As the 20th elected President of CCO since Dr. Harry Yates first became Chair of the Board of Directors of Chiropractic (BDC) in August 1952, I am especially honoured to be in this role as CCO celebrated 20 years of self-regulation under the Regulated Health Professions Act, 1991 (RHPA).

Much has been accomplished since 1993, with a singular and unwavering focus on ensuring access to safe and ethical chiropractic care for Ontarians. I can tell you unequivocally that this is at the forefront of everything CCO does.

Looking back, many people have contributed to significant milestones and achievements.

In the early 1990s, the Minister of Health for Ontario announced the Health Professional Legislation Review and recommended changes to Ontario’s health regulatory system while also giving chiropractors the right to use the “Doctor” title and a scope of practice that includes the ability to communicate a diagnosis. In the mid-1990s, CCO developed a quality assurance program, including standards of practice, guidelines and policies, and adopted new Discipline Committee rules to streamline the efficiency and effectiveness of the discipline process. Public members were appointed in 1997 and the first “road shows” for chiropractors were offered across the province in 1999. As the calendar passed 2000, CCO introduced the peer and practice assessment program, developed core competencies for chiropractors, and enhanced information to the public about the benefits of safe chiropractic treatment.

More recently, CCO approved strategic objectives that serve as the foundation for supporting its mandate through initiatives such as building long-term relationships with government and stakeholders to facilitate multi-disciplinary collaboration in health care initiatives that benefit the public of Ontario.
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, September 2013 and September 2014

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>BDC</td>
<td>Board of Directors Chiropractic</td>
</tr>
<tr>
<td>CCO or College</td>
<td>College of Chiropractors of Ontario</td>
</tr>
<tr>
<td>CE</td>
<td>Continuing Education</td>
</tr>
<tr>
<td>CFCREAB</td>
<td>Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards</td>
</tr>
<tr>
<td>Chiropractic Act</td>
<td>Chiropractic Act, 1991</td>
</tr>
<tr>
<td>CMCC</td>
<td>Canadian Memorial Chiropractic College</td>
</tr>
<tr>
<td>DC</td>
<td>Doctor of Chiropractic</td>
</tr>
<tr>
<td>FHRCO</td>
<td>Federation of Health Regulatory Colleges of Ontario</td>
</tr>
<tr>
<td>HPARB</td>
<td>Health Professions Appeals and Review Board (or the Board)</td>
</tr>
<tr>
<td>ICE</td>
<td>Independent chiropractic examination</td>
</tr>
<tr>
<td>ICRC</td>
<td>Inquiries, Complaints and Reports Committee</td>
</tr>
<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>QA Committee</td>
<td>Quality Assurance Committee</td>
</tr>
<tr>
<td>RHPA</td>
<td>Regulated Health Professions Act, 1991</td>
</tr>
<tr>
<td>ROF</td>
<td>Report of Findings</td>
</tr>
</tbody>
</table>
Extract from the Chiropractic Act, 1991

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 dysfunction 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.

Legislative Updates

- **Bill 21, Safeguarding Health Care Integrity Act, 2014** deals primarily with the regulation of hospital pharmacies and the banning of payment for blood donations. Of more interest to chiropractors is a modification of the duty to make a mandatory report of concerns about employees, partners or associates. In the past the mandatory report was only required if one terminated, or was going to terminate, the relationship with the other practitioner because of professional misconduct, incompetence or incapacity. Now those concerns need to be reported to the Registrar of the College registering the regulated health practitioner if the person resigns or voluntarily restricts their practice to avoid the termination or does so during an investigation into the concerns.

- **Regulations for professional corporations** have been amended to simplify the paperwork. For example, those applying for or renewing their certificate of authorization for chiropractic professional corporations no longer have to “swear” their declarations before a lawyer or notary public. They can simply sign the declaration on the forms supplied by the College. In addition, copies of some documents are now acceptable rather than having to provide the originals. The College has revised its professional incorporation forms to implement these changes and the new forms will be posted on the website once they are approved by Council.
by teleconference where feasible and in keeping with CCO’s fiscally responsible operations – keep the momentum of activity going. Their output is impressive.

For me, some specific initiatives are the well-received Partnership of Care document created by the Patient Relations Committee (translated into multiple languages and on display in many chiropractors’ offices), the informative “Opportunity to Connect” and Record Keeping workshops offered across Ontario, submissions in the public interest (such as on the Healing Arts Radiation Protection Act) to the Ministry of Health and Long-Term Care in cooperation with stakeholders (such as the Ontario Chiropractic Association), the implementation of an alternative dispute resolution program to facilitate the discipline process for both parties, and a robust peer and practice assessment program.

I believe these and other accomplishments exemplify CCO’s commitment to serving its mandate in protecting the public interest. We can and will continue to build on all of this.

Become addicted to constant and never-ending improvement.

Anthony D’Angelo

Since I first joined Council as a newly elected member from District 5 in 2006, I have been continually impressed by the strong commitment of many people who come together to “optimize chiropractic services in the public interest” (CCO’s strategic objective #3). It is a diverse array of chiropractors who share a common passion for chiropractic. It is public members who come from many walks of life and bring an important “check and balance” perspective to the table. And it is our hard-working staff team led by CCO’s Registrar and General Counsel, Ms Jo-Ann Willson.

I know that chiropractors share a common vision in relieving pain, restoring health and prolonging life. When they stand for election at CCO, they are committed to making a difference in people’s lives. Once elected, they have a voice at the Council table, joining the voice of others like me who share a passion for chiropractic and upholding the public interest. This is something I do not take for granted.

Looking ahead, I believe that Council is firmly grounded in ensuring that CCO is proactive in seeking continual improvement in all areas that have an impact on the delivery of safe chiropractic care to Ontarians. On a personal note, I encourage my fellow chiropractors to make a commitment to continual self-improvement through lifelong learning and professional development – beyond what is mandated by CCO. By taking charge of our actions and being the best that we can be as chiropractors, that is how we will best serve the public of Ontario.

Dennis Mizel, DC

“Our lives begin to end the day we become silent about things that matter.” Martin Luther King, Jr.
At the 2013 AGM, held on June 17, 2014, CCO celebrated the 20th anniversary of self-regulation of the chiropractic profession under the RHPA. All former Presidents were invited to attend to be honoured and thanked for their efforts in helping CCO achieve this milestone.
Message du Président

Un regard vers le passé et un regard vers l’avenir

En tant que 20e président élu de l’OCO depuis l’élection du Dr Harry Yates comme premier président du Board of Directors of Chiropractic (BDC) (Conseil de direction de la chiropratique) en août 1952, je suis particulièrement honoré de mon rôle, car l’OCO a maintenant célébré 20 ans d’autoréglementation en vertu de la Loi de 1991 sur les professions de la santé réglementées (LPSR).

Nous avons beaucoup accompli depuis 1993, en nous efforçant particulièrement et sans relâche de fournir aux Ontariens un accès à des traitements de chiropratique éthiques et sécuritaires. Je peux vous garantir que cet objectif est au premier plan de toutes les actions de l’OCO.

De nombreuses personnes ont contribué à l’atteinte d’étapes et de réalisations importantes.


Plus récemment, l’OCO a approuvé des objectifs stratégiques qui soutiennent son mandat par le biais d’initiatives comme la création de relations à long terme avec le gouvernement et les intervenants pour faciliter une collaboration multidisciplinaire dans les actions en soins de santé qui viennent en aide aux Ontariens.

La détermination des chiropraticiens et des membres du public qui servent sur le Conseil et sur les comités de l’OCO a facilité le processus d’encadrement de toutes ces activités de leur conception à leur réalisation. Le travail de ces personnes se fait principalement dans les coulisses, et inclut l’élaboration de normes de pratique dans des secteurs clés comme l’assurance qualité, l’inscription et les relations avec les patients. Les réunions des comités - maintenant tenues par téléconférence lorsque possible et en accord avec la gestion financière responsable de l’OCO - maintiennent le rythme des activités. Leurs résultats sont remarquables.

À mon avis, quelques initiatives particulières et bienvenues sont le document Partenariat de soins de santé, créé par le Comité des Relations avec les patients (traduit en plusieurs langues et affiché dans plusieurs cabinets de chiropraticiens), les ateliers de formation « Opportunity to Connect » (Occasions de contacts) et de Tenue des dossiers offert par le Conseil de l’Ontario, les publications d’intérêt public (comme celle portant sur la Loi sur la protection contre les rayons X) présentées au ministère de la Santé et des Services de santé en collaboration avec des intervenants (comme l’Association chiropratique de l’Ontario), la mise en œuvre d’un autre programme de résolution de conflits dans le but de faciliter le processus disciplinaire pour les deux parties, ainsi qu’un solide programme d’évaluation des pratiques et par les pairs.

Je crois que ces réalisations, parmi tant d’autres, démontrent l’engagement de l’OCO envers son mandat de protéger l’intérêt du public. Nous comptons continuer de mettre tous ces efforts à profit.

Développer une dépendance à l’amélioration constante et perpétuelle.

Anthony D’Angelo

Depuis que je me suis joint au Conseil, en 2006, à titre de nouveau membre élu du 5e district, j’ai toujours été impressionné par la détermination
des nombreuses personnes qui se réunissent pour « optimiser les services de chiropratique dans l’intérêt du public » (3e objectif stratégique de l’OCO). Ce sont les nombreux chiropraticiens qui partagent une passion commune pour la chiropratique. Ce sont les membres issus de différents secteurs de la sphère publique, qui apportent les « freins et contrepoids » nécessaires aux discussions. C’est aussi notre excellente équipe d’employés, dirigée par la registraire et directrice des affaires juridiques de l’OCO, Mme Jo-Ann Willson.

Je sais que les chiropraticiens partagent une vision commune de pouvoir soulager la douleur, redonner santé et de prolonger l’existence. Lorsqu’ils se présentent aux élections de l’OCO, ils s’engagent à améliorer la vie des gens. Une fois élus, ils ont droit de parole aux réunions du Conseil, et joignent leurs voix aux autres, comme moi, qui partagent leur passion pour la chiropratique et le respect de l’intérêt public.

Je ne prends pas cela à la légère.

En me tournant vers l’avenir, je crois que le Conseil est fermement déterminé à s’assurer que l’OCO est proactif dans la recherche continue d’améliorations dans tous les aspects pouvant influer sur la prestation de soins de chiropratique sécuritaires pour les Ontariens. J’encourage personnellement mes collègues chiropraticiens à s’engager envers l’amélioration de leur pratique par le biais de la formation continue et du perfectionnement professionnel, au-delà de ce qui est exigé par l’OCO. C’est en étant responsable de nos actes et en étant les meilleurs chiropraticiens possible que nous servirons au mieux le public ontarien.

Dennis Mizel, DC

<< Nos vies commencent à finir le jour où nous devenons silencieux à propos des choses qui ont de l’importance.>>

Martin Luther King, Jr.

CCO Council members at the 2013 AGM
Registrar’s Report

Recent Communications with the Minister of Health and Long-Term Care

CCO, like other regulators, is accountable to the Minister of Health and Long-Term Care, namely the Honourable Minister, Eric Hoskins, and must be ever vigilant to ensure it demonstrates an ongoing commitment to protecting the public interest. The Minister has legislative authority including the authority to appoint a supervisor if a regulator does not take its specific role and responsibility seriously.

Transparency Initiatives

On October 4, 2014, all health regulatory colleges under the RHPA received a letter from Minister Hoskins emphasizing his responsibility to ensure Ontarians have access to relevant, timely, and accurate information about health care providers that “evokes public confidence and the public’s ability to make informed decisions about their care”. Minister Hoskins invited all colleges to report to him by December 1, 2014 on their transparency initiatives. The Premier has also stated that the government wants “to be the most open and transparent government in the country”. What does this mean for CCO and its members? It means even more information will be on the public register and available on the website, and that CCO will be taking further steps to enhance transparency and accountability to the public and to prioritize transparency as part of its strategic plan. CCO already takes a number of steps to ensure its processes and decision-making are transparent – notices of hearing are posted on the public register along with hearing dates and discipline decisions, Council information packages (excluding in camera items) are distributed to individuals who attend Council meetings, and transparency principles have been discussed openly at Council meetings.

However, there is room for improvement, and over the next several months, we will be looking to take further concrete steps including posting public information packages on CCO’s website, posting a statement of a pending discipline decision if the hearing is concluded and a decision is not yet received, formalizing our communication with provincial police forces when there is a simultaneous criminal proceeding, improving information on the website including a flow chart which tracks the complaints process and the timelines, and posting the template letters used in the complaints, registration, and quality assurance processes.

Minister’s Task Force on the Sexual Abuse of Patients

On December 17, 2014, CCO, along with all other health regulators, received correspondence from Minister Hoskins announcing a Task Force on the Prevention of Sexual Abuse of Patients and the RHPA. The Minister has asked the Task Force to examine and provide him with advice and recommendations on how best to strengthen the RHPA’s sexual abuse provisions by no later than the spring of 2015. Ms Marilou McPhedran, the Honourable R. Roy McMurtry, and Ms Sheila MacDonald are participating on the Task Force.

In reviewing and considering the public interest concerns arising from a spousal exemption to the sexual abuse provisions of the RHPA, CCO Council determined that it would circulate a proposed regulation, along with a draft standard of practice, which is intended to provide safeguards for patients. I encourage all stakeholders to carefully review the proposed regulation and standard of practice and to provide constructive feedback which will be carefully considered by Council in exercising its due diligence. Council grapples with complex policy issues, and your input is critical to the decision-making process. The recent communications with the Minister provide context for CCO’s decision-making and the consideration of the important issues relating to public interest and protection. Stakeholder feedback is both welcome and valued.
To view the complete letters from the Minister and CCO’s responses, visit the CCO website at www.cco.on.ca (“Transparency Initiatives” under the “About CCO” tab).
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 February 26, 2014 to December 31, 2014) and wishes them a long and successful career in chiropractic.

Daniel A. Adler
Raphael H. Ahn
Nathan D. Alexander
Derek A. Anderson
Katherine S. Angus
Sepideh Asgharifar
Michelle M. Athaide
Giancarlo Barranca
Kathleen E. Bates
Britanie L. Belanger
Erik J. Berg
David Anthony Blanshard
Gurminder Brar
Craig M. Brennan
Pierre L. Brunet
Landon S. Burden
Taron S. Carruthers
Elizabeth I.H. Carter
Cassandra J. Champion
Baldwin Chan
Belinda Chan
Christopher Y. Cheung
Viola Cheung
SuKmeet S. Chohan
Ngai W. Chow
Michelle C.S. Clarke
Laura A. Clemenhagen
Kevin Cole
Joseph T. Collins
Graeme S. Copeland
Amanda Core
Jesse I. Cracknell
Sophia A. da Silva
Samantha M. Davidson
Carlo S. D’Emilio
Sarah C. Dennison Taylor
Amarpal Dhillon
Antonio DiCarlo
Mark D. Dickson
Christine C.H. Dinh
Sean A. Duquette
Emily K. Edwards
Jade R. Egonia
Ardeshir Ekhhtari
Rami M. Elmasry
Brett E. Elmers
Fardokht Farhang
Vadim Farian
Alexandru Feier
Katelyn J. Foster
Shane T. Foy
Gary D. Friesen
Karamjit K. Gill
Jason C. Gray
Stephanie J. Gray
Thomas M.B. Green
Kirandeep Grewal
Sonya L. Hamilton
Jonathan M. Harper
Bradley J. Hasilo
Fadumo Hassan
David A. Hawkes
Alexander P. Hawkins
Sarah M. Hogan
Ashley E. Hook
Janna E. House
Matthew L. Jackson
Shadi Jahanidideh-Sheijani
Vidur K. Jain
Pawan Jit
Stephanie E. Johnston
Kostandinos Kakarelis
Na Ryung Kim
Richard Kim
David L. King
Lauren M. Kitchen
Allison K.A. Kivisto
Konstantinos Koubourtis
Angelo M. La Delfa
Renee M. Laframboise
Marissa M.B. Lee
Sarah Lee
Carmen Leung
Kae S.J. Liao
Katelyn C. Lockwood
Amanda Louca
Jan J. Louwerse
Pamela M. MacDonald
Sabrina L. MacDonald
Susanne P. MacPherson
Golda C.Mais
Fawad A. Malik
Paul Mastrapagistino
Judith A. McCann
Katie J. McCann
Emmalle M. Meher
Pearl Mehra
Braeden D. Melmer
Michael L. Miller
Patrick D. Milroy
Milad Mohib
Joseph M. Mondoux
Felicity A. Morrell
Hoda Motazedzi
Kyla E. Nelson
Tri Tue D. Nguyen
Jacquelyn E. Nicholls
Brent G. O’Reilly
Stephen Osterer
Mitesh Panchal
Patrick Perta
Shelley M. Pinard
Carolyn M. Pokoradi
David Popovic
Patricia Porco
Ekaterini K. Protopapas
Matthew R. Pym
Jaspreet S. Randhawa
Lucas Z. Regier
Randell L. Ricohermoso
Alexander E. Ritza
David J. Robertson
Hamza Saif
May Sarjinsky
Sara A. Santoli
Breanne Schultz
Christen C. Schutt
Amanda K. Scione
Lauren K. Scott
Gurpreet Sembhi
Isabelle B. Senecal
Priya P. Sharma
Kathryn E. Sheridan
Arash B. Shoukouhi
Brian S. Sides
Gagandeep Singh
Preet K. Somal
Madelyn E. Soye
Amanda L.A. Stacey
Kenneth S. Stelsoe
Lauren M. Stewart
Sarah J. Stock
Nicola D. Stone
Vitaliy Suprunov
Ashor Sworesho
Stephanie K. Tabbert
Joanna H. Taylor
Gersheiga Thirunavukkarasu
Sarah K.L. Thorne
Mark Tran
Jaclyn C. Traverse
Matthew M. Tribe
**WELCOME NEW MEMBERS – CONT.**

Anita H.Y. Tsang  
Anthony J. Tucker  
Benjamin C. Tucker  
Tanya L. Tucker  
Rory L. Turner  
Irma C. Van Andel  
Aimee C. VandeCavene  
Robert M. Winslow  
Peter R. Wise  
C. Andrew Ting Tung Yeung  

**IN MEMORIAM (From MAY 2014)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Initial Registration</th>
<th>Date of Death</th>
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<tbody>
<tr>
<td>Dr. James D. Hull</td>
<td>1977</td>
<td>April 7, 2014</td>
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<tr>
<td>Dr. Ronald E. Leavitt</td>
<td>1956</td>
<td>May 13, 2014</td>
</tr>
<tr>
<td>Dr. Larry Frey</td>
<td>1963</td>
<td>June 4, 2014</td>
</tr>
<tr>
<td>Dr. Gordon Burgess</td>
<td>1960</td>
<td>June 6, 2014</td>
</tr>
<tr>
<td>Dr. Wilfrid Meissner</td>
<td>1951</td>
<td>June 21, 2014</td>
</tr>
<tr>
<td>Dr. T.J. Purvis</td>
<td>1953</td>
<td>August 27, 2014</td>
</tr>
<tr>
<td>Dr. Kevin P. Eaton</td>
<td>1998</td>
<td>November 20, 2014</td>
</tr>
<tr>
<td>Dr. Toney Ngo</td>
<td>1995</td>
<td>January 5, 2015</td>
</tr>
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</table>

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

**WINNER OF THE 2014 DR. HAROLD BEASLEY MEMORIAL AWARD**

Congratulations to Dr. Carmen Leung, recipient of the 2014 Dr. Harold Beasley Memorial Award. The award presentation by Ms Jo-Ann Willson, Registrar and General Counsel at CCO, took place at the Canadian Memorial Chiropractic College’s (CMCC) convocation on Friday, June 20, 2014.

Since 1995, the award has been granted to a student at an accredited chiropractic educational institution in North America who intends to practise in Ontario and demonstrates knowledge and understanding of CCO’s role and the legislative context for chiropractic in Ontario. The successful applicant has his/her fees for registration with CCO waived for the first year.

Ms Jo-Ann Willson, Registrar and General Counsel, CCO, presenting the 2014 Dr. Harold Beasley Memorial Award to Dr. Carmen Leung.
## Council Member Terms
### as at January 5, 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>District</th>
<th>Date First Elected/Appointed</th>
<th>Date Re-elected/Re-appointed</th>
<th>Date of Expiry of Election/Appointment of Current Term</th>
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<tr>
<td><strong>Elected Members</strong></td>
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<tr>
<td>Dr. Liz Anderson-Peacock</td>
<td>3 (Central East)</td>
<td>April 2013</td>
<td>N/A</td>
<td>April 2016</td>
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<tr>
<td>Dr. Brian Gleberzon</td>
<td>4 (Central)</td>
<td>April 2007</td>
<td>April 2010</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. Cliff Hardick</td>
<td>6 (Western)</td>
<td>May 2011</td>
<td>April 2014</td>
<td>April 2017</td>
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<tr>
<td>Dr. Bruce Lambert</td>
<td>5 (Central West)</td>
<td>April 2004</td>
<td>N/A</td>
<td>April 2017</td>
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<tr>
<td>Dr. Dennis Mizel</td>
<td>5 (Central West)</td>
<td>April 2006</td>
<td>April 2009</td>
<td>April 2015</td>
</tr>
<tr>
<td>Dr. Gauri Shankar</td>
<td>2 (Eastern)</td>
<td>April 2010</td>
<td>April 2013</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. David Starmer</td>
<td>4 (Central)</td>
<td>April 2014</td>
<td>N/A</td>
<td>April 2017</td>
</tr>
<tr>
<td>Dr. Pat Tavares</td>
<td>4 (Central)</td>
<td>April 2012</td>
<td>N/A</td>
<td>April 2015</td>
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<tr>
<td>Dr. Bryan Wolfe</td>
<td>1 (Northern)</td>
<td>December 2008 (by-election)</td>
<td>April 2009</td>
<td>April 2015</td>
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<td><strong>Appointed Members</strong></td>
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<tr>
<td>Mr. Shakil Akhter</td>
<td>Toronto</td>
<td>May 7, 2008</td>
<td>May 7, 2011</td>
<td>May 6, 2017</td>
</tr>
<tr>
<td>Ms Georgia Allan</td>
<td>Smiths Falls</td>
<td>September 8, 2014</td>
<td>N/A</td>
<td>September 7, 2017</td>
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<tr>
<td>Mr. Robert MacKay</td>
<td>Thunder Bay</td>
<td>April 2, 2006</td>
<td>April 2, 2009</td>
<td>April 1, 2015</td>
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<tr>
<td>Mme Lise Marin</td>
<td>Timmins</td>
<td>April 1, 2006</td>
<td>April 1, 2009</td>
<td>March 31, 2015</td>
</tr>
<tr>
<td>Ms Judith McCutcheon</td>
<td>Unionville</td>
<td>August 12, 2009</td>
<td>August 12, 2012</td>
<td>August 11, 2015</td>
</tr>
<tr>
<td>Mr. Scott Sawler</td>
<td>Ottawa</td>
<td>November 14, 2012</td>
<td>November 14, 2013</td>
<td>November 13, 2016</td>
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<tr>
<td>*Vacant</td>
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Council Meeting Dates

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<td>2015</td>
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<td>Wednesday, February 11</td>
<td>8:30 a.m. – 4:30 p.m.</td>
<td>Meeting</td>
<td>CCO</td>
</tr>
<tr>
<td>Wednesday, April 22</td>
<td>8:30 a.m. – 4:30 p.m.</td>
<td>Meeting</td>
<td>CCO</td>
</tr>
<tr>
<td>Thursday, April 23</td>
<td>8:30 a.m. – 2:00 p.m.</td>
<td>Council Orientation/ Elections</td>
<td>CCO</td>
</tr>
<tr>
<td>Tuesday, June 16</td>
<td>6:00 p.m.</td>
<td>AGM</td>
<td>TBD</td>
</tr>
<tr>
<td>Wednesday, June 17</td>
<td>8:30 a.m. – 4:30 p.m.</td>
<td>Meeting</td>
<td>CCO</td>
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</tbody>
</table>

Please note that confirmed Council meeting dates are posted on the CCO website: www.cco.on.ca (under Tab 1). Contact Ms Rose Bustria (rbustria@cco.on.ca) to reserve space at a Council meeting.

Don’t Forget to Vote!

On Monday and Tuesday, March 30 and 31, 2015, elections will be held for the purpose of electing Council members in the following districts:

**District 1: Northern** comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka; and the city of Greater Sudbury.

**District 4: Central** comprised of the city of Toronto and the regional municipality of York.

**District 5: Central West** comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Peel and Waterloo, and the cities of Hamilton and Brantford.
Council Meeting Highlights

Council meetings are open to the public, although Council is permitted to go 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 while ensuring Council has time to adequately discuss and action high priority agenda items.

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, the Chiropractic Awareness Council and, occasionally, government representatives. Attendees receive comprehensive public information packages.

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

APRIL 23, 2014
Council did the following:
• Welcomed newly elected Council members, Dr. Bruce Lambert and Dr. David Starmer
• Recognized Dr. Peter Amlinger’s leadership and dedication to serving the public interest in Ontario during his presidency (June 2009 - April 2011, April 2012 - April 2013, and April 2013 - April 2014)

APRIL 23, 2014
Council approved the following:
• Standard of Practice S-019: Conflict of Interest in Commercial Ventures
• Guideline G-004: Documentation of a Chiropractic Visit

Council approved the following for distribution and feedback to members and stakeholders:
• Standard of Practice S-003: Professional Portfolio
• Standard of Practice S-021: Assistive Devices

JUNE 18, 2014
Council noted/reviewed the following:
• Congratulated CCO public member, Mr. Shakil Akhter, on his re-appointment by the MOHLTC to May 6, 2017
• Extended congratulations to Ms Jo-Ann Willson and the CCO staff team for their significant efforts in organizing the well-attended and well-received Annual General Meeting on June 17, and the formal recognition of the contributions of former CCO Presidents, several of whom were in attendance and featured in a video celebrating CCO’s 20 years of self-regulation under the RHPA.

• Welcomed Dr. Lisa Richard, President, Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards, to the Council meeting and received a report on recent initiatives.

Council approved the following:
• Standard of Practice S-012: Orthotics

SEPTEMBER 20, 2014

Council noted/reviewed the following:
• Welcomed and congratulated CCO public member, Ms. Georgia Allan, on her appointment by the MOHLTC, effective September 8, 2014.

• Received an update on recent meetings with public officials as part of the ongoing examination of options for a future home for CCO.

• Received a verbal report on the President’s and Registrar’s involvement with other health regulatory colleges that are taking the lead on various initiatives.

• Noted the requirement for all workplaces to complete mandatory worker and supervisor awareness training (effective July 1, 2014); a notice is posted on the CCO website.

Council approved the following:
• Standard of Practice S-004: Reporting of Diseases

• Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs (previously titled Technical and Interpretative Components for X-ray)

• Standard of Practice S-016: Advertising and Guideline G-016: Advertising

• Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information

• Policy P-045: CCO’s Legislation and Ethics Examination

NOVEMBER 28, 2014

Council noted/reviewed the following:
• Acknowledged Ms Willson’s and Mr. Friedman’s participation in the September 2014 focus groups for the Office of the Fairness Commissioner’s online learning modules.

• Recognized the significant 10-year contribution of Mr. Martin Ward, CCO public member.

• Reviewed the report on Council’s September 2014 strategic planning refresher, including CCO’s efforts around the implications of Canadian anti-spam legislation.

• Discussed potential opportunities and initiatives under the Minister of Health’s directive for all health regulatory colleges to examine how they can enhance transparency with the public of Ontario.

• Received an update as part of CCO’s continuing due diligence in looking for a future home.

• Discussed CCO’s continuing assessment of its technology requirements, including potential options for moving towards paperless meetings.
WeL coMe to ne W coUncil AnD non-coUncil MeMBeRS

DR. BRUCE LAMBERT

When he began chiropractic care at the age of 10, it took about a year for Bruce to know that he wanted to be a chiropractor when he grew up. Bruce graduated from the University of Western Ontario and completed a chiropractic education at Parker College of Chiropractic in Dallas, Texas. In 2000, he moved back to Canada and began practice in Port Credit and Mississauga, where he continues to run a family practice “from newborns through to centenarians”.

Bruce and his wife, Jennifer, have two wonderful children, Grayson (9) and Abby (6). In addition to delivering his children to their various activities, he finds time to curl, cycle and volunteer as a Cub Scout Leader.

“CCO plays an important role in Ontario, ensuring the public’s right to safe, effective and ethical chiropractic care. I am honoured to have the opportunity to serve on CCO Council and carry on this important mandate. From a personal perspective, I feel that this is a chance for me to give back to the profession that has given me so much.”

DR. DAVID STARMEr

A graduate of CMCC, David has helped grow a large family care practice in Etobicoke (Toronto) alongside a diverse array of health care specialists. He is a former professional BMX (bicycle motocross) racer who represented Canada in the World Championships in 2001 and has, through his connections in the sport, been able to integrate chiropractic care in several growing cycling and motocross-related sport disciplines.

In 2008, David became an instructor at CMCC in the Clinical Diagnosis and Clinical Education and Chiropractic Therapeutics departments, and has been recognized by both faculty and students for his passionate teaching style. In 2011, he was also appointed Chair of the Faculty Council. David has completed a master’s degree in health studies.

David has been married to his wife, Morgan, for five years. She has been very supportive of David’s involvement in the chiropractic profession, as well as his spare time activities, which include cycling, golf, snowboarding, and resistance training.

“I couldn’t be more excited about being elected for this position. I hope that my enthusiasm, diverse professional background, and graduate educational experience will lend itself well to Council. I am grateful for everyone who voted for me and I pledge to work hard to fulfill the CCO’s mandate.”
In September, CCO Council welcomed Ms Georgia Allan as a public member. Having previously served on Council several years ago, Georgia is well prepared to again take on this role, drawing on her experience on the Quality Assurance, Advertising and Patient Relations Committees, and a discipline panel.

Georgia was a long-time Ottawa resident until she moved back to Smiths Falls about 1 1/2 years ago. Her mother had passed away in 2002 and the family home beckoned when Georgia was no longer working full-time. Born and raised in Smith Falls, Georgia points out that “it’s somewhat of a change from Ottawa where I could simply hop on a bus” but she is adapting well!

Georgia’s 40-year career in the dental sector included office manager and reception roles where she had an impressive track record in collecting overdue accounts for her employer. These days, she’s cut back to a part-time position in a dental office, and is putting energies towards “settling in and being more active in the community.” An avid reader and book club member, Georgia also enjoys attending POPS concert performances at the National Arts Centre in Ottawa.

“I thoroughly enjoyed my previous term as a public member and am thrilled to be part of CCO Council again. A supporter of chiropractic, I will continue to do my best to ensure the public interest is well represented.”

First appointed as a public member on CCO Council on January 1, 2005, Mr. Martin Ward retired from CCO on December 31, 2014. CCO would like to express its sincere appreciation to Mr. Ward for his commitment to representing the public interest and actively embracing various roles on committees, including serving as Treasurer and public member extraordinaire on ICRC.

“I would like to recognize the significant commitment of the many people I met during my appointment at CCO. It is important to know that the chiropractors with whom I served on Council are devoted to their profession and to helping the people of Ontario. They give a lot of their time, effort and energy. The Registrar and staff team are all dedicated to supporting Council and implementing its decisions, and it was a pleasure working with them. Over the years, I also met interesting public members who represented a broad spectrum – geographically and professionally – from across Ontario and brought important perspectives to our discussions. Their input was essential in ensuring that we achieved our collective goal in upholding the public interest.”
Under the RHPA, the CCO committee structure includes the appointment of chiropractors who are not elected members of Council to various CCO statutory committees, task forces and working groups. Council makes these non-Council appointments at the beginning of each Council year. Eligible chiropractors must be members in good standing.

Council expresses its appreciation to all of the non-Council members who generously give of their time and expertise in upholding CCO’s mandate in protecting the public interest.

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. DANIELA ARCIERO

Daniela is a graduate of New York Chiropractic College and interned at the Veteran’s Affairs Medical Centre in Miami, Florida treating active duty and retired military personnel. Since 2011, she has practised in the Bolton and Woodbridge communities treating patients of all ages using an array of techniques.

Daniela and her husband, Dominic, have an active life with their one year old daughter, Sophia, and look forward to welcoming their second child.

“I have a firm belief that much can be done to advance the position of chiropractic in the public eye through continued patient education. Having attended several Council meetings over the past few years as an observer, I have become familiar with the important issues facing our profession. I am honoured to serve as a non-Council member on the Patient Relations Committee, and look forward to assisting in the CCO’s work for the betterment of patients, the public and members alike.”

Mr. Dominic Stalteri and Dr. Daniela Arciero

DR. ROBERTA KOCHE

Roberta has been practising chiropractic for the last 36 years and has served in a number of leadership positions including Past President of the Ontario Chiropractic Association, CCO Council member (from 1994 – 1997), and director on the Board of Governors of CMCC (from 1986 – 1987). She has served the public interest by being a peer assessor for the Quality Assurance program since 2001 and by being a non-Council committee member on the Discipline Committee since 2013.

“I have the honour of continuing to serve the public as a peer assessor and the profession as a non-Council member of the Discipline Committee. The self-regulation of the profession requires members of the profession to participate in the complaints and discipline process, which ensures a thorough and fair investigation of any allegation of professional misconduct or incompetence. Helping to ensure public accountability and trust in the self-regulation of chiropractors has been – and continues to be – important to me.”

Dr. Roberta Koch and Mr. Keith Hall
DR. VIKAS PURI

Vikas has been the clinic director of the Brampton Health Centre for 12 years. In addition to his professional practice, he has served on the board of directors of India Rainbow Community Services of Peel, a non-profit charitable organization, and is currently the chair of the Parents’ Association of his son Ishaan’s school. Vikas is keen on supporting the chiropractic profession in serving the public interest, and is enthusiastic about playing a leadership role in making a positive contribution. In his spare time, Vikas’ hobbies include spending time with his son, practising meditation and yoga, working out at the gym, and playing hockey.

“I am excited and honoured to be serving my peers in the self-regulation of our profession. It is even more gratifying knowing that I have become part of a process involved in upholding the public interest and our profession’s code of conduct. Ensuring that our profession is dutifully following ethical and moral practices and procedures, as well as complying with our standards of practice, is something I am deeply passionate about.”

MEMBER SINCE 2013

DR. JOEL WEISBERG

Dr. Weisberg practises in a multi-disciplinary clinic. He has been engaged in community service throughout his career, and volunteered his time in various roles to the profession to help improve the delivery of chiropractic care and the experience that patients receive.

“The Quality Assurance Committee’s responsibility is to develop programs that help establish, maintain and improve the knowledge, skills and competency of chiropractors in Ontario. These programs must protect the public and provide necessary assurances to government. My experience is that programs such as the peer assessment program have been a win-win for quality assurance. It is my opportunity and privilege to further contribute by serving on this committee.”

MEMBER SINCE 1999

DR. HEATHER JONES

Dr. Heather Jones has been re-appointed to the Discipline Committee after serving her first appointment with the Quality Assurance Committee. Heather has been a non-Council member at CCO since 2009.

Heather brings considerable experience to the Discipline Committee, both from the perspective of her own professional practice in Milton and her strong commitment to serving the public interest through the regulation of chiropractic in Ontario.

RE-APPOINTMENT TO DISCIPLINE COMMITTEE
FORMER NON-COUNCIL COMMITTEE MEMBERS RECOGNIZED

Council expresses its appreciation to Dr. Michaela Cadeau and Dr. Douglas Pooley who have generously given of their time and talents in serving respectively as non-Council members on the Discipline Committee and the Patient Relations Committee. They have now “retired” from those committees and will be pursuing new interests. CCO wishes them the best!

DR. MICHAELA CADEAU

Michaela’s career as a chiropractor spans 32 years in general practice in Almonte and several years in the 1990s undertaking locums in a variety of places. Her “retirement” from CCO marks the end of her second nine-year term as a non-Council member and which includes serving on the Discipline Committee and on many discipline panels. Other past contributions include working for the Chiropractic Review Committee and, prior to that in the 1980s, working for the Board of Directors of Chiropractic in the advertising and complaints area.

With her newly found “spare time”, Michaela expects that her cottage will continue to be the attraction in the summer months and Barbados will be high on her list of winter escapes. In between, her garden will need attention!

Michaela’s contribution to enabling CCO to fulfill its mandate was significant and is sincerely appreciated.

“It has been an honour and a privilege to work with many dynamic chiropractors who are committed to serving their profession and upholding the right to self-regulation. In many ways, I have benefited immensely from the learning experience and appreciate the opportunity to serve the public interest.”

DR. DOUGLAS (DOUG) POOLEY

Doug was first elected to Council in 2008. Soon after, he shared his reasons for running for Council in an article in the August 2010 issue of ChiroPractice entitled “Top Five Surprises of a Council Newbie”. More recently, Doug shared his practical and day-to-day experience as a hard-working chiropractor while he served as a non-Council member on the Patient Relations Committee.

Doug has been in practice for 34+ years and lectured nationally and internationally. He has served as a board member for Big Brothers, Big Sisters, and on the Honours and Awards Committee for the City of St. Thomas.

Outside of chiropractic, Doug’s loves are his wife, Patti, his children, Nick and Tara, his motorcycle (“Bob”), keeping fit, and travelling to new and interesting locales. On the short-term agenda is a motorcycle tour in Ecuador in March 2015.

Doug’s wisdom, enthusiasm and sense of humour will be missed at CCO.

“I have been so blessed to be a part of our wonderful healing profession. Thank you for the honour of allowing me to serve.”

THANK YOU!

CCO thanks all members who submitted their names and expressed an interest in participating in the self-regulation of the chiropractic profession.

Interested in serving as a non-Council committee member?

If you would like to be considered for a future appointment as a non-Council committee member, please submit a letter of interest to the Registrar, including a brief résumé and other pertinent information. Appointments are usually made at the first duly constituted committee meeting after the general elections (usually in April).
Our whole life is solving puzzles.
Erno Rubik (inventor of the Rubik’s Cube)

Across
3. Structure of the body which joins two bones
5. On the wall of a member’s office
7. S-001 describes this
10. In practice and not retired
11. Adhering to standards of practice, policies and guidelines
13. Is always professional and must be up-to-date
17. Having the necessary skill or knowledge
18. A partner word to “Legislation”
20. Bill 70 covers this type of patient
21. Timeframe for completing CE
22. 9 professional + 7 public members = CCO ___
23. On the edge, as in S-007
24. A responsibility for all health care professionals

Down
1. Patient group in S-009
2. Building this is important
5. Talk to CCO’s Manager of Inquiries, Complaints and Reports about this
6. What chiropractors do in their practice
8. Patients are keen to know this
9. ___ and Practice Assessment
12. S-012 topic
14. First word in PHIPA
15. CCO is a ___ regulatory college
16. Protected from harm
19. How to describe patient files and record keeping practices
24. ___ of conduct

For the answers, see page 42.
Canada’s anti-spam law came into force on July 1, 2014 and is entitled An Act to promote the efficiency and adaptability of the Canadian economy by regulating certain activities that discourage reliance on electronic means of carrying out commercial activities, and to amend the Canadian Radio-television and Telecommunications Commission Act, the Competition Act, the Personal Information Protection and Electronic Documents Act and the Telecommunications Act.

The goal of the legislation is to protect Canadians from spam while ensuring that businesses can continue to operate efficiently and effectively. Prohibitions under the new laws include:

• Sending of commercial electronic messages without the recipient’s consent (permission), including messages to email addresses and social networking accounts, and text messages sent to a cell phone;
• Alteration of transmission data in an electronic message which results in the message being delivered to a different destination without express consent;
• Installation of computer programs without the express consent of the owner of the computer system or its agent, such as an authorized employee;
• Use of false or misleading representations online in the promotion of products or services;
• Collection of personal information through accessing a computer system in violation of federal law (e.g., the Criminal Code of Canada); and
• Collection of electronic addresses by the use of computer programs or the use of such addresses, without permission (address harvesting).

The three government agencies responsible for the enforcement of the law are the Canadian Radio-Television and Telecommunications Commission, the Competition Bureau and the Office of the Privacy Commissioner.

Please visit fightspam.gc.ca/eic/site/030.nsf/eng/home for information about the law, how to comply and frequently asked questions.

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 www.labour.gov.on.ca/english/hs/training/supervisors.php and workers 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.
CCO made several amendments to standards of practice, policies and guidelines in 2014. 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 updated documents:

**Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs (formerly Technical and Interpretative Components for X-ray)**

Council approved several substantive amendments to Standard of Practice S-O06: Ordering, Taking and Interpreting Radiographs, following distribution and feedback from members and stakeholders. The most frequent feedback that the QA Committee considered was clearly separating the standards expected of those members who take their own x-rays from those who only order x-rays from other facilities. The amendments to the standard of practice include:

- Renaming the standard to more accurately reflect the requirements for ordering, taking and interpreting radiographs;
- Separating the requirements of those members who only order radiographs from those who take their own radiographs;
- Including a section on the procedures for selecting patients, ordering, taking and analyzing the results of radiographs;
- Including a section on x-ray safety and quality assurance for those members who take their own radiographs; and
- Updating the legislative context section and ensuring consistency of language with other CCO standards of practice.

**Standard of Practice S-012: Orthotics**

Council approved several amendments to Standard of Practice S-O12: Orthotics, following distribution of the draft amendments for feedback. These amendments include:

- Adding a section on “Dispensing Orthotics to Patients” to provide standards on dispensing, instructing and following up on providing orthotics to patients;
- Amending the section relating to issuing receipts only for payments that have been received; and
- Ensuring consistency of language with other CCO standards of practice.

**Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information**

Council approved the recommendation from the Quality Assurance Committee to change the former Guideline G-017 into a standard of practice. While Standard of Practice S-O02: Record Keeping focuses on the information that is to be included in the record of personal health information, the new Standard of Practice S-022 addresses the standards for maintaining records, including:

- How to determine who is the owner of the record;
- Who is responsible for the maintenance of the record in a multi-DC or multi-disciplinary practice and how to draft an ownership agreement regarding ownership;
- How to store and secure both physical and electronic records;
- How to ensure that confidentiality and privacy of records are maintained; and
- What to do with records in the case of dissolution of practice or leaving a practice.

There have been a number of inquiries and complaints related to ownership of records and patient access to records, especially in situations of the dissolution of a multi-DC or multi-disciplinary practice. Please consult Standard of Practice S-022 for the standards expected of members in these situations and advice on how to avoid disputes in such situations by planning ahead.

**Guideline G-005: Guidelines for Members concerning Office Staff**

Council approved recommendations from the Patient Relations Committee to amend Guideline G-005. The amendments focus on appropriate practices to ensure the member is responsible for the actions of his/her office staff and to prevent staff from providing treatment advice to patients without the direction of the member.

**Guideline G-010: Mandatory and Permissive Reporting**

Council approved recommendations from the Patient Relations Committee on a new guideline, outlining the reporting obligations of members. Although there is an overall duty of confidentiality of privacy of personal health information, there are several legislative exceptions where there is a greater public interest in disclosing this information to prevent a harm, summarized in this guideline.

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.
Inquiries, Complaints and Reports Committee Report

By: Dr. Brian Gleberzon, Chair

Current Trends, Concerns and Solutions

The primary function of the Inquiries, Complaints and Reports Committee (ICRC) is to be the gatekeeper for CCO. When a complaint is launched against a member, it is the ICRC that is vested with the statutory authority to investigate it and consider the seriousness of the allegation(s), their provability, and whether or not it is within its jurisdictional ambit. The ICRC has considerable authority to dispose of the matter in a number of ways, ranging from taking no further action all the way to referring it to discipline. Over the past few years, those of us who serve on the ICRC have noted a number of emergent trends and it is important to share this information with members so they may govern themselves accordingly.

As the result of changes in legislation in the automobile industry in Ontario, there has been a sharp decline in the number of complaints against members with respect to independent chiropractic evaluations. We have not noticed any changes in the number of allegations of sexual misconduct, with the number of complaints launched against members being consistently low and typically only two or three a year. We have also noticed that files sent to us during the investigative stage of a complaint exhibit overall improvements in record keeping, which is undoubtedly a reflection of the success of CCO’s Record Keeping Workshop and the Peer and Practice Assessment program.

That said, the members of the ICRC have noticed some issues of concern are on the rise. The number of allegations of improper billing practices has increased - particularly allegations that a chiropractor has erroneously calculated any refund owed to a patient who prepaid for care plans and then decided to terminate care early. Members are reminded that if a patient has prepaid for a care plan and received a discount for services by doing so, any refund the patient requests must be calculated based on the discounted amount the patient was offered and not the “regular” office fee, in accordance with Guideline G-008: Business Practices. Moreover, patients are entitled to receive the refund in a reasonable period of time (certainly less than 30 days) and a chiropractor is not permitted to deduct a portion of the refundable amount as an “administrative fee”, which often involves little more than writing a cheque to the patient.

Also with respect to billing practices, we continue to receive a significant number of complaints from patients who were confused by the office fee schedule. Patients have filed complaints alleging that they were unaware how much each treatment costs, what services were included in a prepayment care plan package, what the chiropractor’s office policy was with respect to charges for a missed appointment, and some patients allege the chiropractor did not advise them they could pay on a per-visit basis. Lastly, some patients allege they were misinformed about their obligations to pay for any services not covered by their insurance carrier.

There continue to be allegations from patients with respect to the chiropractor improperly obtaining informed consent from them. Specifically, patients allege that the member did not sufficiently explain the risks, benefits and alternatives to a proposed care plan. There are also allegations that the patient did not understand what they were consenting to; this is often the result of language barriers between the doctor and the patient.

There have been a number of cases before the ICRC that involve providing the patient with a consent form in English, which is either not the patient’s first language or the language in which the patient is versant or comfortable. This essentially nullifies the consent process since a patient must understand what they are consenting to. If a substantial number of a member’s patients speak a language other than English, it would be advisable to present those patients with a consent form in their native language. The cost to translate an informed consent form would be relatively negligible. Members are also advised that it is inadvisable and insufficient to have the patient sign a consent form in the waiting room during the intake process, prior to conducting a patient interview or physical examination (please see the joint ICRC – Patient Relations Committee’s article on page 36).
Lastly, there continue to be complaints launched against members alleging fraudulent billing practices. These complaints are often made by investigators from insurance companies after a random audit of submitted claims by either a patient or, more commonly, by the doctor. Patients, when asked to confirm their attendance a member’s office, often state to the insurer that they never attended on the dates claimed by the chiropractor, or that they have never met the chiropractor at all.

It does happen that there are legitimate billing errors made to third-party payors. However, blaming computer programs or office staff errors are not sufficient excuses for billing mistakes since, at all times, a member is ultimately responsible for all information that leaves his/her office.

Not only that, but allegations of fraud against members cause many problems, and not only to that member but also to the profession at large.

If found to be true, fraudulent activities by members undermine the trust third-party payors have with chiropractors, since claims are made on a good-faith basis. If third-party payors perceive members of a profession are not generally submitting legitimate claims for services, they may discontinue covering some (or all) services for their clients. The chiropractic profession has already witnessed reduced coverage for orthotics and acupuncture treatments. The impetus for reduced coverage for services provided by chiropractors is often perceived as billing abuse and fraud.

In summary, the number of complaints launched against members to the ICRC continues to be very low – typically less than 100 a year. There are over 4,500 active members in Ontario, and it is not uncommon for the same member to be the subject of several similar complaints in a year. Even so, there are strategies available to chiropractors to reduce that number still further. Members ought to adhere to Guideline G-008: Billing Practices, they should exhibit an overabundance of caution when it comes to obtaining informed consent from their patients, they should check, re-check and check again that all information leaving their office is accurate, and they should at all times remember they have responsibilities not only to their own practice activities but to the profession as a whole. If chiropractic services are no longer covered by third-party payors, this may dissuade patients from seeking out chiropractor care, and that is certainly not in the best interests of the people of Ontario.

### Extract from the Chiropractic Act, 1991

**What a panel may do**

26. (i) A panel, after investigating a complaint or considering a report, considering the submissions of the member and making reasonable efforts to consider all records and documents it considers relevant to the complaint or the report, may do any one or more of the following:

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 or the report.
2. Refer the member to a panel of the Inquiries, Complaints and Reports Committee under section 58 for incapacity proceedings.
3. Require the member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the health profession Act, this Code, the regulations or by-laws.

### Quality assurance

(3) In exercising its powers under paragraph 4 of subsection (1), the panel may not refer the matter to the Quality Assurance Committee, but may require a member to complete a specified continuing education or remediation program.
ICRC is the body within CCO to which all complaints or concerns involving a chiropractor registered in the province of Ontario are referred. The four-member committee is composed of three CCO Council members (two chiropractors and one public member) and one chiropractor who is a non-Council member. The primary task of the ICRC is to decide if a case is serious enough to merit referral to the Discipline Committee.

In cases concerning fraud, malicious behavior, sexual misconduct, practising while under suspension, failure to communicate, or an egregious breach of a CCO standard of practice, the ICRC invariably considers referring the matter on through the discipline process. If as a result of this process the chiropractor is disciplined, then the information is published on the CCO’s public register and in the annual report. Discipline likely means a fine or the suspension of a licence to practice.

When the ICRC decides that the action on the part of the chiropractor does not merit referral to discipline - but rather reflects on his/her part, for example, a lack of judgment, or a need for greater familiarity with the standards of practice, policies and guidelines governing the profession, or for improvements in the service offered to patients - the disposition of the case will be addressed by the ICRC. During their deliberations, the committee members will have to decide if there is no substance to the complaint/concern (meaning no further action) or if there are issues that need to be addressed. When addressing such issues, the options available to the ICRC are to remind, advise or caution the chiropractor (in writing or orally), depending on depth of substantive information the committee members have before it relative to the complaint/concern. Any previous history of the chiropractor with the CCO is also reviewed during the deliberations of the ICRC.

All options are considered to be remedial rather than disciplinary - the ICRC is not a disciplinary body. Rather, the ICRC is a body that first identifies a deficiency in a chiropractor’s practice through the complaints process, and then brings the deficiency to the attention of the chiropractor such that he/she may improve his/her practice in the public interest. ICRC decisions are more of a heightening awareness/educational nature rather than a disciplinary nature. The chiropractor is not disciplined and therefore the information is not published on the CCO’s public register or in the annual report.

An important difference between the process followed by the ICRC and the process followed by the Discipline Committee is that the ICRC relies entirely on written input, whereas the discipline process is more judicial in nature. In its deliberations, the ICRC only considers complaints/concerns submitted in writing and then relies on written communication with both the complainant and the chiropractor. The exception is when the committee feels it needs more in-depth material and then the Registrar is asked to appoint an investigator. The investigator will meet personally or by phone with the parties involved and also have direct access to clinics, files, and potential witnesses. Further to the investigation, a written report will be submitted to the ICRC.

The nature of the process reflects the different expectations of the ICRC and the Discipline Committee. The ICRC is tasked with analyzing written submissions to see if there is sufficient concern to refer a matter to discipline or, if not, to identify any deficiencies in chiropractic practice arising from a complaint/concern and address such deficiencies in a remedial fashion. The Discipline Committee is tasked with pursuing a judicial process to determine if a chiropractor should be disciplined for his/her actions.

As an additional precaution to the decision-making process of the ICRC, the chiropractor or the complainant may appeal a decision made by the committee to the Health Professions Appeal and Review Board (HPARB).
There has been a concern expressed through the media that it is in the public interest for decisions of the ICRC to be publicly available, in addition to the decisions of the Discipline Committee, which are already available. The focus is on cautions which the ICRC uses when there are particular concerns about a deficiency in a chiropractor’s practice, the need for emphasis in educating the chiropractor about the deficiency and on the importance of remediation. Because there is no judicial accountability in the ICRC paper-based process, because the decisions of the ICRC may be appealed to HPARB, and because, once the ICRC has determined that a case does not merit referral to discipline, the committee focuses on remediation within the profession – it is understandable why the decisions of the ICRC are not publicly available. The public interest is well served by an ICRC that always refers serious cases onwards through the discipline process - that makes well-reasoned decisions with respect to the disposition of all other cases – and that through a careful consideration of the history of the chiropractor named in a given referral continuously monitors the effectiveness of any past advice, reminder or caution.

CCO PROSECUTES INDIVIDUALS FOR UNAUTHORIZED PRACTICE

To view examples of court orders for unauthorized practice, go to the CCO website under “Unauthorized Practice” to read the court orders against Aron Airall, Lloyd Anthony Deutscher, Marc André Fortier, and Thomas Manzuk.

The most recent prosecution for unauthorized practice was against Stephen Dies. The December 30, 2014 decision by Madam Justice Stewart can also be found on the website. CCO sought an order that Stephen Dies be found in contempt of the Order of Smith J. made on May 19, 2006, which prohibited him from using the title “doctor” or “chiropractor”, holding himself out as a chiropractor, and performing any controlled acts. Despite his undertaking to comply with the 2006 Order, Stephen Dies “continued to breach the terms of the settlement and the 2006 Order by continuing to operate a full-time chiropractic practice”. The penalty hearing is pending.
“ET PATIENTIS DECERNERE” – LET THE PATIENT DECIDE

By: Dr. Brian Gleberzon

We had all heard the expression caveat emptor – “let the buyer beware”, and we may know the expression “credat emptor” – “let the buyer have faith” – but in health care, there is another expression that should be championed: “et patientis decernere” – let the patient decide. And here’s why...

Imagine a buying decision – a car, an electronic device, a new suit – and, after choosing what you think is right for you, the salesperson says “sorry, we can’t let you proceed until we consult with your spouse”. Now imagine this decision involves your health care and the salesperson is a chiropractor.

The ICRC has noticed an upward trend in the number of complaints from people who are displeased with the office policy and procedures of some chiropractors who require that, prior to the commencement of treatment, a patient attend an educational seminar with a spouse or significant other AND this other person be in attendance during the Report of Findings (ROF). The ROF is the clinical step between assessment and treatment, during which the chiropractor explains the patient’s problem to the patient (diagnosis) and how the chiropractor thinks it ought to be effectively managed (treatment). It is during this clinical step that the patient’s informed consent is obtained. Traditionally, and by legislation, the discussion of the person’s health is a private matter between the chiropractor and patient since it is the patient who is the final arbiter in deciding whether or not he/she agrees to begin the chiropractor’s proposed plan of management.

The root of the patient’s complaint against the chiropractor is that the patient feels they have been patronized and treated as if they were a child. The patient wonders why they need to attend an educational group class to hear about the chiropractor’s ideology along with other potential patients and, more troubling, why anyone else has to hear about the most private and personal information they own: their health care.

Chiropractors who enforce this office policy will not allow a patient to begin care unless they agree to it. The chiropractor argues that, since the patient may require a lengthy and costly treatment plan and may have to refrain from certain household activities during therapy, the spouse should be “on board” prior to the commencement of care.

Now the patient is baffled and upset. First, the chiropractor is forcing them to attend a group session that has nothing to do with the patient’s personal plan of care. Secondly, the patient is compelled to breach his/her privacy and confidentiality by having their spouse attend the ROF. Thirdly, the chiropractor is unwilling to proceed, despite having impressed upon the patient the seriousness of the patient’s problem. Lastly, the chiropractor may refuse to begin care if the patient does not agree to comply with the chiropractor’s pre-conditions, even though the chiropractor and patient agree what the patient’s problem is and how it can be effectively managed.

Patients have been refused treatment for not submitting to a chiropractor’s demands, even after the patient has paid for the original assessment. Some patients are quite embarrassed about sharing their personal health information with their spouse and in some cultures it is common practice that spouses shield bad news from each other. However, in all circumstances patients often ask themselves why the chiropractor insists they bring their spouse to these meetings as a thinly-veiled plan of patient solicitation.

Patients ask the ICRC: “Aren’t I in charge of my own health care decisions? Can’t I decide how I’d like to proceed?”

In Ontario, there currently is no regulation, standard of practice, guideline or policy preventing chiropractors from obligating a patient to bring a spouse to an educational session with other prospective new patients or to the ROF as a precondition of being accepted into the chiropractor’s practice. As a matter of practicality and good faith, a practitioner who has these types of office policies and procedures may want to reconsider their reasonability and consider that if the table was turned, they would want the ability to maintain their privacy and confidentiality and be able to make their own health care decisions.

By allowing the patient to be an equal partner in their own health care decision, the patient feels empowered rather than feeling condescended, and this ought to be at the core of the doctor/patient relationship.
COMPLAINTS PROCESS HOLDS MEMBERS ACCOUNTABLE

By: Dr. Brian Gleberzon

The complaints process of a licensing body serves a vitally important role in the self-regulatory privilege the chiropractic profession currently enjoys. The ICRC is invested with the authority to consider and investigate complaints filed against chiropractors (members) and functions as a gatekeeper for the College. Once authorized to proceed, the ICRC carefully considers each allegation of wrongdoing contained in a complaint and decides the most appropriate course of action for each one. In rendering its decision, the ICRC must at all times consider not only the member’s prior history but it must bear in mind that the committee is bound by the four corners of the complaint itself and is limited by the statutes of the RHPA as well as its interpretation derived from relevant case law. Moreover, at all times the ICRC must act in accordance with the overarching precepts of procedural fairness, deliberative secrecy, administrative transparency, progressive discipline and natural justice. And, most importantly, the ICRC must uphold the primary mandate of the College – to protect the public interest.

Complaints are launched against members from a variety of sources; these include patients, insurance companies, other chiropractors, and other health care professionals. Complaints of professional misconduct or incompetence against members run the gamut from very serious allegations such as sexual abuse, fraud, causing injury or not obtaining a patient’s consent all the way to relatively minor transgressions such as not comprehensively explaining the cost or nature of the proposed care plan or being rude to a patient. Some complaints consist of matters over which the ICRC has no jurisdiction, most commonly disputes over payment (with the exception of issues that are captured under Guideline G-008: Business Practices) and disputes over contracts, such as associateship agreements.

But what if certain clauses do not exist in a contract or what if a contract does not exist at all? What if there is a dispute over the interpretation of a clause? What if a patient has a high outstanding balance on his/her account and doesn’t want to pay it? What if a member is employed by a clinic or other organization and there are concerns with respect to the member’s conduct and whether or not the chiropractor fulfilled his/her contractual obligation? What if a member is performing an Independent Chiropractic Examination (ICE) and – after being informed there are no signs or symptoms of a diagnosable condition requiring continued coverage under Workplace Safety and Insurance Board or accident insurance – the patient is furious?

These scenarios have all transpired. Some may have resulted in a complaint but in all cases, the ICRC’s mandate is to respond to complaints in a manner consistent with CCO’s legislative mandate under the RHPA.

The complaints process exists to ensure members are held accountable for their actions. Either an event warrants a complaint be filed with the ICRC or it doesn’t. If proven, an action is taken by the ICRC that must be proportional to the level of seriousness of the alleged transgression.

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References

In 2014, the coroner’s jury looking into the death of Jeffrey Baldwin, the five-year old boy who starved to death in 2002 while in the care of his grandparents, released 103 recommendations. Many of the recommendations focused on the need for improved information sharing among Ontario’s children’s aid societies and record keeping.

CCO members are reminded of their obligations in reporting particular events to the appropriate government or regulatory agency. Guideline G-010: Mandatory and Permissive Reporting clarifies the circumstances under which a member’s reporting duties are mandatory or permissive:

“Members have a legal and professional obligation to maintain the confidentiality of patient personal health information. There are circumstances, however, where members are either required or permitted to report particular events to the appropriate government or regulatory agency.”

Examples of situations where mandatory reporting is required:

- When a member has reasonable grounds to believe that a regulated health professional has sexually abused a patient.
- When a member who operates a facility where one or more regulated health professionals practise and the member has reasonable grounds to believe that a regulated health professional who practises at the facility is incompetent, incapacitated or has sexually abused a patient.
- When a member terminates or intends to terminate the employment, revoke, suspend or restrict the privileges or dissolves a partnership, health profession corporation or association with a regulated health professional for reasons of professional misconduct, incompetence or incapacity.
- Under the Child and Family Services Act, 1990, when a member has reasonable grounds to suspect that a child is or may be in need or protection.
- Under the Long-Term Care Homes Act, 2007, when a member has reasonable grounds to suspect that a resident of a nursing home or retirement home has suffered harm, is at risk of harm due to improper or incompetent treatment/care, unlawful conduct, abuse or neglect, or misuse or misappropriation of their money or funding.
- Under the Health Protection and Promotion Act, 1990, a member has an obligation to report certain communicable diseases to the local medical officer of health.
- Under the Occupational Health and Safety Act, 1990, members who conduct examinations on individuals in relation to employment conditions and hazards have a number of reporting obligations.
- Under the Personal Health Information Protection Act, 2004, a member may disclose personal health information only when there is a clear risk to an identifiable person or a group or persons, there is a risk of serious bodily harm or death, and the danger is imminent.

Please review Guideline G-010: Mandatory and Permissive Reporting and the corresponding legislation for more information on reporting obligations. In the event of a suspected reporting obligation, please contact CCO, your malpractice insurance provider or consult legal advice.
CONTINUING EDUCATION UPDATE

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

We have now passed the end of the second cycle of the upgraded continuing education (CE) program at CCO, with June 30, 2014 marking the end of Cycle 2. 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 Cycle 3.
• Be recording their CE activities in their Professional Portfolio using all the required outcome codes.
• Have completed and submitted their CE log for the cycle ending June 30, 2014. This log page was sent to each member, along with their 2015 registration renewal.

...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 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 material, 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 licensed 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.
In Conversation with CCO

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

There can be no better way to communicate than a face-to-face conversation. Over the years, various members of Council and staff have traveled around the province meeting with members of the profession in a variety of settings - from informal gatherings with several members at a local office to guest speaker platforms at society meetings.

CCO is committed to fostering open and clear dialogue on a variety of topics related to the regulation of the profession in this province. On June 10, 2014, Dr. Dennis Mizel, President, and Dr. J. Bruce Walton, Director of Professional Practice, traveled to St. Catharines to speak to a gathering of local chiropractors. While the event was hosted by the Niagara Chiropractic Society, the evening was open to all members of CCO. Drs. Mizel and Walton provided a lively update on numerous topics including: the CCO mission and strategic objectives, government relations activities, continuing education, peer and practice assessment and other quality assurance initiatives. They answered a range of questions from the audience and feedback about the evening’s event was very positive.

Great food and beverages were available and those members who attended were able to count some hours towards their structured continuing education activities!

If you would like an elected member of Council and a CCO staff member to attend your next gathering, give us a call. Events can be structured to meet your needs and whether it is a formal presentation or an informal question and answer period, CCO is prepared to come to you. Some suggested topics for discussion include:

• Current events around the Council table
• Interpreting and putting into action CCO regulations, standards of practice, policies and guidelines
• Government relations updates
• Quality assurance initiatives including CE and peer and practice assessment
• News from the ICRC and discipline

For more information, please contact:
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Core Competencies for CCO Members: A Fresh Look!

By: Dr. Bryan Wolfe, Chair, Quality Assurance Committee

In 2004, CCO initiated the Core Competency Project, the purpose of which was to develop, establish and maintain a description of the core competencies expected of every member of the profession in Ontario. CCO, in exercising its statutory mandate under the RHPA to regulate chiropractic in the public interest, views core competencies as an important step in ensuring the public of Ontario receives competent, ethical chiropractic care. In 2013, CCO began a process of revising this document, as it is understood that core competencies are dynamic and evolutionary.

In November 2004, CCO Council approved a revised version of the core competency document, which can be found on the CCO website at www.cco.on.ca. Like core competency documents in many other professions, it is intended to provide guidance in all aspects of chiropractic practice. While legislation, regulation, standards of practice, policies and guidelines lay out specific details related to how members should conduct themselves, the core competency document articulates the fundamentals that ground competent, ethical chiropractic care.

Once a member has graduated from an accredited chiropractic educational institution, passed the clinical competency and written examinations, and becomes licensed, he/she is considered competent. The impetus for the initial development of core competencies stemmed, in part, from CCO’s conviction that there is a significant public interest in ensuring members continue to be competent throughout their chiropractic career.

On becoming registered, members have the right to call themselves chiropractors and to practise chiropractic within the scope of practice identified in the Chiropractic Act, 1991, and further outlined in Standard of Practice S-001: Scope of Practice. In assuming the right to practise, members also assume the responsibilities associated with this right, including the responsibility to maintain competence. Members are accountable for their own practice and for implementing professional development activities based on continuous self-assessed learning needs.

The public must feel confident that members, who demonstrated entry-level competencies when they received their initial registration, continue to be competent for as long as they are in practice. Further, the public should reasonably expect some level of consistency of experience when going to different members for chiropractic care.

The core competencies reflect the knowledge, skills and judgment members need in order to perform the services and procedures within the scope of practice of the profession. Members assure the public that they are practising safely, effectively and ethically by demonstrating these core competencies. This document, along with CCO’s regulations, standards of practice, policies and guidelines, provides a model to ensure safe, effective and ethical outcomes for patients, and assists the public in assessing quality of care.

The following are the accepted core competencies, as approved by CCO Council on April 23, 2014:

Competent, professional doctors of chiropractic...

1. **Apply** current legislation, regulations, standards, policies and guidelines in all aspects of their professional practice.

2. **Practise** ethically, within their scope of practice and in a manner consistent with their education and expertise.

3. **Demonstrate** clinical competency by practising in a patient-centred manner and by maintaining accurate, complete records.

4. **Employ** relevant, safe, supportive evidence-informed best clinical practices and ethical, socially-responsible business practices.

5. **Facilitate** collaborative inter- and intra-professional relationships.

6. **Communicate** effectively in a culturally sensitive manner.

7. **Commit** to the lifelong self assessment of their
skills and continuous improvement in all areas of their professional life.

The core competency document includes a section entitled: “What to expect when attending a chiropractor appointment… an application of the core competencies”. It is anticipated that this will provide further guidance for members as they review and implement the core competencies.

CCO would like to emphasize that members are responsible for their own continuing competence as outlined in Standard of Practice S-003: Professional Portfolio.

CCO intends the core competency document to outline guiding principles for members, and to be of assistance to CCO committees in exercising their respective statutory responsibilities (including the Quality Assurance and Inquiries, Complaints and Reports Committees). It is also intended to move towards standardizing the chiropractic experience for patients and their families in Ontario.

CCO recognizes and supports the evolution of the profession, but emphasizes that:
- Patient protection and improved patient outcomes are critical;
- Patients must know and understand what is and will be done to them in a member’s office; and
- Members must know and understand that they operate within a statutory framework.

CCO also recognizes that professional competence can be recognized in a number of ways. Building on a number of definitions of competence, authors Epstein and Hundert (Journal of the American Medical Association, January 9, 2002:Vol. 287, No. 2) propose that professional competence is “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served”.

Updated Self-Assessment Documents

CCO has updated the self-assessment questionnaire and plan of action summary sheet to reflect current standards of practice, policies and guidelines.

You can access updated PDF and fillable Word versions in the Self Assessment section of CCO’s website.
Patient Relations Committee Report

By: Dr. Patricia Tavares, Chair

Many members have written to the CCO to inform us that the Royal College of Dental Surgeons of Ontario has received government approval in allowing dentists to treat their spouses.

I would like to assure members of the chiropractic profession that the CCO Patient Relations Committee has actively worked through the process of proceeding with the matter of spousal exemption, recognizing that the decision is a difficult one. The following issues were considered in making recommendations to the Executive Committee and Council:

• Does a power imbalance exist between a doctor of chiropractic and his/her patient?
• Can objectivity be maintained when treating a spouse?
• What standards for record keeping would have to be in place to ensure protection for the spouse (who is a member of the public)?
• Should the time of the chiropractic encounter be recorded in the file with a confirmatory signature by the spousal patient?
• Should chiropractors be allowed to bill for spousal treatments?
• Would files need to be kept in an office situation as per the records of other patients?
• Should a spousal patient be treated in an office situation just like other patients?
• Should it be mandatory for peer review assessments to include a spousal file review?
• Should the signature of a patient be obtained to verify that the spouse is, in fact, a spouse?

All of these considerations were included as part of the draft standard of practice, and are being assessed as part of the broader stakeholder discussion. The Patient Relations Committee also looked at what other health regulatory colleges in Ontario are doing.

With this newsletter, CCO is distributing a draft regulation and standard of practice for circulation and feedback, which proposes to exempt the treatment of spouses by CCO members from the current definition of sexual abuse outlined in the RHPA, and outlines the expectations of members if they choose to provide chiropractic care to a spouse if such an exception is passed into law.

CCO reminds members that until a regulation is approved by CCO Council and the Ontario government, comes into law, and is published in the Ontario Gazette, the current sexual abuse provisions of the RHPA and Standard of Practice S-O14: 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 its ChiroPractice newsletter.

Please see more information regarding the draft spousal exception regulation and standard of practice in the distribution accompanying this newsletter and provide your feedback!
Report of Findings: An Important Event in the Doctor/Patient Relationship

By: Dr Brian Gleberzon, Chair, Inquiries, Complaints and Reports Committee
Dr. Patricia Tavares, Chair, Patient Relations Committee

“What we’ve got here is a failure to communicate.”


At their core, most complaints launched against a chiropractor are the result of poor communication. Confusion over fee schedules, the nature of services to be provided, expected outcomes of a course of care, the risks, benefits and alternatives to treatment, who will be providing the care, and even the intent of an independent chiropractic examination have all led to complaints being filed with CCO. Knowing this, the questions become: What can a chiropractor do to mitigate the likelihood of a complaint being launched against them? What can a chiropractor do to enhance the communication between him/herself and their patients who, after all, are entitled to know what is going to happen to them over the course of care?

Bearing that in mind, members are reminded good communication with patients is the key to protecting the public and protecting themselves. If handled professionally, proper communication strengthens the rapport being built between the member and the patient. The best time to do this is during the Report of Findings (ROF).

After performing a history and physical exam, and after developing a diagnosis (even a tentative one) and formulating a treatment plan, the ROF should then be provided to the patient. The ROF is perhaps the single most important event in the doctor/patient relationship.

The ROF serves to inform the patient of his/her diagnosis based on the history and physical examination. The member recounts back key comments made by the patient and key findings derived from the physical examination that led to the diagnosis. Based on that diagnosis, the member then can propose a care plan including a prognosis, schedule of treatments and expected timeframe for recovery. As importantly, the member will explain the nature of the treatment to the patient.

For example, during a typical ROF a member may say:

“You told me you were having sharp pains in your low back here (Author’s note: the doctor can use a plastic model of a spine to demonstrate the area on the patient’s body they reported was the area of his/her chief complaint). It is especially painful any time you twist to the right. The pain started suddenly a few days ago after you were gardening, and you never had this problem before. That same area was very tender to palpation and it felt stiff to me, especially compared to the areas around it. Fortunately, the other orthopedic tests I performed were all within normal limits.

I have diagnosed you with an acute, mild, mechanical dysfunction of the lower joints of your spine, with some muscle guarding. I plan on treating you using soft tissue therapy, mobilizations which are low force motions performed repeatedly in the same area within the active range of motion and also with spinal manipulation or spinal adjusting, which is similar to a mobilization except the joint is taken slightly beyond the active range of motion but not to the point where it can be injured. Spinal manipulation is often accompanied by a popping sound, which is referred to as a cavitation.

I will treat you twice a week for four weeks, and I will give you some stretches to do at home and some instructions on how to ice the area over the next few days. At the end of that time, we should see an 80 percent improvement in your range of motion, a 50 percent increase in the strength of your back muscles and an 80 percent reduction in your pain levels. Outcome measurement scores (Oswestry and NDI)
should show a clinically significant improvement as well. To determine this, I will do a re-evaluation of your condition at the end of four weeks, including performing some of the same tests that I did on you today. Depending on how you’re doing, we will decide how best to proceed.”

It is during the ROF that informed consent is obtained from the patient. Obtaining informed consent is not merely having the patient sign a consent form – it is a process that specifically details the nature of the care being provided (in the example above, mobilization and manipulations); who will be providing the care; and any risks, expected benefits and possible alternatives to the proposed care plan, thus allowing a patient to decide what is the best form of therapy available for him/her. Most importantly, this information must be conveyed in a manner that is understandable to the patient. From a legal perspective, consent cannot be obtained through fraud or misrepresentation; it must be voluntary, it is not necessarily transferable from one part of the patient’s body to another (for example, in the scenario above, the patient may consent to having his/her low back treated but that does not automatically mean consent is also being given to treat the patient’s neck), and it can be withdrawn at any time. This is especially true if the material risk of harm is greater in one part of a patient’s body than another.

Upon delivery of the ROF and explanation of the risks, a consent form should then be signed. The patient should be asked if they have any questions. At this stage, a fee schedule should be agreed upon and the patient should understand what the fee is for any of the treatment being provided.

An ROF ensures that the patient is fully informed of the diagnosis, care plan, risks, benefits and alternatives. The patient will be appreciative that the member has heard and understood his/her chief complaint and has a plan to address it. When done properly, “failures to communicate” are avoided and potential complaints often averted. If we were to summarize this into three words, it would be: communication is key.
Guidelines for Members Concerning Office Staff

By: Dr. Lisa Cadotte, Committee Member

Office staff and chiropractic assistants provide an essential service for chiropractors and are often the primary contact for patients in scheduling appointments, submitting claims to insurance companies and other patient interactions. Members, however, must always ensure that they are ultimately responsible for the actions of their staff and that staff do not go beyond their duties into the realm of providing or advising on health care.

Members have the privilege under the RHPA and the Chiropractic Act, 1991 to perform certain controlled acts. These acts are restricted to regulated health professions and must never be delegated to staff. As well, members must ensure that staff is competent and properly educated to perform the delegation of any public domain adjunctive treatments.

Members are also responsible for practising in accordance with CCO standards of practice. This means that all standards of practice relating to procedures in the doctor/patient relationship such as record keeping, consent, communicating a diagnosis, and providing a plan of care are the primary responsibility of the member. Members must ensure that staff do not provide health care treatment or advice to patients in person, over the telephone, through electronic communication or any other means, except as directed by the member.

Although staff may be the first contact point for patients when contacting the chiropractic office, any instructions or information provided to patients must always be as directed by the member. Members must also ensure that all policies relating to confidentiality and privacy, business practices, and patient communication are maintained.

Members are highly encouraged to review Guideline G-005: Guideline for Members Concerning Office Staff with their staff and assistants.

A CCO member since 1999, Lisa is a non-Council committee member on the Patient Relations Committee. She has worked as a locum and sole proprietor in the past, and now works part-time in a multi-disciplinary clinic. Lisa and her husband live in Burlington with their two young sons, and her spare time is devoted to completing her master’s degree in disability management, with a focus on chronic pain.
Registration Committee Report

By: Ms Judith McCutcheon, Chair

While many people think of the summer as a time of relaxation, waiting until after Labour Day to start the round of fall activities once school starts again, the summer is a busy time in registration. Graduates from all over Canada and the United States send in their applications to become registered as members of the College and start their careers in chiropractic. In July 2014 alone, the College welcomed 126 new registrants to the profession. All applications are carefully checked for completion and accuracy before being submitted to the Registrar for her 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.

All new registrants must pass the Legislation and Ethics Examination that evaluates their knowledge of the legal requirements to practise in Ontario. In June 2014, there was a pilot project on the examination to include ethical scenarios to assess a candidate’s ability to apply their understanding of ethical behaviour. Using a scoring rubric, candidates were marked on their answers to a series of questions about practice situations. The pilot project was a huge success and ethical scenarios will be part of the examination in the future.

Planning on taking a break from practice for a maternity or parental leave, a return to school, travel or caregiving? Be sure to contact Ms Maria Simas, Registration Co-ordinator, to see if a change to the inactive class of registration for the break in practice will benefit you.

Registration Statistics to January 29, 2015

<table>
<thead>
<tr>
<th>Registration Certificate Classification</th>
<th>Number of Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>4,375</td>
</tr>
<tr>
<td>Inactive</td>
<td>226</td>
</tr>
<tr>
<td>Retired</td>
<td>148</td>
</tr>
<tr>
<td><strong>Total Registrants</strong></td>
<td><strong>4,749</strong></td>
</tr>
</tbody>
</table>

In 2015, Toronto will host the Pan Am Games and Parapan Am Games and athletes from the Americas will gather to compete in a wide variety of sports. Chiropractors who accompany their athletes will need to apply for a temporary licence but will not need to pay the accompanying fee. Waiving this fee is CCO’s way of supporting the chiropractic community in the treatment of each nation’s team.

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Advertising Committee Report

By: Dr. Bruce Lambert, Chair

The Advertising Committee is a non-statutory committee of CCO that reviews proposed advertisements submitted by members and provides feedback on how these advertisements can comply with Standard of Practice S-016: Advertising, Guideline G-016: Advertising, and Policy P-016: Public Display Protocol. The Committee also develops and amends advertising policies.

In 2014, the Advertising Committee reviewed feedback on the proposed amendment to adopt wording relating to solicitation of business proposed by the Ministry of Health and Long-Term Care. The Committee foresees that CCO will adopt this wording, as it ensures any solicitation, no matter in what form, is appropriate to the chiropractic profession, and protects potential patients from undue pressure and the promotion of unnecessary products and/or services.

In reviewing this feedback, a number of other issues were raised and will be addressed throughout the course of the year:

• **Online discount advertising:** although elements of online discount advertising are addressed through provisions of the standard of practice, and have been reviewed at the complaints level, the Committee will develop further guidance on this issue in its advertising guideline. The Committee reminds members that any advertisement must be “presented in a professional manner that maintains the dignity of the profession”.

• **Use of testimonials:** Although certain types of testimonials are permissible, the Committee has reviewed member feedback and the standards of other professions, and will be revisiting this issue.

• **Websites:** Although members’ websites are considered an extension of the member’s office and not as advertising as defined by the standard, the Committee acknowledges that changes in technology and different uses of the internet may require a review of this section.

Any changes in policy will always have the consideration of the protection of the public interest as paramount and will be distributed to members and stakeholders for feedback.

The Advertising Committee has also reviewed a number of advertisements where members advertise services, techniques and procedures offered. This practice is permissible in providing the public with information; however, members should be cognizant of the following guidelines:

• All services, techniques and procedures advertised must be within the chiropractic scope of practice and compliant with Standard of Practice S-001: Chiropractic Scope of Practice.

• Advertisements may not claim superiority, make a comparison or endorse the exclusive use of a particular service, technique or procedure. Members should avoid wording that uses comparatives, such as “more” or “better”.

• Any information about services, techniques and procedures must be accurate, factual and verifiable, and be readily comprehensible to potential patients. The public should be able to gain relevant, understandable information to their health care needs and must not be misled or confused in any way.

• Members may not use the term “specialist” or “specializing in” unless it is in reference to a specialty recognized by CCO in Policy P-029: Chiropractic Specialties. Members may use terminology such as “interest in” or “focusing in” to describe other practice areas.

Please see Standard of Practice S-016: Advertising and Guideline G-016: Advertising for more information regarding the advertising of services, techniques and procedures.

In my time as Chair of the Advertising Committee, I have learned a great deal. One fact that CCO members should know is that the Advertising Committee is comprised of dedicated and knowledgeable individuals who are working hard to quickly reply to any advertisements submitted for review. The review
process ensures that an advertisement complies with Standard of Practice S-016: Advertising, which is in the public’s best interest.

I have also noted that if the process is in the public’s best interest, it is also in your best interest when it comes to investing in advertising. I would like to thank the CCO members who have submitted advertisements for review as well as the Committee members for all of their hard work, especially Dr. Larry McCarthy, a long-standing non-Council committee member.

A Professional Image At All Times

Members are reminded to be vigilant about consistently maintaining a professional image with the public.

The January 2015 suspension of 13 fourth-year dentistry students by Dalhousie University for inappropriate comments posted by them on Facebook is an important reminder about how inappropriate actions should be avoided. At all times, members should be cognisant of their comments and communications through social and other media - and, in the public interest, this means professionally and personally.

Updated Chirocare Binder

CCO Council has approved an updated version of the ChiroCare binder, which includes information about CCO, as well as all CCO regulations, standards of practice, policies and guidelines. The changes are stylistic, structural and non-substantive in nature, and help create consistency and uniformity in the appearance of CCO documents. You may download a digital version of the ChiroCare binder at cco.on.ca/site_documents/ChiroCare_-_Dec_9_2014.pdf, or access individual CCO regulations, standards of practice, policies and guidelines at cco.on.ca/english/Members-of-CCO/.

Please contact Ms Maria Simas, Registration Coordinator at msimas@cco.on.ca if you would like to order a hard copy version.
Council

6. (i) The Council shall be composed of,

(a) nine persons who are members elected in accordance with the by-laws;

(b) at least six and no more than seven persons appointed by the Lieutenant Governor in Council who are not,

(i) members,

(ii) members of a College as defined in the Regulated Health Professions Act, 1991, or

(iii) members of a Council as defined in the Regulated Health Professions Act, 1991.
Reminder:

*Have you provided your confidential email address to CCO?*

Members are required to provide a confidential email address to CCO to enable efficient and timely communication. 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 of registration are required to have a business address and phone 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.