of interest may lead to disciplinary action, up to and including, dismissal without notice. This policy may be superseded by a collective agreement.

Name (please print)

Signature

Name of Witness (please print)

Signature

Date