

CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO
VOLUME 9, ISSUE FALL 2015

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President's Message

Every day, I am inspired by the Ontarians who I meet in my role as a practising chiropractor. What resonates with me is the broad diversity of backgrounds, experience, interests and needs they represent as well as the expertise and talents of Ontario's chiropractors who deliver safe and ethical care every day.



Dr. Cliff Hardick
President
April 2015 - Present

As my term as President unfolds, I am committed to upholding the principles of self-regulation through a cohesive Council comprised of dedicated members who also continually inspire me. They have deep-rooted commitments to serving the public interest and ensuring that the principles of self-regulation are always "front and centre". I look forward to following in the footsteps of past Presidents who have - each in their own way - brought us to the stage where we are a responsible, respected health regulatory college.

We are well poised to embrace the future.

Firstly, I intend to leverage my years of chiropractic experience and in representing the public interest, having been elected by the chiropractors in District 6. What I bring to Council is a deep level of understanding about serving patients' chiropractic needs and the privileges associated with being a self-regulated profession in Ontario. I have met people literally from every corner of Ontario and, from serving on Council and representing CCO externally, I know that CCO is highly respected.

Secondly, I intend to fulfill my responsibilities capably and as they are defined in the by-laws:

- 7.22 The duties and powers of the president of the Council include:
- (a) directing the activities of the College;
 - (b) chairing meetings of Council;
 - (c) chairing meetings of the Executive Committee;
 - (d) approving agendas of the meetings of Council and meetings of the Executive Committee;
 - (e) supervising the arrangements for the annual meeting;
 - (f) taking all reasonable steps to ensure that orders and resolutions of the Council and the Executive Committee are implemented;
 - (g) ensuring the College is represented at all relevant meetings;

MISSION

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care.

The College examines, registers and regulates the chiropractic profession and partners with other health professions, their licensing bodies, organizations and government.

Developed at the strategic planning session in September 2004

Approved by Council on February 8, 2005

STRATEGIC OBJECTIVES

1. Improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders.
2. Strive for unity in the public interest, while respecting the diversity within the profession.
3. Optimize chiropractic services in the public interest.
4. Continue to regulate in a fiscally responsible manner: Statutory mandate met and priorities set and appropriately resourced (human and financial).

Developed at the strategic planning session: October 2010

*Reviewed at the strategic planning sessions:
September 2012, 2013, 2014, 2015*

Acronyms

AGM	Annual General Meeting
BDC	Board of Directors Chiropractic
CAC	Chiropractic Awareness Council
CCA	Canadian Chiropractic Association
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCO/the College	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CE	Continuing Education
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CFSA	Child and Family Services Act, 1990
Chiropractic Act	Chiropractic Act, 1991
CMCC	Canadian Memorial Chiropractic College
CPR	Cardiopulmonary Resuscitation
CSCE	Canadian Society of Chiropractic Evaluators
DC	Doctor of Chiropractic
DCP	Doctor of Chiropractic Programmes
FCC/the Federation	Federation of Canadian Chiropractic (formerly Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards)
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSCO	Financial Services Commission of Ontario
HARP	Healing Arts Radiation Protection Act, 1990
HPARB	Health Professions Appeals and Review Board (or the Board)
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
OHIP	Ontario Health Insurance Plan
PPA	Peer and Practice Assessment
QA	Quality Assurance
QA Committee	Quality Assurance Committee
RHPA	Regulated Health Professions Act, 1991
SCERP	Specified Continuing Education or Remediation Program
UQTR	L'Université du Québec à Trois-Rivières

Extract from the *Chiropractic Act*

Scope of Practice

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,
 - (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
 - (b) dysfunctions or disorders arising from the structure or functions of the joints.

Authorized Acts

4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
 1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. a disorder arising from the structures or functions of the joints of the extremities.
 2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
 3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

Extract from the *Healing Arts Radiation Protection Act*

Use of X-ray machine

5. (1) No person shall operate an X-ray machine for the irradiation of a human being unless the person meets the qualifications and requirements prescribed by the regulations.

Persons deemed to be qualified

- (2) The following persons shall be deemed to meet the qualifications prescribed by the regulations:
 1. A legally qualified medical practitioner.
 2. A member of the Royal College of Dental Surgeons of Ontario.
 3. A member of the College of Chiropodists of Ontario who has been continuously registered as a chiropodist under the *Chiropody Act* and the *Chiropody Act, 1991* since before November 1, 1980 or who is a graduate of a four-year course of instruction in chiropody.
 4. A member of the College of Chiropractors of Ontario. . . .
 7. A member of the College of Medical Radiation Technologists of Ontario.
 8. A member of the College of Dental Hygienists of Ontario.

Instructions required

6. (1) No person shall operate an X-ray machine for the irradiation of a human being unless the irradiation has been prescribed by,
 - (a) a legally qualified medical practitioner;
 - (b) a member of the Royal College of Dental Surgeons of Ontario;
 - (c) a member of the College of Chiropodists of Ontario;...
 - (d) a member of the College of Chiropractors of Ontario.

(CONT. FROM PAGE 1)

- (h) acting as a liaison between the College and other professional organizations as appropriate; and
- (i) performing all acts and deeds pertaining to his or her office and such other acts and deeds as may be decided by Council.

I expect that Council will honour the legacies of former CCO presidents and Councils. In particular, I am pleased to recognize and support the accomplishments of my predecessors who individually forged a distinctive path, leading us to where we are today. This is a strong statement about the level of commitment and passion exhibited by all professional and public members who are committed to a well-functioning Council.

Looking ahead, a key role for me will be in directing the activities of Council and the Executive Committee, including chairing meetings and acting as both ex officio of every committee under the by-laws and as a liaison with CCO committee chairs. In all that I do, I am bound by strict confidentiality provisions, and will place a high priority on ensuring we do not waver from our collective focus on upholding the public interest mandate at all times.

Members and stakeholders should know that our

Council meetings are largely open to the public, and the dates are posted well in advance on the CCO website. Our meetings are characterized by open dialogue while respecting the confidentiality of matters before us, and ensuring that all voices around the table are heard. As President, I provide the appropriate “checks and balances” in our decision-making but am only able to vote in a tie-breaking situation.

We have a busy agenda ahead of us. We will build on the accomplishments spearheaded by Council during Dr. Dennis Mizel’s term as President, and continue to support important initiatives such as the Minister of Health and Long-Term Care’s direction to health regulatory colleges in enhancing their transparency with the public and the Task Force on the Prevention of the Sexual Abuse of Patients. Most importantly, we will ensure that CCO is fulfilling its mandate.

I am truly honoured to have been elected by my peers to serve as President. Over my term, I will do my best to serve the public of Ontario in upholding the principles of self-regulation.



C. M. Hardick, DC

THANK YOU DR. DENNIS MIZEL!

By: Dr. Cliff Hardick

Dr. Mizel’s nine years on CCO Council were marked by his boundless commitment and passion for serving the public interest in ensuring that Ontarians had access to safe and ethical chiropractic care. For me, his best quality was his ability to unite people in finding common ground.

Always highly energetic and well-prepared by having done his “homework”, Dennis is extremely dedicated and a hard worker. He looks for opportunities to engage fellow Council and committee members, chiropractors from across Ontario, and a broad range of stakeholders – frankly, anyone who he thinks ought to listen to his enthusiastic and well-thought-out ideas.

Under Dennis’ leadership, Council managed a busy agenda. Dennis was always a clear communicator, aiming to unite people in upholding CCO’s mandate. He was also adept at getting people with diverging opinions to communicate with each other and to continue the dialogue until reaching a resolution.

At the end of his final term as President, Dennis was generous with his time and counsel as I transitioned into my new role. On behalf of *all* of us who have benefitted from Dennis’ counsel, leadership, and guidance over his years on CCO Council, we wish him well in whatever direction his passion leads him.

Message du Président

Tous les jours, je me sens inspiré par les Ontariens que je rencontre dans mon rôle de chiropraticien traitant. Je suis impressionné par la vaste diversité d'antécédents, d'expérience, de champs d'intérêt et de besoins qu'ils représentent, de même que par l'expertise et les talents des chiropraticiens ontariens qui fournissent des soins sécuritaires et éthiques jour après jour.

Je m'engage, chaque nouvelle journée de mon mandat de président, à observer les principes de l'autoréglementation, aidé d'un Conseil solidaire formé de membres dévoués qui m'inspirent eux aussi continuellement. Ils se sont profondément engagés à servir l'intérêt du public et à s'assurer que les principes d'autoréglementation sont toujours au cœur de nos préoccupations. Je me réjouis de suivre les traces des anciens présidents qui nous ont, chacun à leur façon, permis de progresser et de devenir un ordre de professionnels de la santé réglementé responsable et respecté.

Nous sommes en bonne position pour aborder l'avenir.

Premièrement, je compte utiliser mes années d'expérience de la chiropraxie et à titre de représentant de l'intérêt public, ayant été élu par les chiropraticiens dans la circonscription n° 6. J'apporte au Conseil une compréhension profonde des besoins des patients en matière de chiropraxie et des privilèges associés au fait d'appartenir à une profession autoréglementée en Ontario. J'ai rencontré des gens de toutes les régions de l'Ontario et, ayant siégé au Conseil et représenté celui-ci à l'extérieur, je sais que l'OCO est hautement respecté.

Deuxièmement, je compte m'acquitter avec compétence de mes responsabilités, telles qu'elles sont décrites dans nos règlements :

7.22 Les rôles et pouvoirs du président du Conseil incluent :

- a) diriger les activités de l'Ordre;
- b) présider aux réunions du Conseil;

- c) présider les réunions du Conseil exécutif;
- d) approuver l'ordre du jour des réunions du Conseil et des réunions du Conseil exécutif;
- e) superviser l'organisation de l'assemblée annuelle;
- f) prendre toutes les mesures raisonnables pour s'assurer que les décisions et résolutions du Conseil et du Conseil exécutif soient mises en œuvre;
- g) s'assurer que l'Ordre est représenté à toutes les réunions nécessaires;
- h) agir à titre d'agent de liaison entre l'Ordre et les autres organisations professionnelles selon les circonstances; et
- i) exécuter toutes les mesures et tous les actes relatifs au poste de président et tout autre acte décidé par le Conseil.

Je m'attends à ce que le Conseil honore l'héritage que nous ont laissé les anciens présidents et conseils de l'OCO. En particulier, j'ai le plaisir de reconnaître et de soutenir les réalisations de mes prédécesseurs, qui ont individuellement tracé la voie qui nous a menés où nous sommes aujourd'hui. Ceci constitue une déclaration vigoureuse du degré de détermination et de passion démontré par tous les membres professionnels et du public qui se sont engagés à former un Conseil efficace.

En me tournant vers l'avenir, un de mes rôles principaux sera de diriger les activités du Conseil et du Conseil exécutif, y compris de présider les réunions et d'agir d'office comme membre de chaque comité en vertu des règlements et à titre d'agent de liaison avec les présidents des comités de l'OCO. Dans tout ce que je fais, je suis tenu d'agir dans la plus stricte confidentialité et je tiens pour prioritaire de m'assurer que nous ne dévions pas de l'objectif collectif de respecter l'intérêt public en tout temps.

Les membres et les intervenants doivent savoir que nos réunions du Conseil sont généralement ouvertes au public et que les dates de ces réunions sont publiées à l'avance sur le site Web de l'OCO. Un dialogue ouvert caractérise nos réunions,

tout en respectant le caractère confidentiel des sujets dont nous discutons, et nous nous assurons que toutes les voix autour de la table sont entendues. À titre de président, je fournis les « freins et contrepoids » appropriés à notre prise de décision, mais je n'ai le droit de vote qu'en cas d'égalité.

Notre ordre du jour est chargé. Nous mettrons à profit les réalisations pilotées par le Conseil au cours du mandat du Dr. Dennis Mizel comme président et continuerons à appuyer d'importantes initiatives comme celle du ministre de la Santé et des Soins de longue durée voulant que les professions de la santé réglementées améliorent leur transparence envers le public et celle du

Groupe d'étude du ministre sur la prévention des cas d'abus sexuels infligés à des patients. Surtout, nous nous assurerons que l'OCO remplit son mandat.

Je suis vraiment honoré d'avoir été élu par mes pairs pour servir comme président. Je ferai, pendant mon mandat, tout mon possible pour servir le public de l'Ontario en observant les principes de l'autoréglementation.



C. M. Hardick, DC



Dr. Mizel demonstrating his adjusting skills at CMCC



Dr. Mizel, CCO President
June 2008 - June 2009
April 2014 - April 2015

Council and Staff Strategic Planning Session, September 2015

The relationship between the President and the Registrar and General Counsel is critical, as the two - collaboratively - drive the organization's mission forward. Trust is key. Communication should be open and candid, and each should rely on the other's strengths in pursuit of their common goal. Both the Registrar and General Counsel and the President should have clearly defined roles and responsibilities so that everyone understands where one individual's authority ends and the other person's begins.

The President leads Council and facilitates CCO's achievement of its mission, vision and strategic objectives. The Registrar and General Counsel leads the staff in the effective administration of CCO's statutory mandate and the implementation of Council's policy decisions and direction.



Council and Staff (Missing from photo: Dr. Elizabeth Anderson-Peacock, Mr. Shakil Akhter)



Ms Jo-Ann Willson
Registrar and
General Counsel

Registrar's Report

Openness and transparency are guiding principles for the Minister of Health and Long-Term Care, as well as for all health regulatory colleges under the *Regulated Health Professions Act, 1991*, including CCO. The direction to be "open by default" has implications for CCO, individual chiropractors, and the public. You will read throughout the newsletter and in various other communications from CCO about some of the initiatives being undertaken to move towards enhanced openness and transparency. We are working with the Minister and other regulators to facilitate and commit to this direction in a host of ways, including further refinements to the by-laws following significant discussion and debate at Council and consultation with stakeholders. In an effort to reduce words and increase understanding about what transparency and openness mean for CCO, individual chiropractors and the public, I encourage you to review the graphics that follow. CCO's exchange of correspondence relating to transparency is posted on CCO's website: www.cco.on.ca.

Extract from Correspondence dated October 4, 2014 to College Presidents and Registrars/Executive Directors from the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care

“As part of that [public interest duty] my responsibility is to ensure that all Ontarians have access to information that is relevant and timely, useful and accurate - information that evokes public confidence and enhances the public's ability to make informed decisions about their care. It is the right thing to do.”

Extract from Correspondence dated October 24, 2014

“The public expects Ontario's health professions regulatory system to be accountable and open, transparent and fair... the Premier has stated that the government wants 'to be the most open and transparent government in the country'.”

Evolution of Transparency for CCO, Individual Chiropractors and the Public

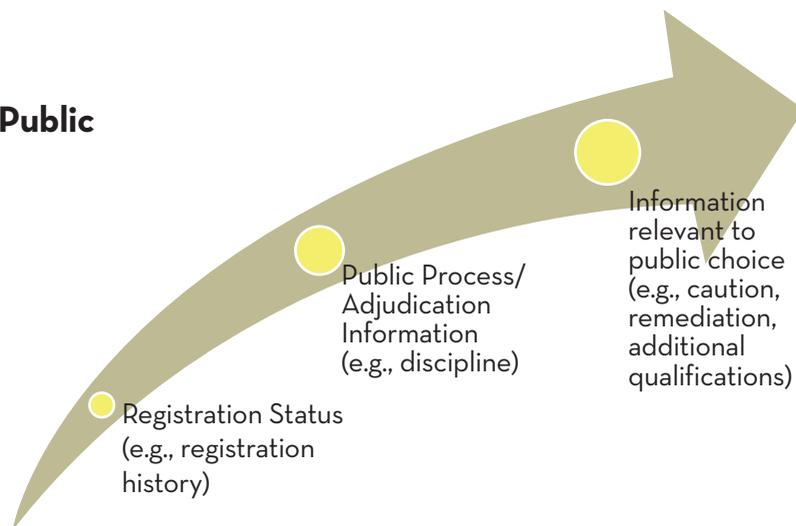
CCO



Individual Chiropractors



The Public



Public Interest Lens

Please review the documents out for circulation from the lens of public interest and an increasing focus on public accountability. CCO takes all feedback seriously. Stay tuned and watch the website for CCO's progress in enhancing openness and transparency and for up-to-date information concerning regulation, policy, standards of practice and by-law amendments.

Registry Update

Welcome

Please check the website or contact CCO about any changes in the registration status of a CCO member.

WELCOME NEW MEMBERS

CCO welcomes the following new members (registered from January 1, 2015 to October 15, 2015) and wishes them a long and successful career in chiropractic:

Bitah Ahmad Panah Namaghi	Michael P. Duffy	Daniel A. Klerer	Alexander T. Pacis
Aksa Ahmed	Janina L. Duliunas	Mallory K. Kohlmeier	Vincenzo V.P. Pantano
Bradley Abell	Jessica M. Elia	Munish Kumar	Daina D. Patel
Shelby L. Aitcheson	Eric J. Ethridge	Amanda K. Lalla	Karma Patel
Jamal Alaloul	Lesley A. Evans	Heather B. Lawrence	Jen E. Paterson
Anjelika A. Alechina	Mathieu J. Fantin	Chung Fai Jacky Leung Chu	Elisa Petricca
Erman M. Ali	Farid Farshadmanesh	Theresa M. Lisk	Solaleh Pourbagher
Zara Ali	Matthew J. Faught	Joseph P. Listro	Taylor M. Pratile
Tahani Al-Rifai	Cathrine H. Feier	Daniel Liu	Rachel P. Ramsey
Majid Arabkhari	Christine L. Foskett	Braden T. Lunnen	Cameron Read
Jayne Lee Ayube	Elizabeth Gaudry	Aaron G.H. Lynn	Jonathon Ross
Katherine L. Baert	Hamid Ghazvini	Bryan Ma	Mike R. Rukavina
Samantha J.V. Bailey	James F. Gilliard	Hyemi Ma	Alyssa D. Runyon
Jasmine N. Baronette	Kait Graham	Vicko Chak Yiu Ma	Adam D. Russell
Aaron P. Beaudry	Stephane W.G. Gregory	Brenna M. MacPhail	Brandi L. Ryan
Jonathan C. Bekic	Cory A. Grosman	Alex C. Mailis	Amritpal Sahota
Jordan I. Bennett	Gillian A. Growse	Christina Mallinos	Jackie Sam
Trevor L. Bevans	Eric A. Guillemette	Afshin Markhali Maskan	Jaspreet Sandhu
Sarah M. Blanshard	Brett P. Guist	Anjelica J. Mazzella	Avik Sarkar
Paul C. Bondy	Andrew S. Habib	Matthew A. McCabe	Mathew Saturino
Michael G. Boychuk	Paul T. Hackett	Richard J. McFadden	Navjot S. Sekhon
Gurdeep Brar	Allan P. Halowski	Diane E. McMurray	Curtis N. Semple
Evan T. Braybrook	Nina T. Hansen	Michael McMenamain	Gianna Soncina
Jennifer E. Brazeau	Jonathan P. Hawkins	Christine Mikhael	Zachary D. Souckey
Nicole E. Brunsek	Sarah J. Hawkrigg	Brent R. Milljour	Jenna N. Spencer
Brianna M. Busch	Jocelyn A. Hayes	Matthew C. Missiha	Minisha Suri
Allison D. Cain	Adrian Ho	Kaitlyn L. Mitchell	Charleen A. Thompson
Jordan G. Calwell	Tara Hosie	Kevin J. Moloney	Terry Tran
Michael P. Carriero	Newton Huynh	Tannille C.I. Moore	Katy Tseng
Monica Chadha	Tu Ngoc Huynh	Alexander L. Moretto	Suet Ching Tsui
Sunil K. Chopra	Thomas J. Iggulden	Nicholas V.C. Moser	Taylor R. Tuff
Daniel D. Calow	Charles B. Ingoldsby	Madideh Moslehi Baharanchi	Karalyn J. Van Aken
Fiona Chan	Tyler Iveson	Jeanyan Munawa	Lisa E. Van Zoost
Jillian L. Clarkson	Jenna M. Jacobson	Alexandra D. Muntean	Ashley R. Waggott
Myles S. Dalton	Mourad Jalloul	Mir-Reza Nabavi	Stephanie L. Warren
Amy L. Dawson	Lauren M. Jenkins	Alisha D. Nachman	Patrick J. Welsh
Giuseppe Dedivitiis	Eun Been Jeoun	Eric Nelson	Courteney E. Werner
Michele G. Del Re	Lauren J.J. Johnson	Benson C.M. Ng	Jessica E. Willox
Mark E.J. Demers	Juha M.I. Kaari	Elke Nidderly	Andrew K.R. Wilson
Daniel Demian	Hashim A. Khan	Kirsten E. Olesen	Jia Xue
Stephanie Deschenes	Grace Kim	Merrill E. Ong	Charles Yip
Anna Dowgialo	Alexander Kipershlak	Jennifer L. O'Shea	

IN MEMORIAM (JANUARY 5, 2015 TO OCTOBER 15, 2015)

Name	Registration Photo	Year of Initial Registration
Dr. Jan S. Valchar		1974
Dr. Ross E. Baker		1951
Dr. Douglas M. Ball		1974
Dr. Allan K. Sykes		1954
Dr. Wayne Pell		1978
Dr. Ian A. Judge		1961
Dr. Kenneth Shwery		1978
Dr. Robert M. Armitage		1997

Name	Registration Photo	Year of Initial Registration
Dr. Donald C. Sutherland		1950
Dr. Joy Makohoniuk		1965
Dr. Gregory C. Cassan		1976
Dr. Andrew Varadi		1979
Dr. Edward Dodd		1965
Dr. Oryst Swyszcz		1979
Dr. Margaret (Maggie) Davies		2009

CCO extends its condolences to the families and friends of these members.

TRIBUTE TO DR. DONALD C. SUTHERLAND, DC, LLD, FICC

By: Dr. James Laws

Born in 1921, Dr. Donald Sutherland (Class of 1950) passed away on June 21, 2015. He was in many ways a shepherd of the chiropractic profession in Canada. He is perhaps best remembered as the President of the Canadian Memorial Chiropractic College (CMCC) from 1976 - 1983, which was a time of significant change at CMCC and in the chiropractic profession world-wide.

A long-serving Executive Director of the Canadian Chiropractic Association (CCA) (1956 - 1976), Dr. Sutherland also represented the profession at various forums such as the Chiropractic, Osteopathy, Chiropody and Optometry Commission on the regulation of chiropractic, osteopathy, chiropody and optometry in Ontario in the 1960s and at the 1973 Royal Commission looking at the role of chiropractic in Ontario. He encouraged OHIP and other government funding agencies to subsidize chiropractic services on a financially viable basis to enable the public of Ontario to have access to chiropractic care more readily and with government approval of the College to higher standards with the creation of the Council on Chiropractic Education (Canada) (CCEC).

At CMCC, Dr. Sutherland reorganized the administrative structure, encouraged inter-disciplinary cooperation in teaching and research, and moved the accreditation of CCEC and Ontario provincial government recognition for the institution and Ontario Student Assistance Program benefits for students.

Throughout his career as a chiropractor, educator and administrator, Dr. Sutherland was a calming influence, a strong voice, and an effective leader. We should be grateful for the life of Dr. Sutherland.

At CCO, Dr. Sutherland served as election scrutineer for many years as the Board of Directors Chiropractic (BDC) transitioned into the CCO with six electoral districts available for chiropractors to serve on the Council and to continue to regulate chiropractic in the public interest.

Members who would like to write a specific tribute are encouraged to do so.
Please forward to CCO, Attention: Ms Maria Simas, Registration Coordinator

CONGRATULATIONS...

to the winner of the 2015 Dr. Harold Beasley award, Dr. Kaitlyn Mitchell.



Mr. Joel Friedman,
Director, Policy & Research,
presenting the
Dr. Harold Beasley Award
to Dr. Kaitlyn Mitchell

Photo Credit: CMCC

COURT MATTERS

STEPHEN DIES

On May 1, 2015, Stephen Dies was sentenced to a period of six months to be served by him commencing June 1, 2015 and on certain conditions. If he breaches any of the conditions, he has to serve the remainder of his sentence in custody. CCO was awarded \$35,000 in costs (payable on August 30, 2015, as well as \$20,000 from the settlement on August 30, 2015).

Stephen Dies was a member of the CCO until his certificate of registration was suspended for non-payment of his annual fees on July 30, 1998, and revoked on July 30, 2000. He had been illegally using the title “chiropractor”, carrying on practising chiropractic, holding himself out as a chiropractor, and performing controlled acts out of his King City clinic. On May 19, 2006, Mr. Justice Smith of the Superior Court of Justice granted an order on consent, prohibiting Stephen Dies from: (a) using the title “doctor”, (b) using the title “chiropractor”, (c) holding himself out as a chiropractor, and (d) performing any controlled acts, including spinal adjustment/manipulation.

Despite that order, Stephen Dies carried on with a full-time chiropractic practice. He continued using the titles “chiropractor” and “doctor”, holding himself out as a chiropractor, and performing controlled acts in his King City clinic.

On October 2, 2014, the CCO brought an application in the Superior Court of Justice to have Stephen Dies held in contempt of court. On December 30, 2014, Justice Stewart found that Stephen Dies was in contempt of court. The penalty portion of the application was heard in March 2015.

DR. JOHN BAIRD

In 2013 and 2014, Dr. Baird was the subject of a Discipline Committee hearing, which resulted in findings of professional misconduct. The panel of the Discipline Committee ordered a penalty, which included the suspension of his certificate of registration (“Certificate”), the imposition of terms, conditions and limitations on his Certificate and a reprimand. It also ordered him to pay \$80,000 in costs.

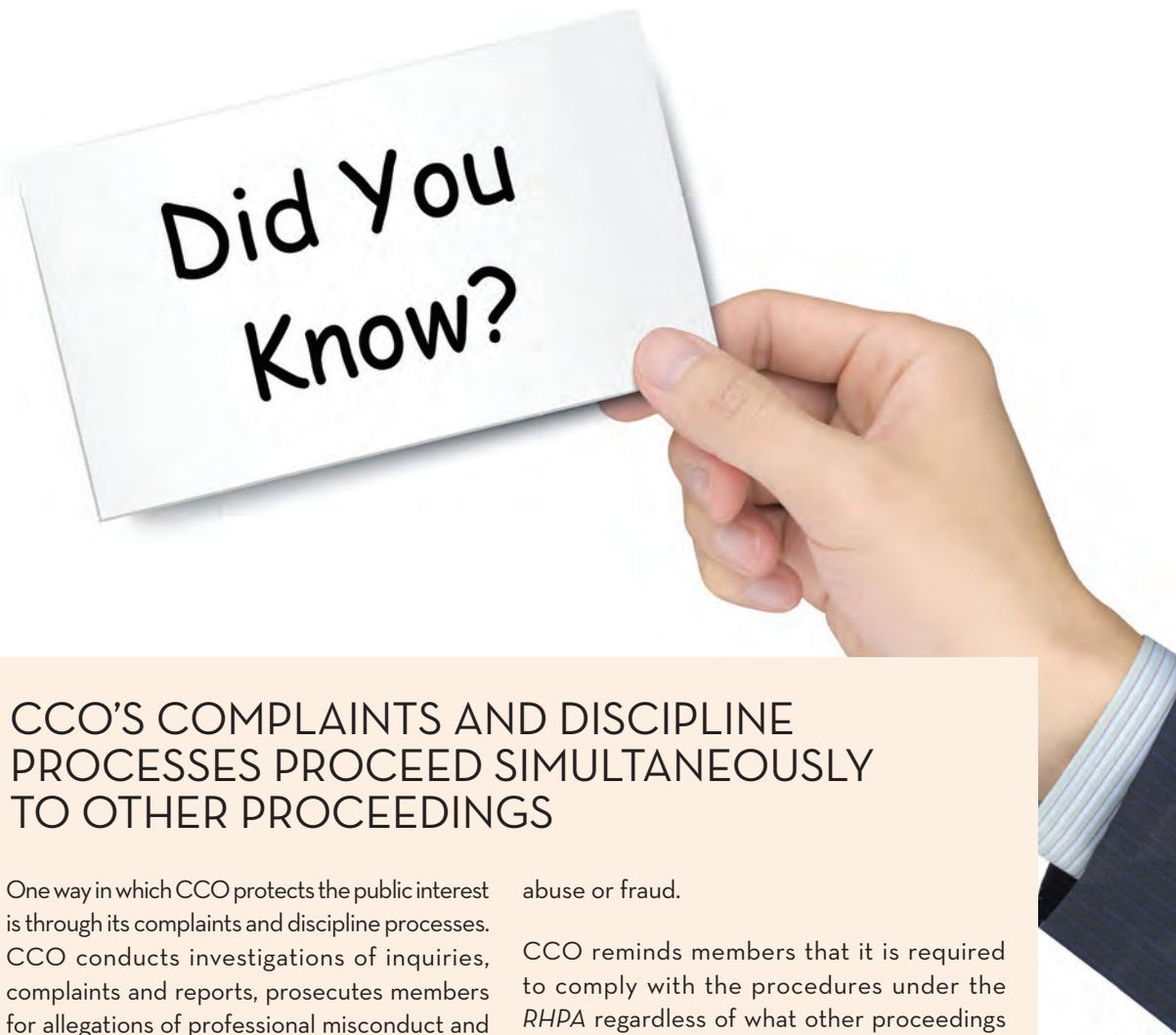
Dr. Baird appealed the findings of professional misconduct, penalty and costs to the Divisional Court. On March 19, 2015, the Divisional Court dismissed his appeal and ordered Dr. Baird to pay the CCO \$20,000 in costs for the appeal.

Dr. Baird then sought leave to appeal the Divisional Court decision to the Ontario Court of Appeal. His motion for leave to appeal was dismissed on October 19, 2015 and he was ordered to pay the CCO \$1,500 in costs. As Dr. Baird had exhausted his appeal rights, the Discipline Committee Decision took effect as of October 19, 2015.

DR. MICHAEL REID

Dr. Michael Reid was the subject of a Discipline Committee hearing in 2014 in which he was found to have committed acts of professional misconduct. On March 18, 2015, a panel of the Discipline Committee ordered a penalty, which included the suspension of his certificate of registration (“Certificate”), the imposition of terms, conditions and limitations on his Certificate and a reprimand. On June 4, 2015, the panel ordered Dr. Reid to pay costs to the CCO of \$166,194.50.

Dr. Reid has appealed the findings of professional misconduct, penalty and costs to the Divisional Court. All decisions are posted on the public register.



CCO'S COMPLAINTS AND DISCIPLINE PROCESSES PROCEED SIMULTANEOUSLY TO OTHER PROCEEDINGS

One way in which CCO protects the public interest is through its complaints and discipline processes. CCO conducts investigations of inquiries, complaints and reports, prosecutes members for allegations of professional misconduct and incompetence, and administers penalties if a member is found guilty of professional misconduct or incompetence by a panel of the Discipline Committee. The most serious findings may result in the suspension or revocation of a member's certificate of registration.

A member who is subject to the complaints and discipline processes may also be subject to other proceedings such as criminal proceedings, other regulatory prosecutions or civil proceedings related to the same conduct. These parallel proceedings may take place for example when there are serious allegations such as sexual

abuse or fraud.

CCO reminds members that it is required to comply with the procedures under the *RHPA* regardless of what other proceedings are taking place. Further, a criminal charge or other conviction does not result in an automatic suspension of a member's certificate. In cases involving simultaneous proceedings, and pending a thorough and fair investigation, CCO may take interim action such as requiring the member to sign an undertaking, imposing an interim order or posting information permitted by the by-laws on the public register. It is important to know that the processes for criminal or civil matters are not the same as the processes outlined in the *RHPA* for CCO and other regulators, although the conduct of concern may be the same.

Report from the Federation of Canadian Chiropractic

By Dr. Lisa Richard, President

New Name

The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB) is now known simply as the Federation of Canadian Chiropractic (FCC). Informally, it continues to be referred to as the Federation. The name change had been in the works for some years and was recently approved by the federal government in conjunction with the Federation's re-registering under the *Canada Not-for-Profit Corporations Act* required of all federally incorporated non-profit organizations.

Revised Structure

Coincident with the new name was a revision of the Federation's structure into three separate Councils which together form the Federation. The Regulatory Council brings together regulators to share information and issues specifically related to their sphere of influence. The Accreditation Council encompasses matters related to the accreditation of the Doctor of Chiropractic Programs at the Canadian Memorial Chiropractic College (CMCC) and L'Université du Québec à Trois-Rivières (UQTR), the five recognized Specialty Colleges, and the Accreditation Standards and Policies Committee and the Specialty Accreditation Standards and Policies Committee which support them. The Specialty Colleges Council's representatives from the College of Chiropractic Sciences (Canada), the College of Chiropractic Radiologists (Canada), the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation, the College of Chiropractic Orthopaedic Specialists (Canada), and the Royal College of Chiropractic Sports Sciences (Canada) meet to discuss issues primarily related to specialty accreditation and continuing education.

Current Issues

The Regulatory Council has several common matters before it including discussions related to perceived gaps in liability protection for regulatory boards, the Canadian Chiropractic Association (CCA) draft position statement on vaccination and immunization, and the protection of the public interest given the rise of osteopathy training programs vis-à-vis chiropractic. CMCC has recently completed its seven-year cycle of accreditation and in September welcomed the Council on Chiropractic Education's Accreditation Site Team which assessed its program against the Standards for the Accreditation of Doctor of Chiropractic Programmes (DCP). The Council will consider CMCC's Self-Study Report as well as the Report of the Site Team and meet with CMCC with respect to its reaccreditation. Although UQTR was not subject to a site team visit this year (having been done in 2014), it will also meet on an interim basis with CCEC as required by the DCP Accreditation Standards. The DCP standards are currently being revised by the Accreditation Standards and Policies Committee. The Specialty Colleges Council has recently obtained the support of the specialties colleges for changes to the continuing education requirements of their members effective in 2017. Specific details will be provided by each College to their own Fellows. Additionally, the Specialties are examining the development of a Common Core Curriculum and Common Core Examinations for their members. These will be subject to recommendations from the Specialty Accreditation Standards and Policies Committee to the Council on Chiropractic Education (Canada).



Dr. Lisa Richard

Council Meeting Dates

2015

Friday, December 4

2016

Tuesday, February 23

Tuesday, April 19

Wednesday, April 20

Wednesday, June 15

Thursday, June 16

Please note that confirmed Council meeting dates are posted on the CCO website: www.cco.on.ca (under Tab 1).

Council Meeting Highlights

Council meetings are open to the public, although Council occasionally goes in camera to discuss matters such as finances or to receive legal advice. Council's practice is to arrange the agenda to minimize any inconvenience to guests arising from in-camera sessions.

At all meetings, Council reviews information from the Ministry of Health and Long-Term Care (MOHLTC), other chiropractic organizations, other health regulatory colleges and the Federation of Health Regulatory Colleges of Ontario (FHRCO). Council also monitors legislative changes to ensure it is informed about recent developments that relate to CCO's mandate to regulate chiropractic in the public interest.

All Council meetings involve a report from every committee as well as the Treasurer, and consideration of the recommendations of each committee. Meeting items that appear not to be controversial are included on a consent agenda as a mechanism for ensuring time efficiency. Any Council member wishing discussion of a consent agenda item may move the item to the main agenda. CCO has regular attendees at its Council meetings, such as representatives from the Ontario Chiropractic Association (OCA), the Canadian Chiropractic Association (CCA) and, occasionally, government representatives. Attendees receive comprehensive public information packages.

The public portion highlights of four Council meetings held since the last newsletter follow.

FEBRUARY 11, 2015

Council noted/reviewed the following:

- Recognized Mr. Robert MacKay's nine years of service as a public member, and thanked him for his dedication and contributions to Council, including serving as Treasurer
- Received an update on CCO's ongoing due diligence in finding a new home
- Noted the ongoing information and resource-sharing among the health regulatory colleges in response to the MOHLTC's transparency initiatives
- Supported the discussions between CCO's President and Registrar and General Counsel with the College of Physiotherapists of Ontario in discussing ideas around collaborating with other colleges to ensure protection of the public in regulating clinics where there may be no regulated health professional on staff

APRIL 22, 2015

Council noted/reviewed the following:

- Recognized the MOHLTC's appointment of Ms Patrice Burke as a public member to CCO Council
- Received a report on CCO's response to social media attention on media coverage related to measles and vaccination topics, including positive follow-up acknowledgement from the MOHLTC as to CCO's proactive actions
- Received an update on CCO's ongoing due diligence in

Council Meeting Highlights

finding a new home

- Received a report on the Patient Relations Committee's monitoring of issues related to the Minister's Task Force on the Prevention of Sexual Abuse of Patients, and the meeting with Task Force officials attended by Dr. Patricia Tavares, Ms Jo-Ann Willson, Mr. Joel Friedman, Ms Tina Perryman, and Ms Karen Jones
- Received a report from the Patient Relations Committee on potential communications initiatives with the public to enhance awareness of chiropractic, including a hyperlinked version of the *Partnership of Care* document, a possible radio campaign, and a "Who is your Chiropractor?" document for the website
- Received a report on CCO's participation at the April Board meeting of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB)

JUNE 17, 2015

Council noted/reviewed the following:

- Received a report on continued efforts in ensuring due diligence in finding a new home for CCO
- Received a report on possible technology options for CCO in reducing the dependency on paper and enhancing efficiencies for Council members and staff
- Congratulated Ms Patrice Burke on her appointment to CCO as a public member
- Received a report on CCO's representation at the CFCREAB April meeting (Dr. Hardick, Dr. Shankar and Ms Willson) and the positive changes, including the appointment of Mr. Jim Duncan as the new Executive Director and the organization's re-naming to "Federation of Canadian Chiropractic" (FCC)
- Received a report on a clinic regulation initiative being spearheaded by the College of Physiotherapists of Ontario in collaboration with a number of other health regulatory colleges, including CCO
- Received a recommendation from the Inquiries, Complaints and Reports Committee on by-law amendments to the public register to enhance transparency for the public

Council approved the following:

- Minor amendments to Policy P-O51: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors, including re-naming it to Policy P-O51: Peer Assessors

SEPTEMBER 17, 2015

Council noted/reviewed the following:

- Acknowledged the appointment of Ms Wendy Lawrence as a public member on Council, effective September 8, 2015
- Acknowledged the contribution and re-appointment of Ms Judith McCutcheon as a public member on Council, effective to August 11, 2018
- Received a report on collaborative efforts between CCO, the OCA and CMCC in exploring opportunities to enhance the public's access to chiropractic care in Ontario
- Received a report on the collaborative efforts of a number of health regulatory colleges - including CCO - in a joint initiative to address current gaps in the oversight of health care clinics in Ontario

Council approved the following:

- By-law amendments to increase transparency for the public and enhance the information on the public register
- Proposed regulation to permit the treatment of spouses (vote: unanimous)
- Proposed Standard of Practice S-O23 to come into force only if and when the Regulation permitting the treatment of spouses comes into force (vote: two public members and one professional member against)
- Amendments to Standard of Practice S-003: Professional Portfolio
- Standard of Practice S-O21: Assistive Devices
- Minor amendments to Policy P-O51: Peer Assessors
- Policy: P-O55: Process for Quality Assurance Committee to Address Members who are Non-compliant with Continuing Education Requirements
- Amendments to Guideline G-008: Business Practices for distribution and feedback from members and stakeholders

THANK YOU TO FORMER COUNCIL AND NON-COUNCIL COMMITTEE MEMBERS

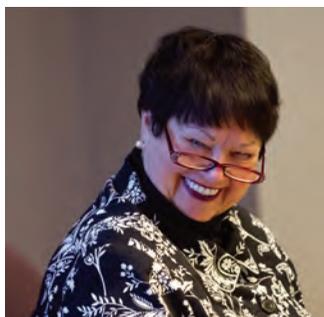
Council expresses its sincere appreciation and gratitude to **Dr. Dennis Mizel, Mr. Robert MacKay** and **Mme Lise Marin** who served on Council for many years and completed their terms earlier this year, and to **Dr. Heather Jones** and **Dr. Erica Mattia** who served as non-Council members. All of these individuals have given generously of their time and talents in serving on Council and various statutory committees. CCO extends its best wishes to each of them.

MR. ROBERT MACKAY
PUBLIC MEMBER,
APRIL 2006 - APRIL 2015

MME LISE MARIN
PUBLIC MEMBER,
APRIL 2006 - MARCH 2015

DR. HEATHER JONES
FORMER MEMBER OF THE
DISCIPLINE COMMITTEE

DR. ERICA MATTIA
FORMER MEMBER OF THE
INQUIRIES, COMPLAINTS
AND REPORTS COMMITTEE



WELCOME TO NEW COUNCIL AND NON-COUNCIL COMMITTEE MEMBERS

DR. (REG) REGINALD GATES MEMBER SINCE 1990



Janette and Dr. Reg Gates

CCO Council welcomes **Dr. Reg Gates** as an elected member.

After recovering from a serious injury from diving into a swimming pool, Reg was inspired to pursue a career as a chiropractor. After earning a Bachelor and Masters of Science at McMaster University, he graduated from the Canadian Memorial Chiropractic College (CMCC) and undertook continuing education with the Royal College of Chiropractic Sports Science and York University, and qualified as a personal trainer. Reg has also been a proud and energetic volunteer for sporting events such as the International Children's Games, Canada Summer Games, the Olympic trials, and worked with McMaster University's swim team and Team Canada's kickboxing and karate athletes (nationally and internationally). In addition to full-time chiropractic practice in Burlington, Reg is a long-time CCO peer assessor, Canadian Chiropractic Examining Board (CCEB) examiner, and a former part-time CMCC faculty member.

Away from chiropractic, Reg serves as Treasurer on the Hamilton Business Executive Organization's board of directors and volunteers at the Hamilton Urban Core Community Center.

Reg and his wife, Janette, have two children - Jared, who is busy with guitar, basketball, swimming, track and field, soccer and sailing, and Reid, who is busy with drums, track and field, soccer and hockey. When not on his motorcycle, Reg can usually be found in or near a pool, swimming lengths or playing water polo.

"After 25 rewarding years of practice as a chiropractor, I have provided care to patients from all walks of life and, as a peer assessor, have crossed paths with countless dedicated and passionate chiropractors from all parts of Ontario. I am honoured to have the opportunity to serve on Council and will work hard to fulfill CCO's mandate in the self-regulation of our profession. We need to be at the forefront in the public's mind as trusted, competent and caring health care providers and I look forward to ensuring we uphold the public interest."

MS PATRICE BURKE



PUBLIC MEMBER

CCO Council welcomes **Ms Patrice Burke** as a public member.

Calling Brantford home since graduating from University of Western Ontario in the mid 1970s, Patrice's career before her retirement spanned 25 years in social service, community planning, educational and child/youth vulnerable persons sectors. She brings extensive experience as a volunteer including serving as Chair for numerous community boards and foundations, and recently completing her term as a public member at the College of Medical Radiation Technologists of Ontario (2004 - 2015). In her spare time, Patrice's passions are family, friends, golf, travel, duplicate bridge, reading, and spending time at the cottage.

"I am committed to the role of a public member - it is one that must serve the public interest with the utmost integrity. CCO is a very well-respected regulatory college and I look forward to working with Council over the next few years."

MS WENDY LAWRENCE



PUBLIC MEMBER

CCO Council welcomes **Ms Wendy Lawrence** as a public member.

Wendy currently practises as a lawyer in the health industry. Called to the Ontario bar in 2005, she is a graduate of the Faculty of Law, University of Windsor, and also has a Bachelor of Arts in economics from Queen's University.

Wendy began her career as counsel for the Ministry of the Attorney General. In 2011, she became legal counsel for Mount Sinai Hospital and held that role until earlier this year when she joined The Hospital for Sick Children (SickKids) as legal counsel. At SickKids, Wendy provides advice in the areas of health law, commercial law, procurement and privacy. Her practice includes advising on the development of hospital policies and procedures, clinical legal matters, strategic partnerships and collaborations, and corporate compliance. In 2015, Wendy was presented with an "Innovation Award" by Canadian Lawyer InHouse magazine, an award that recognizes innovation by members of the in-house bar within the Canadian legal market.

Wendy serves on the Editorial Board of Health Law in Canada as Managing Editor - Events, and also as a board member of the Association of Corporate Counsel - Ontario Chapter. From May 2012 - May 2015, Wendy served on the Ontario Bar Association's Health Law Section Executive as a member-at-large.

"Chiropractors play an important role in the health and well-being of Ontarians. I look forward to working on the Council of this well-respected regulatory college as a public member to serve the public interest."

NON-COUNCIL COMMITTEE MEMBERS

By-law 12: Appointment of Non-Council Members

12.5: In making the appointments, the Council shall take into account location and type of practice, experience, gender, race, ethnic origins, languages spoken, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council.

DR. STEVE GILLIS



MEMBER SINCE 1999

CCO Council welcomes **Dr. Steve Gillis** as a non-Council member on the Inquiries, Complaints and Reports Committee.

A graduate of McMaster University and the CMCC class valedictorian, Steve launched his chiropractic career as a locum doctor in Sydney, Australia and then as a solo practitioner in Hagersville, Ontario. For the past 15 years, Steve has practised at a multi-disciplinary centre in Brampton.

Steve is active in the community in which he practises. He is a sought-after public speaker, regularly delivering wellness talks on a variety of topics to numerous organizations and businesses. He volunteers his time and has served as the team chiropractor for numerous teams including the Mississauga Ice Dogs, the Vaughan Kings Hockey Club, and the McMaster Varsity Swim Team. As a ranked track and field athlete in his youth, Steve saw the importance of regular chiropractic care and its effect on performance at a young age.

Steve and his wife, Danielle, live an active life in Oakville with their “hockey-crazed” son, Ashton, and their daughter, Addison.

“I am thrilled and honoured at the opportunity to work with my fellow chiropractors, the public members and the team at the CCO as a non-Council member on the Inquiries, Complaints and Reports Committee. It is a privilege to be an active participant in the self-regulation of our profession in helping to ensure that the public interest is protected.”

DR. BRIAN SCHUT



MEMBER SINCE 1969

CCO Council welcomes **Dr. Brian Schut** as a non-Council member on the Discipline Committee.

Brian has worked with the CMCC since the summer of 1977 as a clinician, clinic director, and small group tutor in diagnosis, technique and clinical education. Retiring from CMCC last May as Director of Clinical Education and Patient Care, Brian has retained faculty status as a resource clinician.

Previously, Brian was a Council member. Since 2000 when he was first elected to Council, Brian served on several committees: Fitness to Practise, Patient Relations, Inquiries, Complaints and Reports, and Advertising. In his last year with CCO, he served as Vice President.

“My interest in our professional service to the public has always been paramount in my practice and so I decided to put my name forward to CCO to serve once more, this time as a non-Council member. I am grateful to have been accepted as a member of the CCO to serve on the Discipline Committee.”

Council Member Terms as at October 14, 2015

Name	District	Date First Elected/ Appointed	Date Re-elected/ Re-appointed	Date of Expiry of Election/ Appointment of Current Term
Elected Members				
Dr. Liz Anderson-Peacock	3 (Central East)	April 2013	N/A	April 2016
Dr. Reginald Gates	5 (Central East)	April 2015	N/A	April 2018
Dr. Brian Gleberzon*	4 (Central)	April 2007	April 2010 April 2013	April 2016
Dr. Cliff Hardick	6 (Western)	May 2011	April 2014	April 2017
Dr. Bruce Lambert	5 (Central West)	April 2014	N/A	April 2017
Dr. Gauri Shankar	2 (Eastern)	April 2010	April 2013	April 2016
Dr. David Starmer	4 (Central)	April 2014	N/A	April 2017
Dr. Pat Tavares	4 (Central)	April 2012	April 2015	April 2018
Dr. Bryan Wolfe	1 (Northern)	December 2008 (by-election)	April 2009 April 2012 April 2015	December 2017
Appointed Members				
Mr. Shakil Akhter	Toronto	May 7, 2008	May 7, 2011 May 7, 2014	May 6, 2017
Ms Georgia Allan	Smiths Falls	September 8, 2014	N/A	September 7, 2017
Ms Patrice Burke	Brantford	April 21, 2015	N/A	April 20, 2018
Ms Wendy Lawrence	Toronto	September 8, 2015	N/A	September 7, 2018
Ms Judith McCutcheon	Unionville	August 12, 2009	August 12, 2012 August 12, 2015	August 11, 2018
Mr. Scott Sawler	Ottawa	November 14, 2012	November 14, 2013	November 13, 2016
Vacant				

*Dr. Gleberzon will have completed his maximum nine-year term effective April 2016.



Remember to Vote!

CCO 2016 ELECTIONS IN DISTRICTS 2, 3, AND 4

This is your opportunity to participate in self-regulation and have a say. Watch for the notice of elections, information about the process and ballots in January 2016.

Call For Non-Council Committee Members

Interested in broadening your chiropractic experience? Are you a member in good standing wishing to serve the public interest at the regulatory level?

CCO is looking for members who are interested in contributing to CCO in fulfilling its mandate to govern the profession in the public interest by serving as a non-Council committee member. Applications are currently being accepted for non-Council positions on various committees starting in April 2016.

What's Involved...

Non-Council committee members are appointed to a committee to assist in making decisions that reflect CCO's regulatory mandate in protecting the public interest in Ontario. With this responsibility, non-Council committee members bring their knowledge of the chiropractic profession and the settings in which it is practised, and participate as full voting members of their committee. In addition, there are responsibilities in working with Council members in managing the committee's work in a timely, fiscally responsible, and expeditious manner.

Members of CCO who are not members of Council and who are willing to commit time and energy to serve on a committee and assist in decision-making that reflects the CCO's public interest mandate are encouraged to apply. While committees generally meet face-to-face, some committees occasionally meet by teleconference. Meetings are held during regular business hours.

Requirements

- Primary practice of chiropractic located in Ontario, or if the member is not engaged in the practice of chiropractic, has his/her primary residence in Ontario
- Good working knowledge of all CCO regulations, standards of practice, guidelines and policies
- Willing and flexible in participating in disciplinary hearings and/or committee meetings
- Good knowledge of principles of conflict of interest
- Not in default of payment of any fees, fine or order for costs to CCO, not subject to any disciplinary or incapacity proceeding, and not in default of completing/returning any form required by CCO
- No finding of professional misconduct, incompetence or incapacity in the preceding three years
- Not an employee, officer or director or any professional chiropractic association, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Chiropractic Association (OCA), Canadian Chiropractic Association (CCA), Canadian Chiropractic Protective Association (CCPA), Chiropractic Awareness Council (CAC), Canadian Chiropractic Examining Board (CCEB), Canadian Society of Chiropractic Evaluators (CSCE) or Council on Chiropractic Education (Canada) (CCEC)
- Not an officer, director or administrator of any chiropractic educational institution, including but not limited to Canadian Memorial Chiropractic College (CMCC) or L'Université du Québec à Trois-Rivières (UQTR)
- Has not been disqualified from the Council or a committee of the Council in the previous three years
- Not a member of the Council or of a committee of any other health profession
- Not a member of the College's staff at any time within the preceding three years
- Understanding of and undertaking to comply with CCO's Code of Conduct



Committee	Committee Mandate	Number of Positions	Estimated Meetings/ Year
Discipline	<ul style="list-style-type: none"> • Adjudicate specific allegations of professional misconduct or incompetence referred to the committee by the Inquiries, Complaints and Reports Committee. • Review applications for reinstatement following a discipline finding. 	Minimum of 2 (currently 4)	Dependent on hearings
Quality Assurance	<ul style="list-style-type: none"> • Develop, establish and maintain: programs and standards of practice to assure the quality of the profession, standards of knowledge and skill and programs to promote continuing competence among members and standards of professional ethics. • Develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members. 	1	8-10
Inquiries, Complaints and Reports	<ul style="list-style-type: none"> • Respond to inquiries, complaints and reports in a manner consistent with its legislative mandate under the <i>RHPA</i>. • Review reports of investigations and make decisions concerning the possible referral of specified allegations or professional misconduct to the Discipline Committee and the imposition of interim terms, conditions and limitations on a member's certificate of registration. 	1	12
Patient Relations	<ul style="list-style-type: none"> • Develop and implement program/guidelines to enhance the doctor-patient relationship. • Develop and implement measures for preventing and dealing with sexual abuse of patients. • Develop, establish and maintain programs to assist individuals in exercising their rights under the <i>RHPA</i>. 	2	5-6
Advertising	<ul style="list-style-type: none"> • Review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising. • Develop and implement policy relating to advertising and communication to the public. 	1	3-4

Reimbursement

Please see By-law 9: Remuneration and CCO Internal Policy I-012 for CCO's policies regarding reimbursement at www.cco.on.ca/english/About-CCO/By-Laws/.

Interested?

Please submit a letter of interest to Ms Jo-Ann Willson, Registrar and General Counsel, including a brief résumé and other pertinent information by **April 8, 2016**. Appointments are usually made at the first duly constituted committee meeting after the general elections (usually in April).

College Presidents Announce Joint Exploration of Clinic Regulation



The Presidents and Registrars of nine of the colleges exploring clinic regulation

Originally with nine health regulatory colleges and now at 12, the Presidents of these colleges are excited to announce a joint initiative to address current gaps in the oversight of health care clinics in Ontario.

The following health regulatory colleges in Ontario are now working together to explore options for overseeing the workings of clinics: audiologists and speech-language pathologists, chiroprapodists, chiropractors, dental hygienists, dental technologists, massage therapists, naturopaths, kinesiologists, occupational therapists, opticians, physiotherapists, and traditional Chinese medicine practitioners and acupuncturists.

Health regulatory colleges have a statutory mandate to protect the public interest by registering competent and ethical health care practitioners, administering a complaints and discipline process and implementing quality assurance initiatives - including the development of standards of practice to which all practitioners must conform.

The current lack of clinic oversight results in regulated health professionals in clinics being put in a position that could compromise their ethics and the quality of care offered to their patients.

Ensuring that the public is protected when using clinic services aligns solidly with the colleges' mandate under the *Regulated Health Professions Act, 1991*. It also aligns closely with the government's focus on transparency and accountability, and is a priority for the colleges because it is the right thing to do in order to protect patients.

Stakeholder feedback and consultations are important to inform the work of the colleges in their efforts to identify solutions. Watch for information at www.ontarioclinicregulation.com about the initiative, a preliminary draft model for clinic regulation, how to submit your feedback, and consultation meetings.

STRATEGIC OBJECTIVE 1

Improve **communication** of the role, mandate and mechanism of CCO to key internal and external stakeholders.



In the spirit of inter-professional collaboration, communication and engagement with other health regulatory colleges, Mr. Peter Ruttan, President, College of Physiotherapists of Ontario, makes history as the first President of the College of Physiotherapists of Ontario to speak at a CCO Annual General Meeting on the recent clinic regulation initiative.

POLICY AND BY-LAW UPDATE



Mr. Joel Friedman

By: Mr. Joel Friedman, Director, Policy & Research

CCO has made several amendments to standards of practice, policies and guidelines. The most up-to-date documents are available at www.cco.on.ca and are updated once the Council minutes are approved. Here is a summary of the updated documents:

Draft Regulation: Spousal Exception to Sexual Abuse Provisions

CCO Council approved a draft regulation providing a spousal exception to the sexual abuse provisions, following review of feedback from members and stakeholders. The next step in approving a regulation is submitting it to the Ministry of Health and Long-Term Care for approval.

CCO reminds members that until a regulation is approved by the Ontario government, comes into law, and is published in the Ontario Gazette, the current sexual abuse provisions of the *Regulated Health Professions Act, 1991* and Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient still govern, and it is strictly against the law to have a concurrent sexual and doctor/patient relationship, even in the context of a spousal relationship. CCO will keep its members informed of any further developments through its website, distributions, and *ChiroPractice* newsletter.

Standard of Practice S-003: Professional Portfolio

CCO Council approved amendments to Standard of Practice S-003: Professional Portfolio, following review of the feedback from members and stakeholders. The amendments introduce two mandatory elements to CCO's Continuing Education Program - a minimum of five hours of structured continuing education (CE) related to controlled acts under the chiropractic scope of practice and emergency first aid/CPR (cardiopulmonary resuscitation) training. These changes will come into effect for the next CE cycle - July 1, 2016 - June 30, 2018. Please see the report from the

Quality Assurance Committee in this newsletter and accompanying memorandum for more details about these initiatives.

Standard of Practice S-021: Assistive Devices

CCO Council approved a new standard of practice regulating the use of assistive devices within the chiropractic scope of practice, following review of feedback from members and stakeholders. This proposed standard largely follows the organization of the orthotics standard, and would include sections relating to:

- Training, skill and competency;
- Protocols for diagnosis, consent, prescription and dispensing, and follow-up;
- Billing practices; and
- Conflict of interest.

Policy P-029: Chiropractic Specialties

CCO Council approved amendments to reflect changes to two of the approved chiropractic specialties - Fellow of the Royal College of Chiropractic Sports Sciences (Canada) and Fellow of the Chiropractic Orthopaedic Specialists (Canada). CCO reminds members they may only use the term "specialist" or "specialty" in conjunction with one of the five approved specialties.

Policy P-054: Determination of Good Character of an Applicant or Member

CCO Council approved Policy P-054: Determination of Good Character of an Applicant or Member, based on recommendations of the Registration Committee. This policy outlines the considerations and procedures for the Registration Committee and Inquiries, Complaints and Reports Committee to apply the good character provisions of the Registration Regulation to an applicant or member.

Policy P-055: Process for Quality Assurance Committee to Address Members who are Non-compliant with Continuing Education Requirements

This new policy approved by Council codifies CCO’s practices in addressing members who are non-compliant with the continuing education requirements. Participation in the continuing education and quality assurance programs are essential components in assuring the quality of the practice of the profession and promoting continuing evaluation, competence and improvement among members.

CCO Public Display Statement

Council approved the Public Display Statement, recommended by the Advertising Committee. The objective is for members participating in public educational events or health screenings to use the Public Display Statement to inform the public about the self-regulation of chiropractors in Ontario and the mandate of CCO. A PDF version of the Public Display Statement can be downloaded in the “Policies” section of CCO’s website under “Advertising Committee”. Members participating in public displays or health screenings are reminded to review and ensure they are compliant with Policy P-016: Public Display Protocol.

Please keep an eye out for current and future distributions of updates, and consult the CCO website for current versions. Please also note that in the event of any inconsistency between any newsletter article and the legislation that affects chiropractic practice, the legislation governs.

REMINDER: EXPECTATION TO COMPLY WITH LEGISLATION, REGULATIONS, STANDARDS OF PRACTICE, POLICIES AND GUIDELINES

CCO reminds members that they are expected to be familiar with and comply with all regulations, standards of practice, policies and guidelines. These documents address a wide variety of topics essential to the protection of the public interest.

Regulations under the *Chiropractic Act, 1991* identify the registration and quality assurance requirements for members of CCO. Standards of practice govern a wide variety of topics, including practising within the scope of practice, maintaining proper patient health records, obtaining proper informed consent, prohibiting sexual abuse of a patient, performing diagnostic and therapeutic procedures properly, and cooperating with CCO. Policies and guidelines

further provide guidance on a number of areas, including public displays, chiropractic specialties, student preceptorships, business practices and code of ethics.

CCO provisions are developed by committees comprised of both elected professional members and appointed public members, address the expectations of CCO, and always have the goal of protecting the public interest.

The most up-to-date versions of all provisions are available on CCO’s website www.cco.on.ca under “Members of CCO”.

WE LISTEN TO YOUR FEEDBACK!

CCO thanks all members and stakeholders who provided feedback regarding the proposed amendments to Standard of Practice S-O16: Advertising and Guideline G-O16: Advertising. CCO received a wide variety of feedback relating to advertising on topics such as the use of testimonials, websites and social media, and solicitation of potential patients.

CCO has not yet made any amendments to the standard of practice or guideline; however, please keep an eye out for future CCO distributions for any amendments.

CCO REVIEWS FEEDBACK, APPROVES BY-LAW AMENDMENTS

CCO Council approved various by-law amendments on September 17, 2015. These by-law amendments were previously circulated to members and stakeholders for feedback, which was then reviewed by the Executive Committee and recommended to Council.

CCO thanks all members and stakeholders who provided feedback. Input from the profession and stakeholders is invaluable in formulating the by-laws that govern the operations of CCO. By-law amendments include:

- Various stylistic and administrative changes, including ensuring all names and acronyms of organizations are up-to-date, locations in electoral districts are current, and election procedures and committee compositions reflect current practices;
- An increase in the president's annual honorarium from \$30,000 to \$35,000 to accurately reflect the additional work involved in the position of president. The president of CCO is involved with many duties including liaising with government and stakeholders, attending various meetings and functions on behalf of CCO, and acting as a spokesperson for CCO;

- Updating of the characteristics of non-Council committee members to reflect current practice that Council takes into account in making appointments;
- Updating of the fees by-law to reflect current fee practices, such as the temporary licence fee for participating in a specific event being nil, and the first-time renewal fee being half of the usual annual renewal fee;
- A new by-law giving Council the discretion to increase a fee or penalty to reflect the annual changes to the Cost of Living Adjustment (Ontario) (COLA). This will allow Council to increase fees and penalties in smaller increments based on COLA, rather than making larger, infrequent increases. This has been the practice adopted by several Ontario health regulatory colleges; and
- Including a member's business email address and gender as part of the public register. Council may require additional information over and above that required in section 23(2) of the Health Professions Procedural Code, and Council is of the opinion that these additions to the public register are relevant to the public's right to access information about their chiropractors. The email address would be provided by the member on their renewal form.

These by-law amendments will come into effect following approval of the Council minutes at the December 4, 2015 Council meeting. Please see the following link <http://cco.on.ca/english/About-CCO/By-Laws/> for all CCO by-laws.

CCO received feedback on a number of other issues related to the by-laws distribution, notably related to By-law 6: Election of Council Members. By-law 6.9 identifies factors that present a conflict of interest for members being eligible



for CCO Council, such as being an employee, officer or director of other chiropractic organizations with mandates that present a conflict of interest to CCO. Some feedback proposed expanding this section to include employees of chiropractic educational institutions as a conflict to eligibility for CCO Council and instead having an academic appointment to Council. CCO will continue to review all by-laws, including those related to elections to Council,

and will continue to research the practice of other colleges, debate the issue at the Executive Committee and Council, and consult with members and stakeholders in proposing any by-law amendments.

Please see the accompanying memorandum from the Executive Committee relating to proposed by-law amendments related to the public register and transparency.

STANDARDS AROUND DELEGATION

Delegation is a means used by some regulated health professionals to administer care to patients. Health professionals may delegate certain activities to other regulated health professionals or assistants in order to provide care in an efficient and effective manner. When delegating or accepting a delegation, chiropractors must take into consideration several factors:

- It is strictly prohibited and not in the public interest for a chiropractor to delegate any controlled act to an assistant. Controlled acts require specialized expertise, skill and knowledge to perform, and may have risks associated with them if performed incorrectly. Chiropractors achieve their competency in these controlled acts through four years of study at a chiropractic college, successful completion of clinical competency and legislation and ethics examinations, and ongoing continuing education and professional development.
- Chiropractors may delegate certain adjunctive treatments that are in the public domain to an assistant or other health professional. The chiropractor must retain supervision over the delegation, be satisfied that the delegated activity is performed in a competent manner, and retain ultimate responsibility for the performance and documentation of the delegated activity. A chiropractor delegating an activity is responsible for adherence to CCO standards of practice and will be held responsible if any complaint should arise.
- Some regulated health professions and settings of care may have regulations and by-laws surrounding the delegation of controlled acts, outlining the proper protocols and procedures. The proper authority, such as the regulatory college and hospitals, should always be consulted in determining if a delegation is being performed properly.
- In the area of delegation, chiropractors must always be practising within the chiropractic scope of practice, maintaining accurate and complete patient health records and financial records, and practising within their competencies.

Communication with Stakeholders

NOTICE FROM THE MINISTRY OF CHILDREN AND YOUTH SERVICES – REMINDER TO REGULATED HEALTH PROFESSIONALS TO REPORT SUSPECTED CHILD ABUSE

The following is an excerpt from a notice to regulated health professionals from the Ministry of Children and Youth Services:

On September 9, 2013, a Coroner's Inquest into the 2002 death of a young child who had involvement with the child protection system in Ontario began. In February 2014, the Inquest jury provided its verdict and recommendations to the Ontario government. Of the 103 recommendations, four focus on the duty to report child abuse and neglect as set out in the *Child and Family Services Act, 1990 (CFSA)*. The Inquest jury also recommended that the Ministry of Children and Youth Services further promote public and professional awareness to ensure suspected child abuse and neglect are consistently reported across the province.

In an effort to increase professional awareness and knowledge with respect to the "duty to report", please review the following information:

- The *CFSA* recognizes that the public, including professionals who work with children, must promptly report any suspicions that a child is or may be in need of protection directly to a children's aid society. This is referred to as one's "duty to report".
- The *CFSA* states that people working closely with children have a special awareness of the signs of child abuse or neglect, and a particular responsibility to report their suspicions. This includes regulated health professionals.
- Professionals should never hesitate to report suspected child abuse or neglect. It is their legal duty to make a report to a children's aid society where they have reasonable grounds to suspect that a child is or may be in need of protection. Any professional or official who fails to report a suspicion of child abuse or neglect is liable upon conviction to a fine of up to \$1,000, if this information is obtained in the course of their professional or official duties. The *CFSA* specifies that a person who acts in accordance with the duty to report is protected from civil actions, unless the person acts maliciously or without reasonable grounds for the suspicion.

For contact and other information of all Ontario's children's aid societies, please visit the Ontario Association of Children's Aid Societies' website at: www.oacas.org. You can also locate a children's aid society in the local telephone listings or, where available, by dialing 411.

For more information, please visit: www.children.gov.on.ca/htdocs/English/topics/childrensaidd/reportingabuse/index.aspx.

The "Reporting Child Abuse and Neglect: It's Your Duty" brochure is a useful resource and can be located on the Ministry's website or through Publications Ontario free of charge. The brochure can be found at the following link: <http://www.children.gov.on.ca/htdocs/English/documents/topics/childrensaidd/Reportingchildabuseandneglect.pdf>.

Should you have any questions, please feel free to contact Jill Dubrick, Manager of the Prevention and Protection Services Unit, Child Welfare Secretariat, Ministry of Children and Youth Services at Jill.M.Dubrick@ontario.ca or 416-326-0273.

PROCLAMATION OF THE *NATUROPATHY ACT, 2007*

The *Naturopathy Act, 2007* and regulations under the act were proclaimed on July 1, 2015, making naturopathy a regulated health profession under the *Regulated Health Professions Act, 1991*. Please visit the following link www.canlii.org/en/on/laws/stat/so-2007-c-10-sch-p/latest/so-2007-c-10-sch-p.html for a direct link to the legislation and regulations, which include the controlled acts authorized to naturopaths in Ontario.

Members of CCO who are also members of the College of Naturopaths of Ontario are reminded to review and comply with Standard of Practice S-011: Members of More Than One Health Profession to ensure there is a proper distinction in patient perception, records of personal health information, and business practices between their chiropractic and naturopathic practices.

MINISTER'S REGULATION TO BE MADE UNDER THE *HEALING ARTS RADIATION PROTECTION ACT, 1990*

The Minister of Health and Long-Term Care is proposing to make a regulation under the *Healing Arts Radiation Protection Act, 1990* to establish a fee for the review and approval of x-ray machine installation plans under section 3 of the Act. The amount of the fee will be set to recover costs incurred in reviewing and approving the installation plan. The current costs incurred by the Ministry are \$360. The fee would come into effect on January 1, 2016. The fee is to be paid by the owner of the x-ray machine for whom the approval is requested. Public hospitals and educational institutions will be exempt from the requirement to pay the fee.

The proposed fee:

- Is consistent with modern business practice and with similar initiatives in Ontario and other Canadian jurisdictions;
- Would realign a cost that is currently borne by taxpayers, by transferring it to applicants/owners who will assume responsibility for the cost of the administrative activities conducted by the Ministry in approving their x-ray machines; and
- Would reinforce the Ministry's enforcement capacity, enabling further operational modernization and safeguarding patient and public safety.

For more information about this regulation, please visit: www.ontariocanada.com/registry/view.do?postingId=19443.

REMINDER: HEALTH AND SAFETY AWARENESS TRAINING FOR WORKERS AND SUPERVISORS

As of July 1, 2014, a new regulation under the Ontario *Occupational Health and Safety Act* requires health and safety awareness training for every worker and supervisor in Ontario. The Ministry of Labour has provided eLearning programs for both workers and supervisors that satisfy these requirements. The eLearning programs focus on the health and safety rights and responsibilities of workers, supervisors and employers, while also serving as a general introduction to workplace health and safety.

You may access these eLearning programs at the following links for supervisors at www.labour.gov.on.ca/english/hs/training/supervisors.php and workers at www.labour.gov.on.ca/english/hs/training/workers.php.

Following completion of either of these programs, you may count them as structured continuing education hours. Please see the Health and Safety section of the Ministry of Labour website (www.labour.gov.on.ca/english/hs/training/index.php) for more information and resources.

Financial Services Commission of Ontario Access to Chiropractic Records

By: Richard Steinecke', Steinecke Maciura LeBlanc



Dr. Richard Steincke

Sargon DC is a "principle representative" of a licenced service provider for automobile accident services. FSCO has notified Sargon that it will be conducting an "examination" of his services for a number of patients and tells him to gather together his records. Sargon wonders about his confidentiality obligations on such an examination.

New Licensing System for Auto Insurance Service Providers

Recent amendments to the *Insurance Act* require anyone billing insurers under the Statutory Accident Benefit Schedule for automobile accident services to obtain a service provider licence from the Superintendent. The Superintendent works through Financial Services Commission of Ontario (FSCO). Chiropractors who operate or work for such a service provider have to comply with the disclosure and licensing rules. Each service provider must designate an individual to be its principal representative. FSCO is also given the authority to examine not only the conduct of the service provider and principal representative, but also the suitability of the related officers, directors, shareholders, employees and affiliated persons.

FSCO's Authority to Conduct Inquiries

The *Insurance Act* gives FSCO the authority to conduct "examinations". The focus of FSCO's scrutiny is the business systems and practices and management of operations. While these terms are not defined, the related published standards focus on record keeping, ensuring accuracy of billings and providing information to patients and FSCO. One particularly relevant standard requires records of assessments, examinations and the provision of services to patients to be kept for at least six years.² On reading these provisions it appears that the concern is the integrity of the treatment choices and, more importantly, the accuracy of the billing to automobile insurers.

The examination provisions found in sections 443 to 444.1 of the *Insurance Act* look at "the person's business, finances and other affairs". Any examination by FSCO of service providers should, therefore, relate to the requirements in the legislation for obtaining and maintaining the licence.

Thus there may be circumstances in which FSCO or its examiners can seek access to patient care records without patient consent. However, such access would only be appropriate in circumstances where those records were relevant to the inquiry or examination.

For example, where there is a concern that a form describing the outcome of an examination or assessment of a patient was accurate, FSCO might seek to review the practitioner's notes of that examination or assessment. Similarly, where there is a concern that the billing submissions of the service provider were inaccurate (e.g., the service was never provided, the person who provided the service was misidentified, the service was not related to the automobile accident), FSCO might conceivably request access to other parts of the patient record (e.g., attendance record).

¹ This article provides general information only about how CCO approaches situations where a chiropractor is asked to provide confidential patient information. This article is not intended to convey legal advice and any chiropractor with a question about their circumstances should confer with their own legal advisor.

² CCO requires chiropractors to keep their records for seven years. If the patient is a child, the seven years only begins to run when the patient turns 18. Chiropractors are expected to follow the longer, CCO, standard.

FSCO, on its website (www.fSCO.gov.on.ca) has indicated that its examiners will rarely need to have access to the personal health information of a chiropractor's patient. In the webpage entitled Access to Claimant Personal Health Information, FSCO says:

It should be noted that, during the examination, the compliance items FSCO examiners are looking for generally do not require the review of the portions of the forms that might contain personal health information. In addition, FSCO SCOs are not collecting, recording, or removing this information from the premises. The exception may be where an SCO believes there is fraudulent activity and that the forms contain false or inflated information about an individual's injuries.

Chiropractors' Professional Duty of Patient Confidentiality

CCO's regulations define the following as professional misconduct:

Giving information about a patient to a person other than the patient, his or her authorized representative, or the member's legal counsel or insurer, except with the consent of the patient or his or her authorized representative or as required or allowed by law.

Thus, where a chiropractor is required or permitted to disclose patient information to a FSCO examiner under the *Insurance Act*, the chiropractor may do so. However, a chiropractor should only disclose patient information to others, including an examiner, when legally permitted to do so. This may require the chiropractor to confirm the authority, scope and extent of the request.

Sargon's Approach

In the scenario described above, Sargon considers his professional obligations and takes the following course of action:

- Sargon confirms with the examiner the scope of the examination. Sargon realizes that he can only disclose patient information that is relevant to the examination.
- Sargon clarifies with the examiner what information the examiner believes is relevant to the scope of the examination. A request for a copy of "claimant claims files" is vague and does not indicate what information is actually being sought. Sargon evaluates the reasonableness of the request. For example, a request to see the entire patient chart, including non-automobile accident services, could be overly broad in many circumstances.
- Sargon realizes that neither he nor the examiner requires patient consent where the disclosure is made under the examination provisions of the *Insurance Act*. However, Sargon considers whether he should discuss the request with the patient. The patient might even want Sargon to cooperate freely and fully including disclosing the entire chart.
- After considering the above, Sargon may be concerned that the examiner's request is not reasonable. Sargon can always retain his own lawyer to advise him. Sargon accepts that CCO cannot provide legal advice to chiropractors facing investigation by another statutory body.

In My View: The Public's Right to Know

By: *Richard Steinecke, Steinecke Maciura LeBlanc*

On January 11, 2013, the *Toronto Star* began a series of articles on health regulatory colleges entitled “The Mistakes You Can’t Know About”. The articles challenged the current practice by the Inquiries, Complaints and Reports Committees (ICRC) not to make cautions public. Numerous examples were given in the article including two where physicians were cautioned for inadequate responses to symptoms in patients that later turned out to be terminal cancer.

Interestingly, the third example given in the article was about a chiropractor. He was cautioned by the ICRC “to refrain from engaging in fear mongering which is designed to induce fear and apprehension”. The article went on to say that the chiropractor had sent a letter to a patient “telling her that a ‘reversed curve’ in her spine ‘decreases your lifespan by at least 10 years’ and that ‘if you do nothing ... you will pay with a lower quality of life and a shorter life.’”

The newspaper asked a fair question: Should the public have access to this information when choosing a practitioner? For example, many members of the public would want to know that the chiropractor mentioned above sent out this sort of letter to patients and that the ICRC viewed such a letter as “fear mongering”. At the same time, it is difficult to argue that a chiropractor sending out such a letter to a patient should be able to insist on it being kept secret.

The *Toronto Star* continued its series and other media outlets began to ask similar questions. On October 4, 2014, the Minister of Health and Long-Term Care sent a letter to all of the health regulatory colleges requiring them to review and strengthen their transparency. Areas of particular interest to the Minister were public access to:

- Significant ICRC outcomes;
- Discipline proceedings against practitioners; and
- Relevant involvement of practitioners with the criminal justice system.

Since then, the CCO has, like other health regulatory colleges, been analyzing the issue and is coming to the profession with proposals to enhance transparency.

In my view, what is clear is that the traditional approach of keeping information about practitioners secret unless and until a formal finding was made at discipline is no longer acceptable in our society. I would respectfully suggest that the following principles apply to this issue:

- CCO always acts in the public interest.
- CCO’s primary role is to regulate the chiropractic profession in the public interest.
- CCO has four main tools for achieving this mandate:
 - Restricting who can enter the profession to competent and honest individuals;
 - Reacting to specific concerns about chiropractors through the complaints, discipline and incapacity processes;
 - Proactively encouraging the profession to continuously enhance practice through such programs as quality assurance and patient relations; and
 - Providing information to the public about practitioners so that the public can make informed choices. It is this latter tool that is now under particular scrutiny.
- CCO has unique access to information to which the public may not be aware. Possessing this information places a burden on CCO to consider when it is in the public interest to make it publicly available.
- In determining whether such disclosure should be made, CCO has to balance the competing risks of harm, including the harm to:
 - Members of the public who cannot use the information to make an informed choice of practitioner unless it is publicly available.
 - Members of the public who, because they do not have access to relevant and reliable information, make decisions based on unreliable and irrelevant information like some social media.

- o Chiropractors whose scope of privacy in their work life will be narrowed.
- o CCO whose reputation may be harmed if relevant information is withheld.
- To be an effective regulator, CCO must maintain the confidence of the public as well as the profession. Public expectations upon regulators are constantly changing. For example, today the public expects CCO to be transparent as to significant concerns identified about practitioners even if those concerns fall short of professional misconduct.
- Making this information available to the public may offer greater protection to the public than relying on privately imposed educational measures alone. The behaviour of chiropractors may be enhanced if they know that their behaviour could be made public.

The essential question for CCO to answer is: What sort of information is reasonably relevant to a prospective patient's choice of chiropractor in 2015? Take the following scenario:

Upeksha is looking for a chiropractor to treat her following a motor vehicle accident. She has identified three chiropractors in her community. She has checked their websites and has learned that all three treat motor vehicle accidents. She found their philosophy of care interesting, but is still undecided. She checked some "Rate my Doctor" websites but is suspicious that some of the information there is skewed. Some of the information may be from unreasonable patients and some information may have been "planted" by someone connected to the chiropractor. She goes to the CCO website because she thinks it will provide fair and objective information. She is disappointed to learn that about all that she can find out is whether the chiropractor has been or is currently undergoing discipline. None of the three chiropractors have been disciplined.

Unbeknownst to Upeksha, one of the chiropractors

has been cautioned twice for failing to disclose fees to patients in advance of treatment and another chiropractor has had to do a remediation program because of communication issues with a client. Upeksha is also not aware that the third chiropractor speaks her first language, Sinhalese.

Could the College do more to assist patients in making informed choices?

One uneasiness that practitioners might have is that expanding the information on the public register may have a disproportionate impact on their practice. However, this concern is unwarranted. First of all, not all ICRC outcomes or criminal justice involvements will be made public. Only outcomes or involvements that are significant and relevant (e.g., a caution in person, a direction to undergo remediation) will be placed on the public register. In addition, most of the information will only be posted temporarily, unlike discipline findings which are generally posted permanently. Access to this information is only available to those who look for it.

While in the scenario Upeksha looked for the information, many patients will choose not to seek it out. Anecdotal evidence suggests that even practitioners with a significant discipline history, which currently is publicly available, are able to restore their practices. Consumers who are sophisticated enough to research their prospective chiropractors tend to be able to evaluate the significance of the information. For example, Upeksha could still choose to attend before the chiropractor who had fee disputes, but ensure that she clarifies the fees in writing before committing to a treatment program. Hopefully the fact that the information is available to those who wish to look for it will motivate enhanced professionalism by practitioners.

In addition, most of the information under discussion is already publicly available. For example, many of the proposed by-law changes about the discipline process

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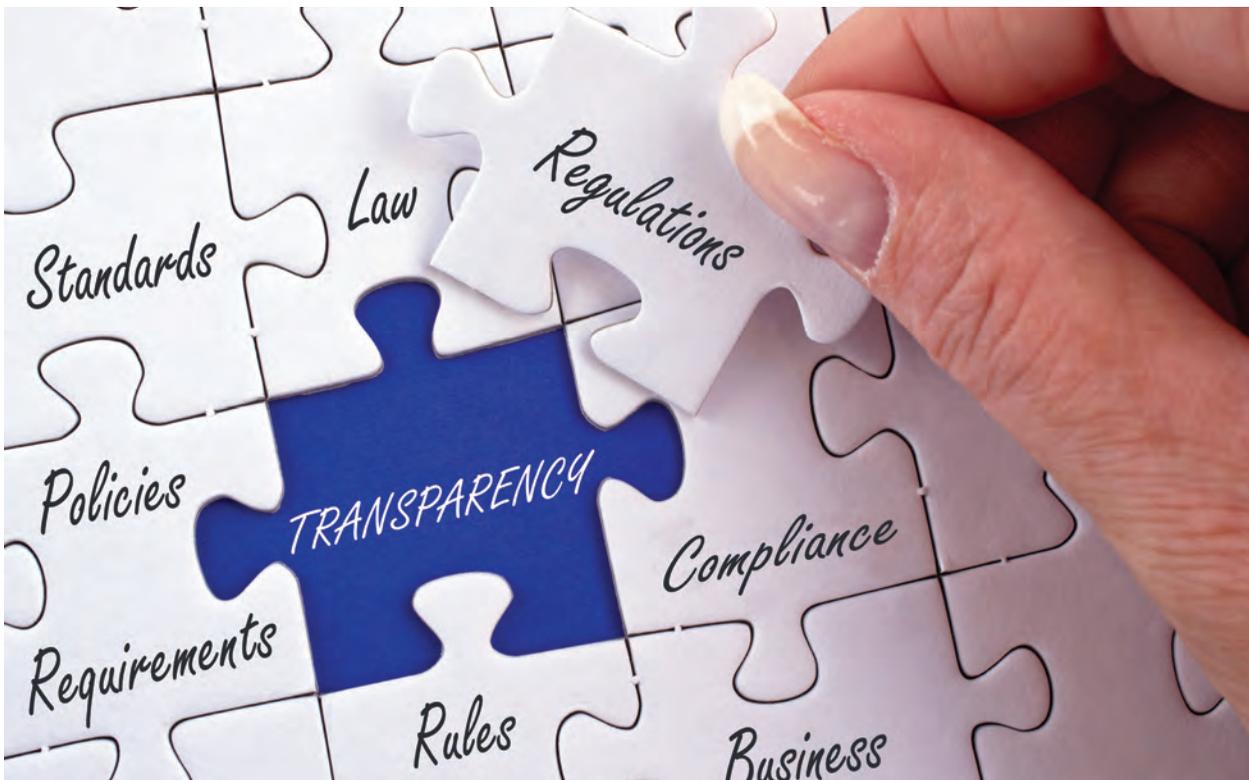
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simply reflect what CCO is already doing. CCO already provides detailed notice of upcoming hearings on its website and makes the full decision and reasons available there. CCO is simply referencing this information on the public register searchable by the chiropractor's name. Similarly, information about ICRC outcomes often become publicly available where there is an appeal to the Appeal Board or where a complainant publishes it. Criminal charges and outcomes are available at local courthouses and, often, in the media. The proposed changes level the playing field by providing this information in all cases at a central site.

It is important to remember that the expanded public register will not contain only "bad" information. CCO is examining

relevant information about the training, experience and language fluency of practitioners that could be placed on the public register. The goal, at the end of the day, is to provide the relevant and reliable information that will enable the public to make informed decisions about their choice of chiropractor.

Greater transparency about the professional aspects of individual chiropractors is inevitable. CCO's approach is consistent with that of other health regulatory colleges who are also implementing the Minister's direction. It enhances public confidence in the profession, which helps everyone. In my view, at least.



Report from the Inquiries, Complaints and Reports Committee

By: Dr. Gauri Shankar, Chair

HELPING ONTARIANS MAKE INFORMED DECISIONS ABOUT THEIR CHIROPRACTOR

Since the directive from the Minister of Health and Long-Term Care, Dr. Eric Hoskins, in (late) 2014 for all health regulatory colleges to enhance the information posted to the public portion of their websites, the Inquiries, Complaints and Reports Committee (ICRC) has been reviewing opportunities for making more chiropractic-specific information available to the public on the CCO's website. A key focus has been to assess what additional appropriate information should be made available to the public.

It is important to remember that this requires a careful balance. In enhancing the public's access to certain types of information, we also have to consider chiropractors' rights to privacy and the relevant privacy legislation in Ontario.

Powers of the ICRC

The ICRC's mandate includes responding to complaints and reports in a manner consistent with CCO's legislative mandate under the *Regulated Health Professions Act, 1991 (RHPA)*.

The powers of the ICRC after investigation and due consideration of a complaint are sent out in clause 26(1) of the Health Professions Procedural Code (Code) as follows:

1. Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint.
2. Refer the member to a panel of the ICRC under section 58 for incapacity of proceedings.
3. Require the member to appear before the ICRC to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the *RHPA*, the Code, the regulations, or by-laws.

The disposition of a complaint can range from deciding that no further action is warranted to referring the member to discipline. Other options include advising or reminding the member (such as adhering to a standard of practice or signing an undertaking), cautioning the member (such as being mindful of the public's perception of their actions), and requiring the member to attend an oral caution.

Enhanced Transparency with the Public

Consistent with the practices of other health regulatory colleges in Ontario, the ICRC has recommended to Council that proposed by-law amendments to enhance CCO's transparency with the public include:

- **Oral Caution:**
Enabling oral cautions to be posted on the public register for one calendar year from the time when the member attends the oral caution
- **Specified Continuing Education or Remediation Program (SCERP):**
Enabling the SCERP to be posted on the public register for one calendar year from completion of the SCERP
- **Undertaking:**
Posting the member's undertaking on the public register for a period of one calendar year from the date CCO receives the signed undertaking.

Following Council's approval of the ICRC's recommendation at its June 2015 meeting, the next step will be circulation of the by-laws to members and stakeholders for feedback and comments. All input is valuable in helping to uphold the public interest in Ontario.



Dr. Gauri Shankar



Dr. Brian Gleberzon

Report from the Quality Assurance Committee

By: Dr. Brian Gleberzon, Chair

Of all the committees constituted by CCO, the one that most impacts a chiropractor's professional life is the Quality Assurance (QA) Committee. This is because the QA Committee is charged with conducting peer and practice assessments for each and every member. It is the QA Committee that developed a self-reflection document all members are required to complete annually. It is the QA Committee that defines what information a member's Professional Portfolio should contain and it is the QA Committee that develops the requirements for Continuing Education (CE).

In 2009, the QA Committee specified the CE requirements members must meet, further defining what constituted both structured and unstructured credits over a two-year cycle. (It is worth noting that since implementation, the vast majority of members have complied with these requirements.) That said, it was always the intention of the QA Committee to further define these CE requirements and this process has now been completed.

When further defining CE requirements, the QA Committee worked hard to balance what is in the public interest, what would best serve both members and the profession at large and the Committee was mindful not to place any unreasonable barriers in the way of a member's ability to comply with any new requirements. In fact, the Committee has gone to great lengths to ensure that the new CE requirements respect the diversity within the profession, that no member is disadvantaged because of where he/she has chosen to establish their practice (e.g., metropolitan versus non-metropolitan locations) and to take into account new and emerging technologies.

Specifically, starting July 1, 2016, at least five of the

20 "structured hours" needed every two-year CE cycle by members registered in the General class must align with the controlled acts chiropractors are permitted to perform under the *Regulated Health Professions Act, 1991 (RHPA)*. The controlled acts are:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. A disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. A disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

Since chiropractors are permitted to take and interpret radiographs (x-rays) under the *Healing Arts Radiation Protection Act, 1990 (HARP)* any workshop that related to this content would also comply with the new CE requirements.

Members will be able to meet these requirements not only by attending a lecture or workshop in-person but also distantly (using webinars, for example). Moreover, the QA Committee has developed a mechanism that allows a group of chiropractors to meet the new requirements on their own. Specific details explaining the new CE initiative will be disseminated to all chiropractors before the end of this year.

In addition, members with a General class of registration must maintain certification in CPR/emergency care by the end of the next CE cycle (June 2018). Again, further details will be disseminated to all members in the upcoming months.

The Peer and Practice Assessment (PPA) program has been a tremendous success and, with the exception of newer graduates, almost all members have undergone this process. The QA Committee has developed the next phase in the PPA process (PPA 2.0). This new program will be unveiled to the profession within the next year or so, after gathering further data from pilot projects using CCO peer assessors.

Over the past few years, the QA Committee has conducted a review of all standards of practice, guidelines and policies to ensure internal consistency with each other and external consistency with current legislation and caselaw. Minor amendments have been approved by Council and, during this audit, a number of important clauses have been added. Members are reminded:

- Not to bill for treatments rendered to themselves;
- To be mindful that a patient's dignity must be maintained during gowning procedures;
- Informed consent can only be properly obtained from a

patient after a thorough history and physical examination is performed (that is, not while a patient is completing intake forms in the waiting room prior to speaking with the chiropractor);

- To practise within the chiropractic scope of practice;
- Not to engage in a concurrent professional and sexualized relationship with a patient; and
- At this time, there is no "spousal exemption" in place.

In closing, although only at the half-way point during my chairmanship, I am delighted to report that the QA Committee is working as a cohesive unit and successfully meeting all of its goals and objectives ahead of schedule. This has only been made possible by the expertise, diligence, intelligence and strong work ethics of the Committee's members: Drs. Bryan Wolfe and Joel Weisberg, and public members Judith McCutcheon and Georgia Allan, as well as CCO staff members, Dr. Bruce Walton and Mr. Joel Friedman.





Dr. J. Bruce Walton

Continuing Education... On the Home Stretch of This Cycle!

By: Dr. J. Bruce Walton, Director of Professional Practice

We are well into the current CE cycle, which began July 1, 2014. All CE activities - related to this current cycle - are due to be completed by June 30, 2016.

By now, members should:

- Have completed another self-assessment, which will be directing their CE efforts for this next two-year cycle.
- Be in the process of planning and completing their required structured and unstructured hours for this cycle.
- Be recording their CE activities in their Professional Portfolio using all the required outcome codes.

...to Summarize Requirements and Reporting

Members are required to complete a self-assessment at the start of each CE cycle. The information learned in doing the self-assessment will direct the CE activities for the cycle. A copy of the self-assessment can be found on the CCO's website at www.cco.on.ca.

Members must participate in a minimum of 40 hours of CE between July 1 of the start of the cycle and June 30 at the end of the two-year cycle. The 40 hours are divided into:

- **Minimum 20 hours of structured activities.** Structured activities include activities such as: attending courses, seminars, workshops, presentations and conferences; participating in interactive Internet courses, seminars, workshops, conferences and webinars; participating in correspondence courses; participating in clinical rounds; and participating in computer-assisted learning. As a general rule, structured activities are active/interactive learning programs and generally have structured agendas, specified learning objectives and interaction with other members of the profession or other professions.
- **Minimum 20 hours of unstructured activities.** Unstructured activities include such things as

reading professional books, journals, articles and research papers; viewing/reading/listening to professional audio/video and Internet materials; reviewing CCO regulations, standards of practice, policies, guidelines, and other CCO materials; preparing/presenting professional presentations; and researching/writing/editing professional publications. In general, unstructured activities are self-directed, independent learning activities.

Members who are licenced in the General Class of Registration for the entire duration of the CE cycle are required to comply with this program. If you register any time during a cycle (that is, after July 1 of the beginning of a cycle), you are exempt from reporting during that cycle. However, all members are encouraged to engage in regular CE activities.

More details may be found by referring to Standard of Practice S-003: Professional Portfolio. For further information and various forms, please refer to the Self-Assessment and Continuing Education section of CCO's website at www.cco.on.ca where you will find copies of the following:

- Professional Portfolio
- Self-Assessment Questionnaire
- Self-Assessment Handbook
- Plan of Action Summary Sheet
- Continuing Education and Professional Development Log

One more very important thing...

The one-page Continuing Education and Professional Development Log (the one that you complete and return, with your registration renewal, to confirm your completion of this cycle's CE activities) is only sent with the registration renewal in a year the member is due to report their activities. Therefore, there will not be a Log sheet with the upcoming registration renewal - it will come next year!



Call For New Peer Assessors

The QA Committee wishes to thank all those members who applied to be peer assessors for CCO. The call went out in August and the response was very good. Applicants brought a wide range of skills and experience along with a sincere desire to serve the public interest in this role. All peer assessors were judged according to the criteria outlined in Policy P-051: Peer Assessors.

Several members were interviewed and the selections have been made. Training for the new peer assessors begins at the upcoming Peer Assessor Workshops on January 22 and 23, 2016.

CCO thanks all those willing to serve the public interest by getting involved in the regulatory process and there will be an ongoing need for new peer assessors to fulfill the mandates of this valuable program. Further notices and calls for new peer assessors will be posted in this newsletter as well as on the CCO website at www.cco.on.ca.

For further information on this program, please contact Dr. J. Bruce Walton, Director of Professional Practice.





Dr. Bruce Lambert

Report from the Advertising Committee

By: Dr. Bruce Lambert, Chair

HOW DOES YOUR ADVERTISING MEASURE UP?

Most CCO members have read that the mandate of the Advertising Committee is to review proposed advertisements by members for recommendations on how to comply with CCO's Standard of Practice S-O16: Advertising and Guideline G-O16: Advertising. Reading a mandate is one thing - but do you understand how this impacts a chiropractor advertising in Ontario?

The first step to understanding the Advertising Committee's mandate is to realize that the Committee will review voluntarily submitted advertisements and return feedback to members within 10 business days. Why would a member take the time to submit advertisements for review? The answer is quite simply that the advertisement in which you invest time and money must meet Standard of Practice S-O16: Advertising. Some of the attributes of a compliant advertisement are that they are verifiable, straightforward and easily comprehended by the public and, most importantly, are in the public's interest in avoiding confusion and misunderstanding by the targeted audience.

How does the Advertising Committee determine what meets the standard?

CCO's Advertising Committee is comprised of two chiropractors elected to the CCO Council, a non-Council chiropractor and one public member. Every submitted advertisement is reviewed independently by each Committee member and those evaluations are compiled to create the "Complies/Does Not Comply" determination that is then provided to

the member. When the Advertising Committee reviews a submitted advertisement, it is working with a Standard of Practice compliance feedback form which is, in essence, a checklist.

For instance, if an advertisement compares a member's practice with another health care professional's practice, the advertisement is not compliant with the standard of practice. If an advertisement has a guaranteed success of care or a testimonial referring to a particular member, this too is deemed to be non-compliant, and is noted as such on the feedback form along with an explanation to the chiropractor who submitted the advertisement. When the advertisement complies with the standard of practice, it is noted on the feedback form and the member is notified. All responses from the Advertising Committee can be expected within 10 business days of submission.

If you advertise, you want the world to see your message. Have you considered what you are conveying to the public? How does your advertising measure up to the standard of practice?

The next time you are planning an advertising campaign, take a moment to study Standard of Practice S-O16: Advertising and Guideline G-O16: Advertising. Use the resources available to you to ensure that your advertising complies with the standard of practice and the guideline for advertising in Ontario. It is important to realize that what is in the public's interest is also in the profession's interest. Your advertising is out there for the public to see. Be mindful of what you show them.

COMMUNICATION TO THE PUBLIC MUST COMPLY WITH CCO STANDARDS OF PRACTICE

CCO reminds members that any signs, notices, social media postings or information coming from members' offices must comply with CCO standards of practice, including practising within the chiropractic scope of practice. Members may only treat or advise within the chiropractic scope of practice as defined in the *Chiropractic Act, 1991* and Standard of Practice S-001: Chiropractic Scope of Practice. Members may not treat or advise with respect to controlled acts outside of the chiropractic scope of practice, which includes prescribing a drug as defined in the *Drug and Pharmacies Regulation Act, 1990*, performing surgery and administering vaccinations.

Standard of Practice S-001: Chiropractic Scope of Practice provides a protocol in responding to

general health-rated questions by patients that relate to controlled acts outside the chiropractic scope of practice:

- Advise the patient that the performance of the act is outside the chiropractic scope of practice and the patient should consult with a health care professional who has the act within his/her scope of practice;
- Respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient, consistent with the chiropractic scope of practice; and
- Encourage the patient to be an active participant in his/her own health care, which allows the patient to make fully informed decisions concerning his/her health care.

A failure to practise, treat or advise within the chiropractic scope of practice could result in an investigation and/or prosecution under the *Regulated Health Professions Act, 1991*.



As a chiropractor, you have spent years earning your credentials and building your reputation in the community. Your patients and community see you as an expert in the world of health and rightfully so.

When you are releasing information into social media, the public sees their health expert in a medium outside of their office and will be listening to what you share through that medium. The challenge that chiropractors face is that every communication they present externally is viewed by the public as being from a chiropractor and not simply an ordinary member of the community.

Regardless of how you phrase it, your message is always linked to your title: Doctor of Chiropractic. Be aware of this when you communicate in the public domain. Your words have power and will make an impact in your community.



Dr. David Starmer

Report from the Registration Committee

By: Dr. David Starmer, Chair

This year has flown by and as usual the summer has been a very busy time for the CCO in dealing with a high volume of applications and running the Legislation and Ethics Examination. Most applications are straightforward and get processed efficiently; however, those requiring attention get referred to the Registration Committee, which meets monthly if necessary to review applications to ensure a fair, transparent, and timely registration.

All new members must pass the Legislation and Ethics Examination that evaluates their knowledge of the legal requirements to practise in Ontario. In June and October, there were 190 candidates who wrote the examination, which included a series of multiple choice questions along with written short answer scenarios to assess a candidate's ability to apply their understanding of ethical behaviour.

Graduates from all over the world send in their applications to become registered as members of CCO and start their careers in chiropractic. In July and August alone, CCO welcomed 108 new registrants to the profession. All applications are carefully checked for completion and accuracy before being submitted to the Registrar for final approval. Once the Registrar has signed the application, the new member receives his/her registration number and is eligible to practise in Ontario. Every chiropractor remembers the day

when he/she first began to treat patients and to develop that partnership of health care. Some new graduates were licenced to practise in Ontario as early as July 16, 2015.

This summer, Toronto hosted the Pan Am Games and Parapan Am Games and athletes from the Americas gathered to compete in a wide variety of sports. Chiropractors who accompanied their athletes needed to apply for a temporary licence but did not need to pay the accompanying fee. Waiving this fee was the CCO's way of supporting the chiropractic community in the treatment of each nation's team.

The Registration Committee is committed to ensuring a timely response to all applicants who wish to be registered in Ontario. We will continue to review registration policies and procedures to ensure our licensing processes are transparent, objective, impartial, and fair.

If you plan on taking a break from practice for a maternity or parental leave, returning to school, or travelling, be sure to contact Ms Maria Simas, Registration Coordinator, to see if a change to the Inactive class of registration for the break in practice will benefit you.

Statistics from the June 2015 Sitting of CCO's Legislation and Ethics Examination

Total candidates: 169

Male



88



Female



81



Canadian Memorial
Chiropractic College: 156



United States: 10



Quebec: 1



England: 1



Australia: 1



Statistics from the October 2015 Sitting of CCO's Legislation and Ethics Examination

Total candidates: 21

Male



9



Female



12



Life Chiropractic College: 11



Canadian Memorial Chiropractic College: 8



New York Chiropractic College: 1



Parker University: 1



Out-of-Province Chiropractors Enjoy Pan Am Games Experience



In July 2015, Toronto hosted the Pan Am Games and Parapan Am Games, attracting athletes from across the Americas. Chiropractors from outside Ontario who treated athletes were required to apply for a temporary licence from CCO but not to pay the accompanying fee.

CCO applauds the efforts of the members from Ontario who volunteered at the Games, as well as those chiropractors who travelled to Ontario from other jurisdictions.

Meet three chiropractors from outside Ontario who were delighted to be at the Games.



Dr. Russell Matai Saskatoon, Saskatchewan

"It was a good and positive experience. I was part of a team of chiropractors, physiotherapists, medical doctors and athletic therapists, and we were taken to various and different venues where I had the opportunity to meet and provide chiropractic care to the athletes and their coaches. Many of them were surprised to learn that I had travelled to Ontario from Saskatchewan!

Reflecting on what I experienced, what strikes me is the impressive level of inter-professional collaboration we enjoyed and the opportunity for learning. I got to know the members of my team and the role we each had. We had good and frank discussions, and I came away with a wealth of information about issues relevant to my practice.

The Pan Am Games experience enhanced my appreciation for being a chiropractor and to see how other health professionals also help the public. It has whetted my appetite to do this again in the future.... perhaps the Commonwealth Games is next on my list."

Dr. Russell Matai (right) with the Columbian team's physiotherapist.



“Thumbs up” from Pachi, the Pan Am Games mascot, and Dr. Giuseppe Giovatto, Jr.

Dr. Giuseppe Giovatto, Jr. Clearwater, Florida

“From July 10 - 25, I was the medical lead for fencing. It was an excellent opportunity to collaborate with 18-20 enthusiastic practitioners - medical doctors, athletic therapists, chiropractors, physical therapists, massage therapists, and acupuncturists (some practitioners were dual registrants).

With my training as a chiropractor and having completed a four-year sports diplomate program, I am accustomed to working with professional sports teams. Over time, I have been invited to travel with US national bodies such as fencing and (more recently) major league baseball, and serve as the National Medical Provider for US figure skating. I am accustomed to ‘wearing a lot of hats’, and was impressed by the warmth of the Canadian host committee and observed that the Pan Am Games were run in an Olympic-like way. This was definitely a significant benefit to the athletes.

As practitioners, we had the opportunity for personal growth and to help the athletes, who were all a real pleasure to work with. I think the consistent message from my team would be that we were all there to help the athletes and it was a positive experience.”



Dr. Mary-Irene Parker (back row, third from left) and her multi-disciplinary team.

Dr. Mary-Irene Parker Parrsboro, Nova Scotia

“The Pan Am Games were one of the most exciting and inter-professionally rewarding experiences of my career. I am thankful to the CCO’s Registration Committee for the courtesy of enabling me to quickly meet the required standards to permit practice in Ontario for that time.

I met people from all over the world, including a gamut of health care professionals with whom I conversed and interacted in several events. While each member of the health care team was focused on their own areas of expertise, it was rewarding to enable the athletes to go back to ‘do their thing’.

The interaction of everyone was sensitive and far-reaching. I was so impressed with the 15-year old young man who had moved to Canada from Venezuela. He worked in our area as a translator for any athletes with whom he shared a language, and was helpful in providing the health care team with translations. There are many such stories of how great it was to be part of an expansive health care group.

This was a tremendously positive experience. Everyone involved in health care should strive to have this type of experience in their background. I would do this again without hesitation.”

IN TOUCH

Is Your *ChiroCare* Binder Out-of-Date?

All up-to-date legislation, regulations, standards of practice, policies and guidelines are available at www.cco.on.ca, and can be printed to update your *ChiroCare* binder. A full download of the *ChiroCare* binder is also available in the "Publications" section of CCO's website. If you would like to order an up-to-date *ChiroCare* binder, please contact Ms Maria Simas, Registration Coordinator, by email at msimas@cco.on.ca.



Reminder: Have you provided your email address to CCO?

Mindful of its obligations to enable efficient and timely communication with members, members are required to provide an email address to CCO. If you have not already done so, please provide one on your next renewal form or email it to reception@cco.on.ca.

CCO Needs Your Current Contact Information....

Have you recently moved? By law, it is your responsibility to provide CCO with a written notification of any address changes – work and/or home – within 30 days of your move. All members registered in the "General" class are required to have a business address and telephone number listed on CCO's public register.

Your Feedback is Important!

CCO welcomes your feedback and comments about articles and features in this issue of *ChiroPractice*. Please forward an email to cco.info@cco.on.ca or a fax to 416-925-9610.

CCO Council Meeting in Niagara Falls (September 2015)



CCO traditionally holds the September Council meeting outside of Toronto to avoid other September events (including the Toronto International Film Festival) and to facilitate members in attending a Council meeting to learn about CCO (as well as to accumulate structured continuing education hours). In September 2015, CCO held its Council and Strategic Planning Session in Niagara Falls.

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College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

130 Bloor St. West
Suite 902
Toronto ON M5S 1N5

Tel: 416-922-6355
Fax: 416-925-9610
Toll free: 1-877-577-4772
E-mail: cco.info@cco.on.ca
www.cco.on.ca