

## 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.

Approved by Council:  
February 8, 2005

## CONTENTS

President's Voice	1
Acronyms	2
Registrar's Report	4
Election Results	5
New Council Members	6
Have you moved?	7
Council & Committee Composition	8
Committee Updates	
Advertising	9
Quality Assurance	10
Core Competency Project	15
Quality Assurance: Next Steps	16
Complaints Committee: A Message from the Chair	17
News and View from CRC	18
Collecting Debts: Privacy and Confidentiality Considerations	18
CCO's 2005 AGM	20
On the Road	21
HPRAC Report: Background and CCO's Response	22
For Your Information	26
Techniques, Technologies Devices, Procedures Submissions	28
Registry Update	29
Crossword	30
Welcome New Members	31
Council Meeting Highlights	32
Faxback [insert]	

# CHIROPRACTICE

College of Chiropractors of Ontario

September 2006

## President's Voice

In April of this year, the registrants of District 1 honoured me by requesting that I sit on the CCO Council for a third consecutive three-year term. I was then nominated and elected by Council members to the position of CCO president for 2006-2007. With a deep sense of duty and high resolve, I accepted this position.

To communicate with you as CCO president is both an opportunity and an obligation that I promise to take seriously, as I will do with all other responsibilities. Our regulatory system is designed to encourage similarities, differences and professional diversity, provided, of course, that every registrant conduct himself/herself according to the standards as set by the RHPA, the *Chiropractic Act* and CCO.

We recognize the importance of finding freedom in diversity and, at the same time, in unity, strength. The checks and balances that exist are designed to preserve the rights of all stakeholders - chiropractors, patients, government, allied health professions, etc. Ultimately, the privilege of self-regulation requires that CCO govern chiropractic to serve and protect the public interest. Our task is to weave from all these tangled threads a fabric of governance and progress.

CCO is not permitted the luxury of irresolution, and as registrants, neither are you. When you receive information from your regulatory body, we ask that you read it and take the information seriously. When you are asked to specifically respond to a letter, please understand that it is your responsibility to answer the request in a timely fashion. The responsibility of CCO is one of decision, for to govern is to choose.

I am grateful that in the coming months I can count on a wonderful team of dedicated individuals - staff, elected and appointed professional members, and appointed public members. Our distinguished Registrar is a courageous and tireless worker who brings knowledge and sense of fairness in all her dealings. If given the opportunity, please recognize these people.

It is not relevant what pressures, if any, may conceivably be brought to bear on me or on Council during the coming year. As stakeholders, you are entitled to know that decisions on any standard or policy are that of Council, and only after careful review of all issues and opinions. That is why you are asked to respond to all issues that govern the chiropractic profession in Ontario. Please choose to respond and make your opinions known. Our stakeholders (chiropractors included) expect more from CCO than cries of



**Dr. Gilles Lamarche**  
President

continued on page 3

# Acronyms

*The following is a list of commonly used acronyms used at CCO. The acronyms, and not the full name, appear in this newsletter.*

<b>Acronym</b>	<b>Full Name</b>
ACO	Acupuncture Council of Ontario
Act	<i>Chiropractic Act, 1991</i>
AGM	Annual General Meeting
AVCA	American Veterinary Chiropractic Association
BDC	Board of Directors of Chiropractic
BDN	Board of Directors of Drugless Therapy - Naturopathy
CAC	Chiropractic Awareness Council
CCA	Canadian Chiropractic Association
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCERC	Council on Chiropractic Education and Regulation of Canada
CCO	College of Chiropractors of Ontario
CFCRB	Canadian Federation of Chiropractic Regulatory Boards
Chiropractic Act	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
Code	Health Professions Procedural Code, Schedule 2 to the <i>RHPA</i>
COO	College of Optometrists of Ontario
CPGs	Clinical Practice Guidelines
CCPA	Canadian Chiropractic Protective Association
CPSO	College of Physicians and Surgeons of Ontario
CRC	Chiropractic Review Committee
<i>DPA</i>	<i>Drugless Practitioners Act</i>
FCSO	Financial Services Commission of Ontario
FHRCO	Federation of Health Regulatory Colleges of Ontario
FTP	Fitness to Practise
<i>HIA</i>	<i>Health Insurance Act</i>
HPRAC	Health Professions Regulatory Advisory Council
ICLA	International Canadian Lawyers Association
ICR	Inquiries, Complaints and Reports
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
OHIP	Ontario Health Insurance Plan
OHTN	Ontario HIV Treatment Network
<i>PHIPA</i>	<i>Personal Health Information Protection Act, 2004</i>
<i>PIPEDA</i>	<i>Personal Information and Protection of Electronic Documents Act, 2004</i>
QA	Quality Assurance
R & D	Research & Development
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
SOAP	Subjective Objective Assessment Plan
TCM	Traditional Chinese Medicine
TTDP	Techniques, Technologies, Devices or Procedures
UQTR	Université de Québec à Trois-Rivières
WHO	World Health Organization

## President's Voice (cont.)

indignation. The times are difficult, the challenges sometimes urgent, and the stakes too high to simply permit passion of political debate. We ask you to remove the veil of complacency and get involved.

As a prominent politician once said, "We are not here to curse the darkness, but to light a candle that can guide us through that darkness to a safe and sane future." Today, our focus must be with the 'now' and with the future. The face of health care is changing. The old ways will not do.

That said, in the past year, CCO has embarked on a number of ambitious projects. The most ambitious and well received were and continue to be the record keeping workshops. To recognize the efforts of all those specifically involved in this endeavour, the first CCO Presidential Awards of Excellence were presented at this year's annual general meeting to Ms Rose Bustria, Ms Sue Gargiulo, Dr. Frazer Smith, Dr. Keith Thomson, Dr. Bruce Walton and Ms Jo-Ann Willson. Congratulations and thank you for your dedication to making this project exceptional. Congratulations also to all of you who attended the workshops and provided valuable feedback that will serve CCO's efforts to fulfill its mandate.

CCO will continue to review its standards, by-laws, policies and guidelines in an effort to govern the profession and protect the public interest to the best of its ability.

The mission of CCO is clear. "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." Everything we do at CCO is based on living this mission.

In 2004, during a strategic planning weekend, it was agreed that CCO's three-year vision would include: "A clear focus and exemplary leadership in order to have a bold, yet responsible impact!"

*"We are not here to curse the darkness, but to light a candle that can guide us through that darkness to a safe and sane future."*

CCO would seek to undertake a series of initiatives to achieve the following: the public's confidence in chiropractic is unqualified, all

celebrate quality of care as CCO's "raison d'être", there are strong and effective governance arrangements, and the College is sought after for our expertise in influence.

CCO is presently living what was set in motion in 2004. This September, Council and staff will meet once again to review the strategic plan and improve on what is already in place. All committees are looking at ways to fulfill our mandate, our mission and our vision for the future.

Core competencies are being reviewed. Debate has started concerning possible approval of techniques. The viability of mandatory continuing education credits is being researched. Due to the very positive feedback from the profession concerning the record keeping workshops, the QA Committee is investigating the possibility of delivering other workshops to help increase the competency of our registrants. You have before you a group of truly dedicated individuals who choose to serve the mandate clearly identified by the RHPA.

We ask you, our colleagues, to respect and support those who serve and protect the public interest, thus protecting the right of the chiropractic profession to self-regulate.

As we examine the choices that affect us, it is necessary for us to choose from a place of trust and confidence in CCO Council's wisdom to do good. There are rules, rights and wrongs, a *Chiropractic Act*, standards and guidelines set by CCO, all with the goal of governing the profession of chiropractic in the public interest. A perspective of trust must be applied to each situation we experience every day.

Please get involved and trust in the process.

Please choose to participate fully - the profession and the public will be better served. A wise person once said: "Those who fail to participate, give up the right to complain." How will you choose to participate?

*"Those who fail to participate, give up the right to complain."*

# Registrar's Report



**Ms Jo-Ann Willson  
Registrar and  
General Counsel**

I have just returned from France and Spain, and I have learned a few things (or at least have been reinforced in what I already knew), outlined below.

## **Food is a major motivator**

Have you wondered why the feedback from the record keeping workshops

has been positive? Why a number of people attend CCO's AGM? Why the peer assessment workshops are popular? Why attendance at CCO Council meetings is consistently increasing?

Yes, I know people like interacting with their colleagues, learning a few things about CCO, and that the substance of the meetings is important. However, there is a consistent theme: namely, that people (members and other stakeholders) really like the food. It isn't all that important why people attend events, what is important is that they do attend, that they learn, and that they participate in the workings of the college. It is important for everyone, including, of course, the public members of CCO's Council who truly volunteer their time and expertise and need at least some very modest perks.

France has food down to a fine art form. In Spain, there is no meal that is any less than three hours. My diet and workouts will be starting very soon.

## **Siestas and other breaks are important**

I am now one of the recent converts who believes that taking vacations and other breaks is not only fun, but that it actually improves productivity.

The people in Spain have this entire siesta thing fully developed. After the three-hour lunches, which start no earlier than 1 p.m., shutters on the shop windows are closed, the lights in the hotels are dimmed (at least they were in mine), and absolutely everything stops.

The security guard at Alhambra Palace in Grenada was sound asleep in his corner chair while the crazy North Americans on the tour, who didn't understand it was siesta time, raced around the palace looking at the incredible art treasures and gardens and frantically taking pictures (I

think everything was left intact). I did, however, get into the swing of things.

Now, with the combination of recharging my batteries, and the time difference between Spain and Canada, I am up at 3 a.m. answering e-mails, preparing agendas, and coming up with new items for my to do list.

## **Just when you think it can't get any hotter, it does**

Before I left on vacation, I, in conjunction with a very dedicated group of Council members and staff at CCO, had to prepare for a number of committee meetings, the AGM, a Council meeting, a discipline hearing and a registrars' meeting (for the registrars of the 21 health regulatory colleges) and, at the same time, administer the Legislation and Ethics examination for students, and finalize the financial statements, annual report and submissions to HPRAC by the imposed deadline of June 30, 2006.

Much to everyone's amazement (including my own), it all got done. I am grateful to everyone who helped make it happen, and am also very grateful that when I returned from vacation, everyone was still here.

## **Hard work yields results**

Most people are of the view that they work very hard, and that their work is demanding, exhausting and underappreciated. I was explaining to the President, Dr. Gilles Lamarche, the other day that for the first time in my life, there was a very brief moment in mid-June 2006 when I actually thought everything was not going to get done. It is a sickening feeling.

When you travel, however, you get a better perspective. The hard work that needs to be done and is done by Council and staff at CCO does not compare to some of the hard work that is done by people in other parts of the world. On our trip to Spain, we visited a goat cheese farm, the Andalucian horse stables and a bull ring and saw approximately one trillion olive trees (it was a family tour). I now have a far greater appreciation for the hard work done by some of the people working in those various forums and less sympathy for those of us who toil away in air conditioned offices. I also recognize, however, that when given the choice, most people will choose

continued on page 5

## Registrar's Report (cont.)

their own jobs. At no time would I want to change the pressure, deadlines, balancing of priorities and personalities at CCO with the work done under difficult conditions by others in different parts of the world. Besides, it is highly unlikely that I would be a successful matador, as tempting as that might be.

**No matter how different the other people on the tour are, you have to find a way to work with them, see and do everything that needs to be done, and have fun doing it**

You know what I'm talking about? On this tour, there was quite a collection of people. At first glance, I thought to myself, there is absolutely nothing I have in common with these people and how am I possibly going to talk to them for the next couple of weeks, and at the same time hope everyone in my family behaves like a normal family. However, things went off more or less without a hitch. We had a great time, found lots to

talk about, and still saw and did everything on what was quite an ambitious itinerary.

Most people's work environments are similar. Everyone has to try to get along, be respectful of differences, understand other perspectives, and still get the job done with the human resources available, on time and within budget.

I think we are succeeding with these tasks at CCO. Council and staff are heading into a strategic planning weekend in September 2006 that will give everyone an opportunity to reflect on CCO's mission, vision and leadership goals, and on how best to administer CCO's statutory mandate to govern chiropractic in the public interest. Stay tuned for an update from the strategic planning session and the future development of a number of exciting initiatives, including those relating to QA.

Once again, I thank all of you, members and stakeholders, Council and staff for your contributions to the self-regulation of the chiropractic profession in Ontario.

---

## Election Results

### District 4

Dr. Marshall Deltoff	328 votes
Dr. Rocco Guerriero	179 votes
<b>Member elected</b>	<b>Dr. Marshall Deltoff</b>
Votes cast	507
Number of eligible voters	1,128
Spoiled ballots	18

Congratulations to the following members who were elected by acclamation: Dr. Gilles Lamarche (District 1), Dr. Keith Thomson (District 3), and Dr. Dennis Mizel (District 5). CCO welcomes Drs. Deltoff, Lamarche and Thomson back to Council and welcomes new member Dr. Mizel.

Drs. Deltoff, Lamarche and Mizel were elected for the customary three-year terms. Dr. Thomson was elected for a one-year term because of a previous by-election. There will be another election in District 3 in March 2007 for a three-year term.

CCO thanks all candidates for allowing their names to stand for election to Council, and their willingness to participate in the self-regulation of the chiropractic profession.

### Spoiled ballots

For the 2006 elections, CCO received several spoiled ballots. For example, no information on the white return ballot (such as no name, address, registration number or signature).

White return envelopes with no member signatures are spoiled. Members must sign their ballots. If a member is hesitant to mail an envelope with his/her signature on the outside, he/she may place the signed return envelope inside another envelope for mailing. Ballots with an illegible signature and no other information identifying the member are spoiled. Late ballots are also spoiled.

CCO advises members to review the timetable for deadlines, published in both the *Notice of Election and Nomination Guide* and the *Voting Guide*.



**Dr. Marshall Deltoff (District 4) and daughter Batya**

## Meet your new Council members



**Mme Lise Marin**

### **Mme Lise Marin, Timmins**

Mme Lise Marin was appointed a public member for a three-year term - April 1, 2006, to March 31, 2009. A former customer sales and public relations agent for Air Canada, Mme Marin has served on many government boards and has been very active in her community.

Mme Marin's government board experiences include TVOntario, Ontario Northland and the Ministry of Education. Her community involvement include serving as a school board trustee for the Timmins Roman Catholic Separate School Board for 12 years, serving as a member and trustee on the Timmins and District Canadian Red Cross, and serving as a member on the Timmins Museum Advisory Committee.

Fluent in both English and French, Mme Marine is also the founding member of both the Timmins chapter of Daughters of Isabella, a Catholic women's organization, and the Richelieu Club of Timmins, an internationally-based group that promotes French language and culture.



**Ms Ellie Moaveni**

### **Ms Ellie Moaveni, Richmond Hill**

Ms Moaveni was appointed a public member for a two-year term, from January 1, 2006, to December 31, 2008. Called to the bar in October 2002, Ms Moaveni is a litigation associate with the law firm Parente Borean LLP, Barristers & Solicitors. She is also an academic and legal advisor for an accredited private high school in Toronto.

Ms Moaveni is actively involved in the Iranian community. She is an executive member of ICLA, a legal advocacy group that promotes and advocates on behalf of lawyers and law students of Iranian heritage, raises public awareness and provides a forum for discussion on issues affecting the Iranian Canadian community.

Currently, Ms Moaveni is on a panel representing the Iranian community before the Centre for Addiction and Mental Health. She also provides pro-bono legal advice to Iranian clients who use community aid clinics and women's shelters, and pro-bono counsel to the Kahrizak Foundation of Canada, a charitable organization for the indigent elderly and abandoned disabled individuals.

Ms Moaveni graduated from the University of Toronto with a Honours Bachelor of Science degree and from the University of Windsor with a Bachelor of Laws degree.



**Ms Cindy Maule**

### **Ms Cindy Maule, Mississauga**

Ms Cindy Maule was appointed a public member for a three-year term, from July 1, 2006, to June 30, 2009. Ms Maule's background is in the pharmaceutical health care industry, having worked for Eli Lilly Canada Inc., Lundbeck Canada Inc., and Parke-Davis, the pharmaceutical products division that merged with Pfizer Canada.

In 2004, Ms Maule was the senior product manager of the Zyprexa Portfolio, Eli Lilly Canada's largest product, where she oversaw the design and development of the company's long-term brand strategy. She was Eli Lilly Canada's District Sales Manager from 2000-2003, where she managed the relationship between the Centre for Addiction and Mental Health and Eli Lilly Global to ensure optimal R&D investment partnerships.

Ms Maule is also involved in community volunteer activities. She is the President of Mainstay Housing, an organization funded primarily the MOHLTC that provides affordable housing for consumer survivors and special needs people.

A University of Guelph graduate, Ms Maule has a Bachelor of Science in Mathematics.

## Meet your new Council members

### Mr. Robert MacKay, Thunder Bay

Mr. Robert MacKay was appointed a public member for a three-year term, from April 2, 2006, to April 1, 2009. An activist in the AIDS movement for more than 14 years, Mr. MacKay has worked with numerous organizations dedicated to providing information, services and support to people with HIV.

Mr. MacKay served on MOHLTC's Support Services Guidelines Committee, assisting in the development of guidelines for HIV/AIDS support services in Ontario. For six years he worked with OHTN to develop an electronic patient record to support observational research. He is a current board member of the Canadian AIDS Treatment Information Exchange, a national, non-profit organization providing treatment information to healthcare providers and people with HIV.

Currently, Mr. MacKay is a member and past president of AIDS Thunder Bay, an information, support and prevention organization that services Northwestern Ontario. He is also that organization's official delegate to the Ontario AIDS Network and the Canadian AIDS Society.

Previously, Mr. MacKay was a sales representative for Patterson Dental Canada Inc, selling dental equipment and supplies, and managing the Northwestern Ontario region.



Mr. Robert MacKay

### Dr. Dennis H. Mizel, St. Catharines

Newly elected to CCO Council from district 5, Dr. Dennis Mizel has had a distinguished career as both a chiropractor and in serving the chiropractic profession as a member of the OCA Board of Directors for the past 12 years.

During his time at OCA, Dr. Mizel served on a number of committees in various capacities, including president, and gained experience and insight into the issues that face the chiropractic profession.

Dr. Mizel's special interest in self-regulation prompted his attending CCO Council meetings on a regular basis for more than seven years and is what ultimately lead him to run for CCO Council. His vision of chiropractic in Ontario is one where chiropractic is seen by the public, government and other health care providers as an equal and true partner in Ontario's health care system.

In practice for 28 years, Dr. Mizel has been a CCO peer assessor since the program's implementation in 2001. He is also a member of the Core Competency Project and has been a member since the project's inception in 2004.



Dr. Dennis Mizel



### Have you moved? We need to know!

It is your responsibility to provide CCO with a written notification of address changes - work and/or home - **within 30 days** of your move.

# Council & Committee Composition (as at July '06)

## Council

### Elected Members

Dr. Gilles Lamarche, *President*, Timmins  
Dr. Brian Schut, *Vice President*, Scarborough  
Dr. Peter Amlinger, Mississauga  
Dr. Marshall Deltoff, North York  
Dr. James Laws, Toronto  
Dr. Dennis Mizel, St. Catharines  
Dr. Calvin Neely, London  
Dr. Frazer Smith, Smiths Falls  
Dr. Keith Thomson, Peterborough

### Appointed Members

Mr. Martin Ward, *Treasurer*, Orillia  
Ms Lynn Daigneault, Toronto  
Mr. Robert MacKay, Thunder Bay  
Mme Lise Marin, Timmins  
Ms Cindy Maule, Mississauga  
Ms Ellie Moaveni, Richmond Hill  
Mr. Ganesan Sugumar, Toronto

## Statutory Committees under the RHPA

### Executive

Dr. Gilles Lamarche, *Chair*  
Dr. Brian Schut, *Vice Chair*  
Mr. Martin Ward, *Treasurer*  
Dr. Peter Amlinger  
Ms Lynn Daigneault  
Mr. Robert MacKay  
Dr. Frazer Smith

### Complaints

Dr. Marshall Deltoff, *Chair*  
Mr. Robert MacKay, *public member, alternate*  
Dr. Brian Schut  
Mr. Martin Ward  
Dr. Lezlee Detzler, *non-Council member*

### Discipline

(all members of Council are potentially members of a Discipline panel)  
Dr. James Laws, *Chair*  
Mme Lise Marin  
Dr. Dennis Mizel  
Mr. Ganesan Sugumar  
Dr. Michaela Cadeau, *non-Council member*  
Dr. David Gohn, *non-Council member*

### Fitness to Practise

Dr. Calvin Neely, *Chair*  
Dr. Peter Amlinger  
Ms Ellie Moaveni

### Patient Relations

Dr. Calvin Neely, *Chair*  
Mme Lise Marin  
Ms Ellie Moaveni  
Dr. Brian Kleinberg, *non-Council member*  
Dr. Robin Whale, *non-Council member*

### Quality Assurance

Dr. Frazer Smith, *Chair*  
Ms Lynn Daigneault  
Mr. Robert MacKay  
Dr. Keith Thomson  
Dr. Robbie Berman, *non-Council member*

### Registration

Dr. James Laws, *Chair*  
Dr. Marshall Deltoff  
*Vacant public member*

## Non-Statutory

### Advertising

Dr. Peter Amlinger, *Chair*  
Mme Lise Marin  
Dr. Keith Thomson  
Dr. Jeff Lustig, *non-Council member*

### Core Competency Project

Dr. Keith Thomson, *Chair*  
Ms Lynn Daigneault  
Dr. Dennis Mizel  
Dr. David Bereznick  
*Vacant public member*

## CRC under the HIA

### Members

Dr. J. Bruce Walton, *Chair*  
Ms Corinne Hardey  
Dr. Dan Higginson  
Ms Rebecca Kwok  
Dr. David Linden

### Inspectors

Dr. John Cadieux  
Dr. Rhonda Kirkwood  
Dr. Jason Potter  
Dr. Kelly Ramsay

# Committee Update - Advertising

Following months of spirited debate, the Advertising Committee is circulating for members' feedback the revised proposed Advertising Regulation (R-12), Standard of Practice S-003: Advertising and Guideline G-003: Advertising. It is also circulating for feedback, for the first time, a public display protocol that outlines members' responsibilities when conducting community events/displays.

Developing the Public Display Protocol was quite a challenge for both the committee and Council. The debate focused on whether members could perform testing procedures in a public setting. Because a consensus could not be easily reached, the committee circulated a survey to Council members asking for input. The survey allowed the committee to fashion a protocol that Council members approved for distribution.

## Public Presentations/Displays

The proposed revised standard of practice allows members to engage in public presentations or displays, defined as the presentation/display of printed or other visual material to members of the public in a place normally frequented by the public by a person or persons who are physically present when such material is distributed or presented.

Members engaging in these activities must adhere to CCO's regulations and standards of practice, particularly obtaining written informed consent (see standard of practice S-013: Consent), maintaining proper records (see standard of practice S-002: Record Keeping), and compliance with the current privacy legislation, *PHIPA*. They must be professional and may not use coercion or pressure tactics to schedule appointments. Voluntary appointments, where a potential patient asks for the member's business card or requests an appointment, are permitted. CCO strongly recommends that all materials to be distributed at the presentation/display be pre-approved by the Advertising Committee. Finally, and most importantly, assessments performed must comply with the Public Display Protocol and the date of the display must be provided to CCO.

The committee reminds members that the primary purpose of a presentation/display is to educate the public. Members should use presentations/displays to build a stronger chiropractic presence in the community and to promote chiropractic as a legitimate, safe and effective health care choice.

## DOs & DON'Ts of Public Presentations/Displays

### A member must NOT:

- disrobe or gown any participant at a public display;
- use a method of assessment that uncovers, shifts or alters a participant's clothing (e.g., shirts, slacks, dresses, etc.) in a way that would be construed as disrespectful, embarrassing and/or inappropriate;
- perform hands-on assessments (e.g., range of motion/flexibility, static palpation, leg checks/lengths, etc.);
- perform hands-on care other than adjustments (soft tissue therapy/massage, stretching, mobilizations, etc.);
- perform any controlled act (i.e., communicate/report a diagnosis, perform an adjustment);
- perform any chiropractic demonstration, including assessments and/or adjustments on office staff, other chiropractors or patients already under care (i.e., already have a complete patient file, consent, etc.);
- charge a fee for a screening procedure; and
- collect money to secure a future appointment.

Following the assessment procedure, a member may discuss any pertinent results, and must inform the participant that the screening assessment was not diagnostic of any condition, including any medical condition.

Accepted assessment procedures are: questionnaires, postural evaluation (computerized, plumb lines or manual), dual or four quadrant weight scales, surface electromyography, thermography, and computerized postural analysis.

## Techniques, etc.

The revised standard of practice will allow members to advertise specific techniques, such as Activator, Gonstead or Thompson. References to specific techniques must be consistent with standard of practice S-010: Techniques, Technologies, Devices or Procedures - i.e., taught in the core curriculum, post-graduate curriculum or continuing education division of one or more colleges

continued on page 10

## Committee Update - Advertising (cont.)

accredited by the CCEC., or in an accredited Canadian or American university, in a manner intended to achieve clinical proficiency (examination, certification or other proof of clinical proficiency is required). Members advertising a specific technique cannot claim superiority or endorse its exclusive use.

### What's in Force Now

The advertising standard and guideline currently in force are the ones approved by Council on September 21, 2002, and posted on CCO's web site

([www.cco.on.ca](http://www.cco.on.ca)). Please remember, proposed changes do not come into effect unless approved by Council. Therefore, members still cannot advertise specific techniques.

### Final Words

The committee strongly encourages members to submit proposed advertising material for review before publication to avoid difficulties in the future. The turnaround time for a response is 10 business days.

---

## Committee Update - Quality Assurance

### What a year it was!

Since August 2005, the QA Committee met 10 times, hosted three assessor training workshops, a remediation day, and 18 record keeping workshops for CCO members across Ontario. The committee also randomly selected 300 members to participate in the peer assessment program and developed two standards of practice (S-016: Block Fees/Payment Plans and S-017: Acupuncture) for members' review and feedback.

A highlight of committee activities follows.

### Record Keeping Workshops

From Toronto to Timmins, Thunder Bay to St. Catharines, more than 2,200 CCO members participated in 18 record keeping workshops from September 2005 to May 2006 (see Table 1, page 11). The response has been outstanding - truly a "good news item" for CCO.

Four presenters - Drs. Frazer Smith, Keith Thomson and Bruce Walton, and Ms Jo-Ann Willson - alternated turns traipsing across Ontario to bring to participants an interactive, step-by-step presentation on how to maintain proper records that included a patient visit from start to finish (i.e., consultation, history, examination, report of findings, treatment, SOAP notes, and dismissal). The presentation also featured information relating to informed consent, the professional portfolio, x-rays and x-ray reports, privacy legislation, sign-in sheets, and the importance of re-assessing patients on or before each 24<sup>th</sup> visit.

Each workshop built on the previous one. The

presenters revised the presentation based on the feedback provided by participants. This included distributing handouts of the presentation. Consequently, participants increasingly assigned the workshops an excellent rating. Graph 1 (page 12) outlines the overall feedback for the September 2005 to May 2006 workshops.

The workshops are not only an excellent way of communicating with members but have had a positive impact on the quality of record keeping. Records of members who attended a workshop prior to their peer assessments, on average, were better than members who did not attend a workshop.

To date, the workshops, which included breakfast and lunch, had been free. This is changing. There is a fee for the next set of workshops - \$150 per member and \$199 for one member and up to two of his/her staff members. Dates and location are posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)).

The workshops are mandatory for all CCO members holding active certificates of registration.

### Peer Assessment Program

The committee randomly selected 300 members to participate in the peer assessment program in November-December 2005. As with previous random selections, this selection yielded some challenges. First, members with active licences who do not engage in traditional practices, no longer practise, or do locums.

continued on page 11

## Committee Update - Quality Assurance (cont.)

The committee would like to remind members that all members holding an active licence must participate in the peer assessment program. If a member does not practise, he/she will be assessed on his/her knowledge of the regulations, standards of practise, policies and guidelines, as set out in the peer assessment checklist. The checklist is what peer assessors use to perform the assessment and is mailed out to the selected member. It is also posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)).

Another challenge - members who hold active certificates but do not reside in Ontario.

Consequently, the committee will review the current membership classifications and hopes to develop new classifications to address the challenges.

Finally, members who have been selected to participate in a peer assessment program do not always respond to the request in a timely fashion. The committee provides selected members with all the materials that will be used in the peer assessment. The committee requests members to complete and return to CCO within 15 days of receiving the request the pre-visit questionnaire (member's name, registration number, practice location, types of practice, forms of services/treatments offered), samples of blank clinical charts/forms, list of abbreviations (if any), and one current sterilized patient file (i.e., copy of a patient file with the patient's name, address, telephone number and other personal information blacked out/removed).

The committee is thankful to all those members who have responded in a timely manner. However, there are a handful of members who do not respond in a timely manner or who have as yet to respond, and it is now late summer.

The committee reminds members that if they are selected to participate in the peer assessment program, that they must comply and they must respond in a timely manner. If there is a problem, they are advised to contact CCO.

**Table 1: CCO's Record Keeping Workshops 2005-2006**

Date	Location	Participants
September 10, 2005	Toronto	135
September 24, 2005	Ottawa	109
October 22, 2005	Thunder Bay	43
October 29, 2005	Toronto	186
November 12, 2005	St. Catharines	82
November 26, 2005	Peterborough	93
December 10, 2005	Toronto	234
January 14, 2006	Waterloo	206
February 12, 2006	Toronto	201
February 19, 2006	Toronto (CMCC)	145
February 25, 2006	London	200
March 4, 2006	Windsor	76
March 25, 2006	North Bay	51
April 8, 2006	Owen Sound	68
April 22, 2006	Kingston	150
May 6, 2006	Timmins	34
May 13, 2006	Barrie	161
May 28, 2006	Toronto	226
	<b>TOTAL</b>	<b>2,400</b>

### Peer Assessment Dispositions

The committee provides one or more of the following dispositions following a peer assessment:

- the assessment was satisfactory and no further action is required;
- that the member correct significant deficiencies in specific areas, as identified by the assessor and/or committee;
- that the member correct minor deficiencies in specific areas, as identified by the assessor and/or committee; and/or
- that the member participate in an enhancement program (e.g., record keeping workshop and/or remediation).

### Minor vs. Significant

The committee considers the following items to be significant deficiencies in a peer assessment even if they are missing in one out of 10 patient files reviewed: written consent, communicating a diagnosis, recording a diagnosis, and/or re-assessment on or before each 24<sup>th</sup> visit.

continued on page 12

# Committee Update - Quality Assurance

## Upset about your disposition?

The committee recognizes that some members may disagree with the assessor's or committee's disposition following a peer assessment. If a member disagrees with the disposition, he/she should state his/her case in writing to the committee.

## Peer Assessor Training Workshops

The peer assessment program continues to evolve with the addition of 10 potential new peer assessors. The committee invited these assessors to the peer assessment training workshop on December 3, 2005. Dr. Doug Lawson, former Registrar of the College of Chiropractors of Alberta and psychometrics consultant, presented on the current peer assessment data and future program developments.

The workshop objectives were to empower peer assessors to be ambassadors for CCO's QA program, to emphasize the critical role of peer assessment in advancing CCO's broader objectives in the current health care environment (including discussions with government decision makers), to challenge peer assessors to think of new ways to move the peer assessment program forward (with the overall aim of improving patient care), to

celebrate the success of the peer assessment program to date, and to address feedback from the assessors.

The committee addressed the assessors' feedback by creating and distributing a peer assessment playbook, a guidebook to answer questions and provide guidance. The assessors had requested a how-to manual to cover various scenarios they may encounter during an assessment.

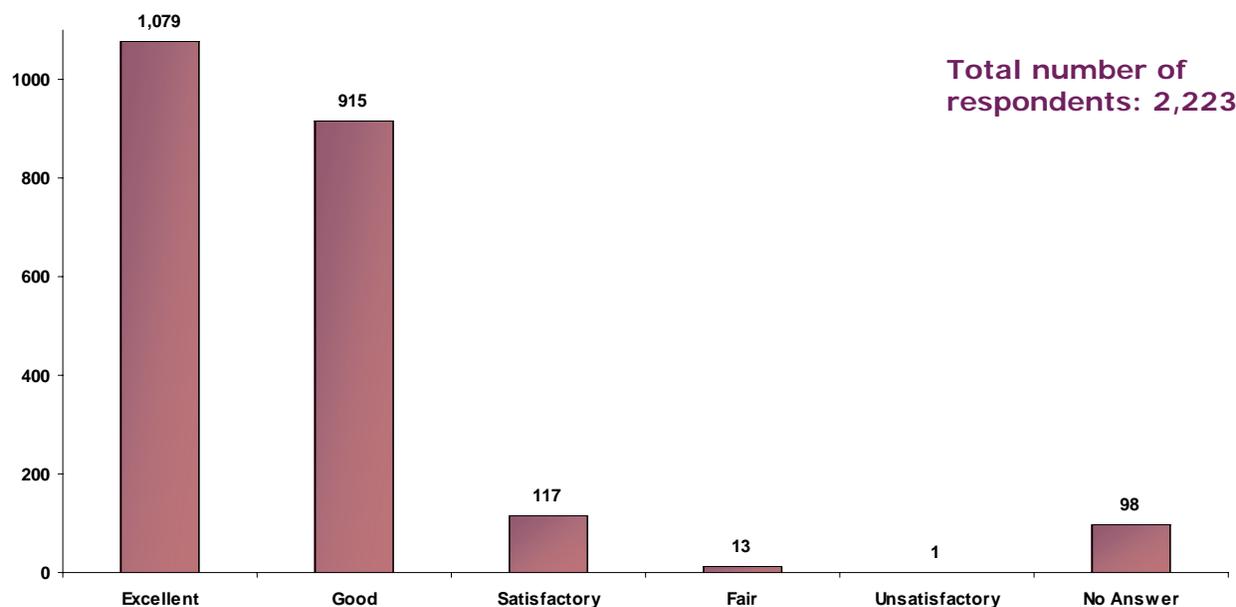
At the workshop, the new assessors paired up with experienced assessors to observe several assessments before embarking on their own, which they will do by year's end, following another peer assessor training workshop on October 14, 2006. Like the previous workshops, this workshop will build on and evolve the program. The committee will select another 300 members for assessment in late October, 2006.

## X-Ray Peer Review Program Revived

Another component of the QA program was revived in 2006 - the x-ray peer review program. On June 15, 2006, Drs. Marshall Deltoff and Keith Thomson hosted an x-ray peer review workshop for nine x-ray peer assessors. The workshop's goals - to review and revive the program.

continued on page 13

**Graph 1: Record Keeping Workshops Summary of Feedback**



## Committee Update - Quality Assurance (cont.)

The program is a mail-in audit of members' x-rays and report writing. The process is similar to that of the peer assessment program - participation is mandatory and confidentiality must be maintained. That means information obtained about a member following an x-ray review or evaluation will only be shared with the QA Committee.

The committee randomly selects members to participate in the program and informs the member by mail. The committee provides the member with an information package containing x-ray peer review worksheets, a pregnancy release form, a member feedback form, a post-review questionnaire and a brochure.

The member is required to mail to CCO the following items within 30 days of receiving the request: two radiographic series (taken or ordered), a radiological report of findings for each of the two series, and a photocopy of the corresponding page from the x-ray log book, where applicable.

CCO forwards these items to an assessor, who reviews the radiographic series, report of findings and log book (where applicable) using the x-ray peer review worksheets, and completes a report form. The assessor forwards the worksheets and report form to the committee for review, which will make one of the following dispositions: no further action is required, that the member correct deficiencies in the areas identified by the assessor or committee, and/or that the member participate in an enhancement or remediation program (such as a record keeping workshop).

CCO informs the member via letter of the final disposition of the report and its recommendations, and includes a copy of the assessor's report form.

The committee has already randomly selected 50 chiropractors from stream A (members with active on-site x-ray facilities who take their own x-rays) to participate in the program, and will soon select members from stream B (members who do not take x-rays).

The x-ray peer assessors are Drs. Aaron Balmer, Gary Bovine, Percy Chan, Scott Colasanti, Arnie Deltoff, Lezlee Detzler, Gary Dyck, Kelly Graham, Dario Laurenti, Sharon Peterkin, Robert Pollock and Marlene Turner.



Peer Assessment Workshop - December 3, 2005

### Remediation

On March 7, 2006, Drs. Keith Thomson and Bruce Walton held a one-day remediation seminar for eight out of 10 members the committee had previously identified as requiring remediation following their peer assessments. All eight members learned from the experience, which included a point-by-point discussion of their deficiencies. These members will submit five sterilized files for review to ensure they are complying with the various standards relating to record keeping.

CCO should be proud that only 10 members were originally identified as requiring individual remediation in more than 700 peer assessments. The committee now has a process in place that ensures members identified by peer assessment as falling significantly below the standards of record keeping will receive appropriate remedial training.

### Defining Re-assessment

The issue of re-assessment is something the committee began to struggle with over the past year as it was disposing of members' peer assessments. The Ontario Divisional Court had ruled that a re-assessment must occur on or before a patient's 24<sup>th</sup> visit. This information was published in CCO's 2003 annual report. The problem was what constituted a re-assessment. Moreover, how should members indicate in their records that they performed a re-assessment and what should peer assessors look for when reviewing members' records during a peer assessment.

continued on page 14

## Committee Update - Quality Assurance (cont.)

The committee finally devised a definition for re-assessment, which was distributed in September 2005. A revised version, following input from Council, was published in CCO's 2005 annual report. The definition was incorporated in standard of practice S-002: Record Keeping, posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)).

Basically, a re-assessment should include a sufficient number of tests or procedures to ensure that an appropriate diagnosis, plan of management and clinical decisions can be attained. Table 2 (page 15) provides the complete definition.

### More revisions to Standard of Practice S-002: Record Keeping

In addition to including the re-assessment definition, the committee made two additional revisions to the standard.

First, the committee removed "direction of thrust" from the standard (fourth bullet of item 4 (5), Patient Health Record section). The committee felt that direction of thrust is difficult to quantify in clinical practice and its inclusion in the standard would hold chiropractors accountable to something they cannot uphold.

Second, to further clarify the standard, the committee included the chiropractic scope of practice (from the *Chiropractic Act, 1991*) in the legislative context section of the standard. These changes were approved by Council.

### Draft Standard of Practice S-016: Block Fees/Payment Plans

In September 2005, following Council's approval, the committee distributed to members draft standard of practice S-016: Block Fees/

Pre-Payment Plans. The committee reviewed the extensive feedback and revised the standard significantly. Council approved the revised version in November 2005. However, some Council members were concerned that the versions (the one that was distributed and the one that was later approved) were too different and that legal issues may arise.

Following Council's direction, the committee solicited a legal opinion from Mr. Richard Steinecke. Furthermore, the committee decided that the approved standard should include specific language to better link clinical findings with business practices, that members must conduct re-assessments on or before each 24<sup>th</sup> visit, and that any changes in clinical findings must be reflected in changes to the payment plans.

The committee revised the standard accordingly and renamed it S-016: Block Fees/Payment Plans. With Council's approval, the committee is now re-circulating the standard to members for feedback.

### Draft Standard of Practice S-017: Acupuncture

The committee is circulating draft standard of practice S-017: Acupuncture for members' feedback.

The draft standard, derived from information gathered from various sources, such as ACO and WHO, outlines members' duties and obligations when providing acupuncture services as an adjunctive therapy to their patients. The committee is also circulating the acupuncture extract from the WHO report.

Please note, the feedback form for this standard is slightly different from previous ones. It asks members to provide specific comments relating to needle insertion, laser and acupressure, and the sufficient number of training hours required.

### Record Keeping Workshops 2006-2007

September 16, 2006	Ottawa	Ottawa Congress Centre (55 Colonel By Drive)
October 29, 2006	Toronto	CMCC (6100 Leslie St.)
November 11, 2006	Orillia	Mariposa Inn & Conference Centre (400 Memorial Ave.)
January 13, 2007	London	Best Western Lamplighter Inn (591 Wellington Rd.)

\*Full details are posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca))

## Committee Update - Core Competency Project

It is an exciting year ahead for the Core Competency Project, a sub-group of the QA Committee comprised of Dr. David Bereznick, Ms Lynn Daigneault, Dr. Dennis Mizel and Dr. Keith Thomson (chair).

The group is developing a rubric (i.e., a set of guidelines) for each of the eight core competencies defined in the *Core Competencies for CCO Members*.

The eight core competencies are: Communication; Clinical Competency/ Maintenance of Records; Life-Long Learning and Self-Assessment; Scope of Practice; CCO Regulations, Standards, Policies and Guidelines; Collaboration; Responsibility to Patients and the Public; and Best Practices/Ethics. The rubric

outlines expected minimum standards, proficient, and excellent behaviours for each of the categories.

Approved in principle by Council in 2004, *Core Competencies* summarizes the knowledge, skills and judgment Ontario chiropractors require to perform the services and procedures within their scope of practice.

The group is also involved in the process of inviting submissions on techniques, technologies, devices or procedures that will help evolve standard of practice S-010: Techniques, Technologies, Devices or Procedures. These submissions will assist CCO in approving techniques, technologies, devices or procedures that are considered acceptable for clinical purposes, as stated in the standard.

### Table 2: Defining Re-assessment

Reasonable information about every re-assessment that must:

- (a) be conducted on or before each 24<sup>th</sup> visit;
- (b) be sufficiently comprehensive for the member to:
  - evaluate the patient's current condition;
  - assess the effectiveness of the member's chiropractic care;
  - discuss with the patient, the patient's goals and expectations for his/her ongoing care; and
  - affirm or revise the member's plan of management for the patient;
- (c) include documented evidence on the performance of three or more of the clinically indicated analytical/ assessment procedures listed below (not an exhaustive list) in order to demonstrate the need for ongoing care:
  - activities of daily living questionnaires;
  - analog pain scales;
  - any questionnaire designed by the member to have the patient compare their current and past health and/or lifestyle ratings;

- bilateral weight scales;
- blood pressure/pulse testing;
- disability questionnaires;
- exercise compliance;
- leg length checks;
- malingering testing;
- muscle function testing;
- neurological tests;
- orthopedic tests;
- palpation/motion palpation;
- posture evaluation;
- range of motion;
- reflexes;
- SEMG;
- sensory testing;
- thermography;
- trigger points;
- x-ray.

Although members may add other procedures, a minimum of three from this list must be included.



**Dr. Frazer Smith**

## Quality Assurance: Next Steps

*by Dr. Frazer Smith, Chair*

We are regularly asked questions from stakeholders about the QA process. Above all, the QA program exists to ensure the public of chiropractic

excellence. Currently, the program involves peer assessment, x-ray peer review, individual remediation, professional portfolio review, standards of practice development, and recently, mandatory attendance at a CCO-sponsored record keeping workshop.

At the CCA/Provincial Presidents' meeting in Banff, Alberta, on March 2-3, 2006, the provincial chiropractic associations and the national association urged the provincial regulatory bodies to collectively implement mandatory continuing education. It was unanimously agreed that each regulator and association would commit to making continuing education a mandatory process with established hours and criteria. The QA Committee has reviewed CCO's continuing education process and has identified improvements that will further strengthen the levels of competency in the profession.

### What do we have now?

Chiropractors are required to maintain continuing competency by upgrading their knowledge and skills through various learning methods. Standard of Practice S-001: Professional Portfolio, requires members to participate in continuing education. Although the total number of hours is self-directed, every member should participate in courses on the following topics: record keeping, x-rays (taking and interpreting), communication, and techniques, technologies, devices or procedures, consistent with Standard of Practice S-010: Techniques, Technologies, Devices or Procedures.

It is well established that competent practitioners learn intuitively from experience but recording brings learning to a more conscious level. It also provides a systematic way to communicate one's learning to others (i.e., CCO). Each chiropractor is required to maintain a log of his/her continuing education activities in his/her professional portfolio. The portfolio was originally designed to be a self-reflection tool that helps each chiropractor assess the quality of their learning and direct future learning goals. The self-reflective

component of the portfolio is partly achieved by recording an "outcome code" next to each learning activity. This code details the impact that the particular learning initiative had on a chiropractor's knowledge and/or clinical practice. The portfolio is not complete without outcome codes. Peer assessors review members' professional portfolios during peer assessments.

### What does the future look like?

A review of many different health professions reveals various models of continuing education practices. Most regulatory colleges in Ontario use self-assessment tools, professional portfolios and self-directed learning. Many colleges prescribe a minimum number of continuing education hours or credits that a practitioner must achieve during a certain term (i.e., one or two years).

The debate whether mandatory continuing education hours ensures improved levels of competency is hotly contested. As a result, a new trend in regulating continuing education has emerged. Many professions are now requiring their members to use self-assessment tools that will help them develop an individualized learning plan. These learning or professional development plans generally contain specific learning goals, resources or strategies for meeting goals (courses, workshops, books, etc.), timeline for completion, and success indicators (how they will know when they have accomplished goals).

As professionals complete self-assessment tools and professional development plans on a yearly basis, they can review learning records to summarize changes in practice that have occurred and intentionally shape new learning directions. The conscious activity of self-planning continuing education is expected to improve compliance and, ultimately, clinical competency.

The QA Committee is looking to adopt a similar model of continuing education in the future. The committee will also make recommendations concerning mandatory continuing education. Rest assured that Council must approve any new initiatives before they are pursued. Furthermore, widespread public consultation with the profession and other stakeholders will occur before full scale changes are made to the standards affecting chiropractors.

As always, we look forward to and appreciate your feedback on our journey to promote chiropractic excellence!

# Complaints Committee: A Message from the Chair

by Dr. Marshall Deltoff, Chair

Self-regulation is a privilege that has not been granted to our colleagues in many jurisdictions worldwide. That privilege can be lost if our profession is perceived by relevant stakeholders as not being capable of adequately performing the duties and responsibilities that, legislatively, are part and parcel of the self-regulation process.

Optimal, effective and cost-efficient functioning of the “self-regulation” team can only be achieved with the total cooperation and participation of the players on the team, namely, the doctors, the regulatory body and the public we serve.

As I begin my fourth year on Council, I must congratulate and thank the majority of you, my colleagues, for your active and often eager involvement in the debate, discussion and development of proactive CCO initiatives. Because of this, Ontario is looked to as a leader in the self-regulation of our great profession.

As the rookie Chair of the Complaints Committee, I am happy to report that the overall number of complaints has dropped over the past two to three years. It has been gratifying to see that so many of you actively seek to improve the way you practise, both administratively and clinically, to achieve our common goal of protecting the public interest by offering the best, most ethical and professional care we can provide.

Appropriately and fairly addressing the public’s complaints plays a crucial role in being granted the privilege of self-regulation. Just ask the medical profession in Great Britain, which lost the ability to self-regulate due to the inability of its regulatory body to properly handle and process complaints!

The first step in the process requires the member to respond in a timely manner to correspondence issued by the CCO Complaints Committee. Thankfully, most of you answer promptly, and cooperate thoroughly in providing necessary documentation to expedite the process. A small percentage of your colleagues, however, choose to ignore CCO and its legislative mandate, or to treat the complaints process lightly or flippantly. Numerous letters go unanswered, paperwork does not get completed, complainants get more upset, and costs go up.

The needless delay in dealing with issues is unfair to the complainant and contributes to

casting a negative light on you as a doctor, and, unfortunately, on chiropractic as a whole. The needless delay is unfair to your colleagues due to the increased expenses incurred in such things as additional correspondence, hiring investigators, etc. - costs that must be ultimately shared by each and every one of us.

The Complaints Committee is attempting to address this persistent and costly problem. We propose the following ways to improve member compliance:

1. With legal consultation, requesting Council to regulate that ignoring Complaints Committee correspondence or unduly delaying in responding to information requests be considered an act of professional misconduct and may potentially result in a referral to the Discipline Committee.
2. Enforcing section 13.16 of By-law 13: Fees, which states that the fee for follow-up letters to a member who has not complied with a request from CCO (within a reasonable, yet-to-be determined, time) is \$50 per letter. Failure to pay the fee would potentially result in the suspension of the member’s certificate of registration.
3. Imposing additional financial penalties, such as the member being required to pay for the cost of an investigator.

Please stay tuned as this process develops, and feel free to forward your comments to CCO.

It is noteworthy that several other regulatory bodies, including law, medicine, dental technology and occupational therapy, make it a part of their definition of professional misconduct to fail to respond to college communications.

On behalf of the Complaints Committee, I would like to thank those of you who do interact with us in an honest, positive and professional manner as we continue to work together to achieve the highest level of accessible, appropriate, effective and safe chiropractic care for all Ontarians.



Dr. Marshall Deltoff



**Dr. J. Bruce Walton**

## News and Views from CRC

by Dr. J. Bruce Walton,  
Chair

The role of CRC, as a sub-committee of CCO, is to investigate members' billings submitted to OHIP. CRC has never monitored billings but has undertaken investigations at the direction of the General Manager (GM) of OHIP.

Once CRC completes an investigation, it directs the GM of OHIP to either pay all claims or recover some or all of the monies paid by OHIP. CRC directions are always based on the following:

- was the service rendered?
- was the service therapeutically necessary?
- was the service misrepresented?
- was the service delivered in accordance with accepted standards of practice?

Members were no longer able to bill for chiropractic services after December 1, 2004. Analysis

by MOHLTC of chiropractic billings ended in February, 2006. The committee received its final three cases for review shortly after that date. Currently, the committee is preparing dispositions on those cases.

In meetings with MOHLTC officials, CRC was told that there will be no further cases for referral. However, at this point, practitioners need to be aware that they remain fully responsible for any billings previously made to MOHLTC.

The committee plans to meet with officials again later this year to finalize the dissolution of the committee, but it is expected that the committee will remain intact until all business has been completed and we have been assured that no further reviews of chiropractic billings will be undertaken.

Special thanks to all committee members and inspectors who have continued to serve the public and the committee as the CRC winds down, at least for the immediate future.



**Mr. Richard Steinecke**

## Collecting Debts: Privacy and Confidentiality Considerations

by Mr. Richard Steinecke

**"Creditors have better memories than debtors"**  
**Benjamin Franklin**

What are the privacy/confidentiality obligations of chiropractors when collecting debts from patients? Can a collection agency be used? What information can be disclosed? Not surprisingly, almost every chiropractor, in private, has, at one point or another, asked himself or herself the above questions.

One of the bedrock principles of privacy/confidentiality is that patients "own" all personal information about themselves and chiropractors require consent to collect, use or disclose it. This principle is particularly significant when the information relates to something as sensitive as a patient's health. However, all principles have exceptions, including privacy/confidentiality. As a general proposition, chiropractors can collect, use and disclose personal information, including

personal health information, to the extent reasonably necessary to legitimately collect debts.

This exception to the duty of privacy/confidentiality is recognized in *PHIPA*, 2004. One of the permitted uses of personal health information by a custodian under clause 37(1)(i) of *PHIPA* is "for the purpose of obtaining payment or processing, monitoring, verifying or reimbursing claims for payment for the provision of health care or related goods and services." Subsection 37(2) of *PHIPA* authorizes the provision of personal health information from a custodian to an agent (e.g., a collection agency) for that purpose. Clause 41(1)(a) permits the disclosure of personal health information by a custodian in a legal proceeding where the custodian is a party if the information relates to an issue in that proceeding (e.g., the amount charged, whether the service was actually performed, etc.).

These provisions are consistent with federal privacy legislation, *PIPEDA*. Clause 7(3)(b) of *PIPEDA* permits disclosure without consent "for the purpose of collecting a debt owed by the individual to the organization."

continued on page 19

## Collecting Debts (cont.)

The above provisions appear to support collection attempts by a custodian with or without the assistance of agents. Patient consent is not required before patient information can be used in this manner.

There are some limits to the use of personal information about patients for collection purposes. The use and disclosure of personal health information in the collection of accounts should involve the minimum personal health information necessary in order to achieve the purpose. For example, details of a patient's medical history do not need to be included in a claim filed in small claims court. It is sufficient to briefly describe the professional services provided and the amount charged and owing for them.

Similarly, legitimate collection techniques need to be used. It might seem effective to publish notice in the local paper that patient X was receiving treatment to assist in sexual function and has not paid for the services, but such tactics are not fair, appropriate and professional.<sup>1</sup>

The chiropractor must retain control over the information. Thus, while a chiropractor could hire a collection agency to assist in the collection of a debt, the chiropractor cannot sell the account (e.g., at 50 cents to the dollar). By retaining ownership of the debt, the chiropractor ensures that if the collection agency acts improperly, the chiropractor

can "fire" the firm and go elsewhere. Once the debt has been sold to a third party, the chiropractor can no longer control how the patient's information will be used or disclosed. Indeed, it is professional misconduct to sell "any debt owed to the member for professional services. This does not include the use of credit cards to pay for professional services."

Whenever retaining a collection agency (or a lawyer, for that matter), the chiropractor should obtain a signed assurance that the firm will only use the information for the purpose of collecting the debt and not for any other purpose. For example, the third party should not sell the information to a marketing company (e.g., for credit counselling services). The chiropractor should also ensure that the collection agency (or lawyer) is duly licensed and has a published privacy policy.

Chiropractors are expected to be transparent in their handling of patient information. Each chiropractic office should have a privacy policy that, in part, describes how patient information will be used and disclosed to collect debts. A prudent chiropractor will also request that patients sign a consent form that includes a discussion of these matters.

Partner in the law firm, Steinecke Maciura LeBlanc and author of *A Complete Guide to the Regulated Health Professions Act*. This article provides general information only. For legal advice, please speak to your own lawyer.

<sup>1</sup> Note from Registrar: Members must practise in accordance with the scope of practice for chiropractic.

**March 30-April 1, 2006:  
CCO participates in the  
CFCRB Conference, St.  
John's, NF**



## CCO's 2005 AGM



**Dr. Gilles Lamarche acknowledges outgoing Council members (L-R) Ms Clarissa D'Cunha, Dr. Robbie Berman and Dr. Drew Potter**



**Ms Jo-Ann Willson acknowledges outgoing Council members (L-R) Mr. John Quinney, Ms Georgia Allan and Mr. Richard Frame**

CCO held its 2005 AGM on Thursday, June 22, 2006, in the Windows Rooms on the 32<sup>nd</sup> floor of the Four Seasons Hotel, Toronto. Unlike previous years that featured guest speakers, this year's AGM focussed on celebrating CCO's challenges and opportunities, and bidding farewell to several outgoing members - Ms Georgia Allan, Dr. Robbie Berman, Ms Clarissa D'Cunha, Mr. Richard Frame, Dr. Drew Potter and Mr. John Quinney.

Dr. Gilles Lamarche, President, specifically acknowledged outgoing president Dr. Drew Potter for his contribution to Council and the profession. Dr. Potter served the maximum nine-year term as a CCO Council member.

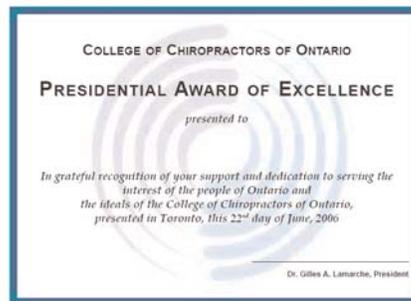


**Ms Patricia Henshaw addresses Council**

Ms Patricia Henshaw was also acknowledged. Ms Henshaw is retiring after many years of dedicated service as recording secretary to both BDC (CCO's predecessor) and CCO.

Mr. Allan Freedman, CMCC's jurisprudence instructor for some 30 years, addressed Council and thanked the members for presenting him with an

honorary Dr. Harold Beasley Award for Excellence in Jurisprudence at CMCC's convocation ceremony in June 2006. Mr. Freedman is also retiring.



### Presidential Award of Excellence

Dr. Lamarche presented, for the first time, the Presidential Award of Excellence to CCO Council members and staff for developing and coordinating CCO's suc-

cessful, province-wide record keeping workshops. The awards, which read "in grateful recognition of your support and dedication to serving the interest of the people of Ontario and the ideals of the College of Chiropractors of Ontario..." were presented to Ms Rose Bustria, Ms Sue Gargiulo, Dr. Frazer Smith, Dr. Keith Thomson, Dr. Bruce Walton, and Ms Jo-Ann Willson.



**Mr. Allan Freedman addresses Council**

# On the Road...

## CCO's province-wide record keeping workshops

Waterloo, January 14, 2006



Toronto, February 12, 2006



CMCC, Toronto - February 19, 2006



London - February 25, 2006



Windsor - March 4, 2006



(L-R) Workshop presenters Dr. Bruce Walton and Dr. Frazer Smith

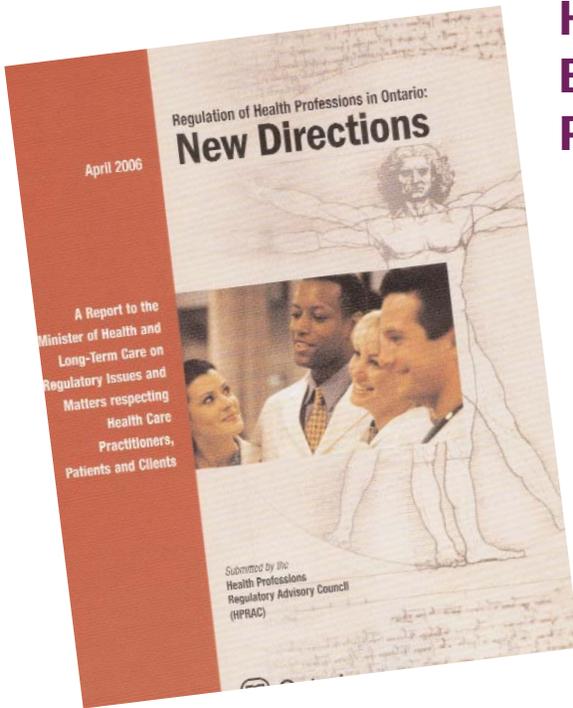
Timmins - May 6, 2006



Kingston - April 22, 2006



Workshop presenter Dr. Keith Thomson



## HPRAC Report: Background and CCO's Response

### Reconfiguring Existing Colleges and Establishing New Ones

Currently, there are 21 health regulatory colleges under the *RHPA* governing 23 health professions. HPRAC recommends regulating new professions under the *RHPA*, which will result in the reconfiguration of existing colleges and establishment of new colleges. The new professions will be pharmacy technicians, psychotherapy, kinesiology, personal support workers, and naturopathy/homeopathy. Several of these professions will require a transitional council.

There are currently seven statutory committees under the *RHPA* - Executive, Complaints, Discipline, Fitness to Practise, Patient Relations, Quality Assurance, and Registration. HPRAC recommends changes to the functions and number of committees - to six from the current seven.

Furthermore, HPRAC recommends disbanding the Patient Relations Committee and replacing it with a public outreach program that will incorporate the following components:

- programs to assist individuals to exercise their rights under the *RHPA*;
- communications measures to enhance relations among the colleges, members, complainants and the public, such as inter-professional collaboration, media relations, and notices to complainants and members; and
- measures for preventing or dealing with sexual abuse of patients, such as educational requirements for members, guidelines for members with their patients, and the provision of information to the public.

The Patient Relations functions relating to sexual abuse and funding programs for therapy and counselling for persons who, while patients, were sexually abused by members, is to be managed in the most administratively effective place in each college (i.e., at the college's discretion).

### Background

On February 7, 2005, the Minister of Health, Hon. George Smitherman, asked HPRAC to advise MOHLTC on several issues regarding the regulation of health professions under the *RHPA*. They included the overall review of the *RHPA*, review of the colleges' QA and patient relations programs, review of the colleges' complaints and discipline procedures, and the regulation of new professions under the *RHPA*, such as naturopathy and homeopathy.

HPRAC embarked on a one-year consultation process that included literature and jurisdictional reviews and discussion (through public forums, workshops, surveys and interviews) with close to 2,000 individuals and organizations, including health professionals, associations, regulatory colleges and public members of regulatory colleges.

HPRAC presented its report, entitled "Regulation of Health Professions in Ontario: New Directions," on May 19, 2006. The report does not propose a new model of regulation, but sets out new directions within the current self-regulatory model - reconfiguring existing colleges and establishing new ones.

The entire report is posted on HPRAC's web site at [www.hprac.org](http://www.hprac.org). Responses were required by June 30, 2006.

Please note: HPRAC's recommendations are not law. Minister Smitherman has indicated he intends to introduce legislation in the fall of 2006.

continued on page 23

# HPRAC Report (cont.)

## HPRAC Report's Proposed Committees and Functions

### Executive

- exercises powers of Council between Council meetings

### Registration

- reviews applications for registration referred by registrar
- directs registrar to approve, reject or impose terms, limitations or conditions on certificate of registration
- recommends requirements for registration
- ensures registration due process provisions are met
- monitors, evaluates and reports on registration process and outcomes

### Inquiries, Complaints and Reports (ICR)

- previously the function of Complaints Committee and investigative function of the Executive Committee
- receives all member-specific complaints and reports
- conducts initial investigations re: inquiries, complaints and reports
- conducts practice assessments
- requests registrar to appoint investigator, receives report
- requests registrar to appoint health assessor, receives report
- facilitates informal resolution, approves settlements
- disposes of inquiries, complaints and reports by dismissal, resolution or referral to Discipline Committee or Fitness to Practise Committee
- accepts voluntary undertakings and may require members to undertake specified continuing education or remediation activities
- makes interim suspension and practice limitation orders
- provides information, status reports and decision to complainant, reporter and member
- monitors, evaluates and reports on ICR process, compliance and outcomes

### Discipline

- receives cases from ICR
- conducts hearings into allegations against members
- considers questions of professional misconduct, incompetence or failure to meet standards of practice
- makes findings
- orders sanctions appropriate to decision, including conditions, limitations on registration, remediation, fines or suspension from practice
- directs remediation programs required in discipline decisions
- monitors compliance with disciplinary findings
- conducts reinstatement hearings
- monitors, evaluates and reports on Discipline process and outcomes

### Fitness to Practise

- receives cases from ICR
- conducts hearings into allegations of incapacity of members
- considers questions of physical or mental illness or dysfunction
- makes findings
- orders action taken regarding member's registration
- conducts reinstatement hearings
- monitors, evaluates and reports on FTP process, compliance and outcomes

### Quality

- recommends, develops and implements professional continuing competence and quality improvement programs
- performs competency assessments and peer practice reviews
- develops and monitors remediation plans
- develops and conducts or implements continuing education programs
- develops and engages members in multi-disciplinary quality and patient safety programs
- reports incompetence, incapacity or misconduct to ICR
- monitors, evaluates and reports on competence requirements, process and outcomes

continued on page 24

# HPRAC Report (cont.)

## Naturopathy

**Titles:** Naturopathic Doctor, Doctor of Naturopathic Medicine, Naturopath

### Scope of Practice

The practice of naturopathic medicine is the promotion of health, the assessment of the physical and mental condition of an individual, and the diagnosis, prevention and treatment of diseases, disorders and dysfunctions through the integrated use of natural therapies and natural medicines that promote the individual's inherent self-healing mechanisms.

### Controlled Acts

- communicating a diagnosis
- performing a procedure on tissue below the dermis for the purposes of venipuncture, skin pricking and needle acupuncture
- moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust
- administering a substance by inhalation or injection as designated by regulation
- putting an instrument, hand or finger into openings of the body
- ordering diagnostic ultrasound and other forms of energy used for diagnostic purposes as designated by regulation
- prescribing, dispensing, selling and/or compounding drugs that are consistent with naturopathic practice, as prescribed in regulation

(Please note: Naturopathy was not specifically part of the Minister's referral to HPRAC.)

## Homeopathy

**Title:** Registered Homeopath

### Scope of Practice

The practice of homeopathy is the assessment of body system disorders through homeopathic techniques and treatment using homeopathic remedies to promote, maintain and restore health

**Controlled Acts:** None

## CCO's Response

CCO applauds HPRAC's efforts in tackling complex health regulatory issues within a short time frame and supports many of HPRAC's recommendations to revise and improve the *RHPA*. In particular, the following changes to the Code, Schedule 2 to the *RHPA*:

- amending the Objects clause to promote inter-professional collaboration;
- merging the screening functions of the Complaints and Executive committees into one committee - the ICR Committee;
- authorizing specific enforcement provisions for the new Quality Committee;
- forming a collaborative task force to attempt to improve the efficiency of the regulation approval process;
- improving access to training and compensation for public members; and
- providing that discipline orders are not stayed pending an appeal.

CCO believes these and other measures will increase openness, transparency and accountability to the public in Ontario and will result in enhanced public protection.

However, CCO is concerned about HPRAC's recommendation that an interim suspension by the new ICR Committee will still require a referral to the Discipline Committee. CCO supports a different threshold, namely, that the ICR Committee be satisfied on a balance of probabilities that the member's conduct would expose his/her patients to harm or injury. Before a referral to the Discipline Committee may be made, the college's investigation must be completed, and, particularly in cases involving simultaneous criminal or civil proceedings, investigations may be delayed for a significant period of time, during which the member continues to practise and may be a risk to the public. HPRAC's recommendation does not go far enough to protect the public.

continued on page 25

## HPRAC Report (cont.)

CCO does support some of HPRAC's recommendations relating to naturopathy and homeopathy, namely, that if naturopaths and homeopaths are regulated under the *RHPA*, a transitional council should be established, including persons nominated by other regulators, and the transitional council should move immediately to develop standards for mandatory consultation and referral.

However, CCO has concerns about the broad and all-encompassing scope of practice for naturopaths and the number of controlled acts HPRAC recommends naturopaths be authorized to perform under the *RHPA*.

### CCO's Recommendations re: Naturopathy

CCO's recommendations concerning the regulation of naturopathy are the following:

- That naturopaths continue to be regulated under the *DPA* on a phased-in approach with identified bench marks, including the establishment of common standards of practice with other professions with overlapping scopes of practice.
- That if the naturopaths become regulated under the *RHPA*, the professional misconduct regulation under the proposed *Naturopathy Act* include the following as an act of professional misconduct:

Failing to advise a patient to consult with another health professional when the member knows or ought to know that,

- the patient's condition is beyond the scope of practice and competence for the member,
  - the patient requires the care of another health professional, or
  - the patient would be most appropriately treated by another health professional.
- That the mandatory indicators for referral and/or consultation be developed by the naturopathy profession's regulatory college in consultation with the regulatory college under the *RHPA* that regulates members with the particular authorized act.

- That naturopaths not be granted the controlled act of moving the joints of the spine.
- Alternatively, that a regulation on mandatory consultation and referral relating to spinal adjustment/manipulation be developed in consultation with CCO and put into place prior to the enactment of a *Naturopathy Act*.
- That naturopaths not be granted the controlled act of putting an instrument, hand or finger beyond the anal verge.
- That subject to the approval of the Lieutenant-Governor-in-Council, and with prior review of the Minister, the Council of the College of Naturopaths and Homeopaths be required to have in place prior to proclamation of a *Naturopathy Act*, regulations:

- prescribing high minimum qualifications for the practice of homeopathy and for the practice of naturopathy;
- prescribing and governing the therapies involving the practice of the profession of homeopathy and the profession of naturopathy and prohibiting other therapies;
- adding protected titles; and
- any matter relevant to the profession of homeopathy and/or the practice of homeopathy, and any matter relevant to the profession of naturopathy and/or the practice of naturopathy.

- That the *DPA* remain in force and effect until the transitional council has completed its work, including the development of standards relating to mandatory consultation and referral.

CCO has and continues to be prepared to work with other regulators, including BDN, to ensure regulation in the public interest.

continued on page 26

## For Your Information

### Mandatory Continuing Education

The QA Committee is currently investigating the option of mandatory continuing education for CCO members. Namely, that members must obtain a certain number of C.E. hours per year or that members must participate in CCO-approved courses or workshops, such as record keeping.

Currently, there is mandatory continuing education, but it is self-directed. CCO does not require members to take certain courses or certain number of hours per year. CCO does require members to participate in continuing education activities and to document these activities and other learning achievements in their professional portfolios.

### By-laws Distribution Coming Soon

CCO will soon circulate its by-laws for review and feedback. As always, CCO hopes members will provide their feedback as this will help determine how the by-laws will ultimately read and if additional revisions are required.

### AVCA Membership Not Required

Recently, there has been some confusion among CCO members who provide chiropractic care to animals that these members must also be members of AVCA. This is false. Standard of Practice, S-009: Chiropractic Care of Animals, reads as follows:

“In providing chiropractic care to an animal, CCO registrants must have appropriate training in animal chiropractic, which includes successful completion of a certificate program in animal chiropractic (for example, the certificate program offered by the AVCA, or its equivalent)...

Registrants will be exempted from paragraph 1 above if they are enrolled and participating in an approved program in animal chiropractic, leading to the successful completion of a certificate program in animal chiropractic (for example, the certificate program offered by the AVCA or its equivalent)...”

The key words are “for example” and “its equivalent.” The standard offers AVCA as an example of an appropriate program. Therefore, members do not have to write the AVCA exams if their program offers an equivalent exam.

The QA Committee will be reviewing this standard. If you have further comments for changes that are consistent with CCO’s statutory mandate, please forward them to CCO.

### Compliance to CCO Standards is Mandatory

CCO has the statutory responsibility under the *RHPA* to develop, establish and maintain standards of practice. Covering a variety of topics (e.g., consent, record keeping), standards guide members in the delivery of health care services and ensure the quality of the profession.

continued on page 27

## HPRAC Report (cont.)

### CCO’s Recommendations re: Chiropractic

The current review of the *RHPA* and profession-specific act provisions provides an opportunity to make the necessary regulatory amendments. CCO has two recommendations relating to chiropractic:

- that chiropractors be authorized to order a limited range of laboratory tests as specified by CCO; and

- that chiropractors be authorized to order and apply non-invasive diagnostic ultrasound and other forms of energy as designated by regulation.

These amendments would allow chiropractors in Ontario to provide the best possible care to patients, consistent with their training and expertise.

CCO’s HPRAC response in its entirety is posted on CCO’s web site at [www.cco.on.ca](http://www.cco.on.ca).

## For Your Information (cont.)

Because standards of practice are reflected in legislation, compliance is mandatory. According to Regulation R-008: Professional Misconduct, contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession is an act of professional misconduct. CCO has a mechanism in place for enforcing the standards.

CCO does afford members the opportunity to provide feedback on proposed standards. The process for developing a standard includes distributing the proposed standard to members for feedback. The committee that proposed the standard reviews the feedback and makes recommendations to Council. Council either approves the standard or requests additional revisions. If the revisions differ significantly from the standard that was distributed to members, the standard is re-circulated. This ensures procedural fairness. The standard comes into effect once it is approved by Council.

CCO committees review their respective standards yearly to ensure they are current and applicable. If there are any revisions, they are recommended to Council and then distributed to members for feedback.

### Canadian Chiropractic Convention - Vancouver

The Canadian Chiropractic Convention, hosted by the CCA and the 10 provinces, will be held in Vancouver, B.C., on November 16-18, 2006. The convention's theme - unity of the chiropractic profession within the context of the mandated responsibilities.

The convention will bring together delegates from across Canada to present on a broad and diverse range of information.

The convention will feature four concurrent sessions or tracks throughout the weekend, each with its own theme and outstanding features. The four tracks are: Embracing Our Future Through Unity and Leadership, Chiropractic in the Global Health Care Environment, Today's Science and Research of Chiropractic, and Case Scenarios - Models of Clinical Excellence.

For additional information, please visit the convention's web site at [www.chiroconvention.com](http://www.chiroconvention.com).

### Dr. Harold Beasley Memorial Award

Congratulations to the 2006 CCO co-winner of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence - Matthew Rosenberg, DC, a CMCC graduate. CCO will waive his application and registration in Ontario for the first full year of practice.

The award is open to any student from an accredited chiropractic educational institution in North America who intends to practise in Ontario.

### Interested in serving on CCO?

Have you wondered what it would be like to serve on a CCO committee as a non-Council member or as an assessor? If you are interested, please send your letter of intent, indicating your interests,



and resumé to CCO.

### Communications - What suits you?

Please let us know how you would like to receive the following items from CCO: various communications materials (e.g., announcements) - by e-mail, regular mail or CD-ROM; and *ChiroCare* binder - by mail or on CD-ROM.

Please note, CCO will continue to distribute the annual report, directory and newsletter via regular mail. All information is posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)).

# Techniques, Technologies, Devices, Procedures (TTDP) Submissions



## CCO is taking a brave new step!

CCO is inviting submissions on TTDP that will help evolve Standard of Practice S-010: TTDP. These submissions will assist CCO in approving TTDP that are considered acceptable for clinical purposes, as stated in the standard.

S-010: TTDP, requires that for a TTDP to be considered acceptable for clinical purposes, it must:

- be taught in the core curriculum, post-graduate curriculum or continuing education division of one or more colleges accredited by CCEC, or in an accredited Canadian or American university, in a manner intended to achieve clinical proficiency (examination, certification or other proof of clinical proficiency is required);
- or -
- be a TTDP approved by CCO.

Any submission should include sufficient information to allow CCO to measure compliance with S-010 as it is currently written, including:

- information about where the TTDP is taught (in addition to information about the examination, certification or other proof of clinical proficiency required);
- a description (including any relevant research);

- the anticipated benefit, goal or expected outcome for the patient(s);
- alternatives; and
- effects, risks and side-effects of both the use and non-use of the TTDP.

Members are reminded that they may choose to submit information concerning the TTDP they are using in their practice. CCO intends to publish the results of its review of various TTDP in various publications, including the CCO web site. In addition, the name of the TTDP with respect to which approval is being sought will be posted on the web site so interested stakeholders may comment or provide feedback as part of CCO's approval process (a deadline date for feedback will be provided). CCO also intends to invite specific individuals to make submissions with respect to the TTDP they have pioneered or with respect to which they have significant expertise or experience.

To be proactive, please submit your TTDP for approval. CCO will notify you if further information is required before the TTDP can be approved. As you know, CCO collects information about each member's TTDP on the annual registration renewal forms completed by all members.

If a TTDP has not specifically been approved, members should not assume they cannot use the TTDP, but they should satisfy themselves that the TTDP complies with S-010. In the event of a complaint or discipline process involving a member and the use of TTDP, the Complaints or Discipline committee will rely on S-010 to determine the member's compliance with the standard.

CCO believes this process will strengthen the *Core Competencies for CCO Members* document by better defining TTDP that are clearly within the scope of practice and meet appropriate criteria for approval. The Core Competency Project is spearheading this initiative.

The public is entitled to expect TTDP used by members to reasonably comply with CCO's standards of practice. CCO is aware of the controversy that is likely to result from its consideration of this issue, and looks forward to the ongoing professional debate that will help to inform and further CCO's statutory mandate to regulate chiropractic in the public interest.

# Registry Update (as at August 1, 2006)

## Suspended due to non-payment of fees

Abouchacra, Oudi S.	Frohlich, Jennifer L.	Paonessa, Mike
Adamski, Andrew C.	Fuliere, Fabrizio D.	Plumley, Julia C.R.
Alyea, Grant V.	Gable, Helen M.	Prii, Mark T.
Andersen, Ross K.	Hewitt, Jina M.	Rogers, Donald W.
Austring, John N.	Keane, Daniel C.	Sawa, Michael P.
Beggs, Jennifer R.	Kee, Joanna W.	Seim, George M.
Budgell, Brian S.	Keyes, Kevin J.	Shin, Donald D.
Butz, Eric S.	Kiely, Roy C.	Skaro, David V.
Campbell, Janice P.	Kim, Dong Heon	Skinner, Wade J.
Chan, Allan W.	Kirkwood, Joanne L.	Slobodian, Daniel B.
Chohan, Permvir S.	Kuganantharajah, Shiyamini	Tryphonas, Speros
Chung, Joyce M.	Lau, Edwin	Valente, Danny J.
Collins, Martha E.	Lockhart, Robert C.	Watkins, Terry A.
Collis, Dennis W.	Mah, John F.	Waxman, Earl A.
Corradetti, Matthew P.	Mavrou, Lisa M.	Weber, Carl M.
Cramer, Norman	McKibbin, Blaine E.	Wellman, Angela L.
Downey, Shara N.	Mills Mulchey, Kimberley D.	Widmeyer, Jodie L.
Ely, Stephen L.	Moore, Jamie L.W.	Wyckoff, Donald W.
Foshang, Trevor H.	Moore, Terence	

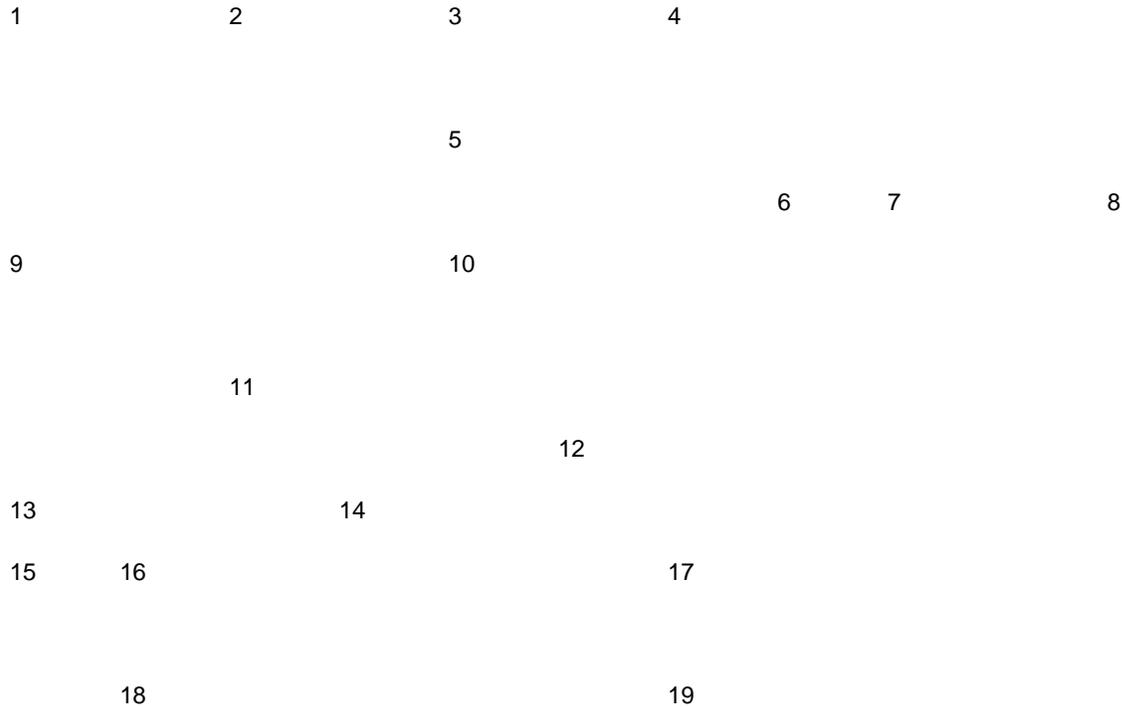
## Revoked due to non-payment of fees for two years

Boynton, David R.	MacDonald, Denise
Buss, Timothy E.	Morey, Joanna M.
DiPasquo, Riccardo N.	Rigg, Melissa E.
Forter, Marc A.	Tschaschnik, Irwin B.
Lebenbaum, Jack R.	Yorke, Ryan W.

## Resigned

Adair, Grant K.	Lin, Jules C.
Barbuto, Luciano	Lizon, Todd W.
Beattie, Jennifer D.	Logan, Kenneth
Bennett, Pamela G.	Luck, Richard
Campbell, Donald R.	Magwood, Michael R.
Covey, Steven G.	McCarthy, Richard E.
Detweiler, Holly-Ann L.	Nelson, Brian J.
Duchnicki, Christopher J.	Pahl, Jason M.
Engalla, Yolyvette R.	Pascoe, Richard N.
Fera, Peter	Steele, Alicia J.
Gillies, Joanna	Summers, Thomas S.
Grittani, Norman F.	Tuck, Orval H.
Johnson, Darrell J.	Wetherup, Daniel J.
Kennedy, J. Gary	Whittaker, Danella
Kent, Tanya	Whittaker, Jason
Khamissa, Salim	Williams, A. Harry
Kler, Shavneet	Williams, W. Langford
Lee, Amanda L.	

# Crossword: Test your acronyms knowledge



## ACROSS

- 1 National association of provincial and territorial chiropractic licensing authorities
- 4 "T" in MOHLTC (regulates Ontario's health care system)
- 5 Every college and many organizations must have one on a yearly basis
- 6 Accredits chiropractic educational institutions (e.g., CMCC and UQTR)
- 10 Act that regulated chiropractic before the *RHPA*
- 11 This organization's mission is to promote improved standards of education, practice, and research in the art and science of acupuncture
- 12 Governing body for Ontario chiropractors before CCO
- 15 Dictionary's definition - pricking the tissues of the body with fine needles as medical treatment or to relieve pain
- 18 Self-regulating body for Ontario optometrists
- 19 Opened in 1945, a world leader in chiropractic education and research

## DOWN

- 1 An organization whose vision is for every Canadian to have full and equitable access to chiropractic care
- 2 "C" in CPGs (hint: topic-specific advisory guidelines for the chiropractic profession)
- 3 Last word in CCEB
- 4 Acupressure, shiatsu and herbal tonic, for example
- 7 Sole examination entity for all chiropractic examinations in Canada
- 8 Name of the entity that regulates the 23 health professions in Ontario, but is not an educational institution
- 9 Act that covers OHIP, among other things
- 12 Regulatory body for naturopathy
- 13 Committee responsible for putting on the record keeping workshops
- 14 Self-regulating body for Ontario's medical profession
- 16 A voluntary chiropractic association in Ontario
- 17 Committee that reviews accounts of chiropractors referred to it by the General Manager of OHIP

# Welcome New Members!

CCO welcomes the following new members (from August 3, 2005, to August 1, 2006) and wishes them a long and successful career in chiropractic.

- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| Ali, Shameer I.          | Ciraolo, Nicole A.       | Hartman-Grelowski, Jillian |
| Allen, Clarke A.         | Clark, Jason R.          | Hazineh, Demetra           |
| Angerilli, Peter A.      | Clarke, Jeffrey R.       | Hefford, Chad L.           |
| Apel, Robin              | Collins, Deborah L.      | Heiser, Rudy N.            |
| Athwal, Pardip K.        | Crane, Eric W.           | Herr, Surbjit S.           |
| Baird, Evelyn M.         | Cull, Julie              | Hoda, Andria M.            |
| Bajaj, Gina K.           | Cuoppolo, Daniel         | Hooper, Dwayne S.          |
| Baker, Karen A.          | DaPonte, Donny F.        | Howlett, Sandra J.         |
| Baker, Kimberly B.       | DeBora, Jaimie, E.       | Hudda, Shamira             |
| Basso, Jory J.           | DeCarvalho, Diana E.     | Hunter, Mark G.            |
| Beattie, Kathy J.        | Devassy, Jamie J.        | Ienna, Michael J.          |
| Bee, Theresa L.          | DiFrancesco, Bryan J.    | Illes, Jennifer D.         |
| Bhan, Manik              | Dimain, Blessyl S.       | Imineo, Marisa S.          |
| Bletsoe, Adam R.         | Douglas, Elizabeth A.    | Inglis, Christina A.       |
| Boghosian, Karlos        | Dunn, Gregory G.         | Jiwa, Farrah               |
| Boghozian, George        | Eberspaecher, Stefan A.  | Johnston, Erin M.          |
| Bonakdar, Shirin         | Eldridge, Shawn A.       | Johnston, William D. J.    |
| Braun Smith, Tanja C.    | Elkassen, Lama Z.        | Johnstone, Kenneth A.      |
| Brechun, Mary Angela     | Floros, Minas            | Jug, Kresimir              |
| Brubacher, Andrew J.     | Forbes, Colleen B.       | Kang, Jacob                |
| Bruni, Leanne T.         | Foster, Jaclyn S.        | Karabellas, Leonidas       |
| Bui, Loan A.             | Freedman, Jody M.        | Karmy, Ann M.              |
| Burley-Howes, Genieve C. | Gangadharan, Gayathiri   | Kato, John-David A.        |
| Burnie, Stephen J.       | Garofalo, Julie R.       | Kent, Tanya A.C.           |
| Burton, Brent E.         | Giaschi, Andrea C.       | Khalili, Sanaz             |
| Butler, Kimberly A.      | Gilas, Danielle L.       | Kim, Jessica U.            |
| Butt, Amy C.             | Gill, Anita              | Kinahan, Janine M.         |
| Carnovale, Vanessa A.    | Golding, Diane           | Kucan, Graham A.           |
| Cassells, Michelle L.    | Greszczyszyn, Andrew E.  | Kuganantarajah, Shiyamini  |
| Castaldi, Emilio         | Grewal, Rupinder K.      | Kushnirenko, Lynne M.      |
| Caterer, Michael S.A.    | Grieve, Lindsay A.       | Lai-Fang, Gregory A.       |
| Chivers, Michael D.      | Grigoropoulos, Haralabos | Laithwaite, James E.       |
| Choe, Yonju              | Guker, Mark G.           | Langley, Joanna S.         |
| Chryssafis, Melanie A.   | Hamid, Sasha F.          | Le, Vy Uyen                |
| Chu, Kevin               | Hamilton, Michael J.     | Legate, Nicola J.          |
|                          |                          | Leitch, Alison K.          |
|                          |                          | Leontidis, Dimitrios       |
|                          |                          | Lopes, Melanie M.          |
|                          |                          | Luu, Chanh                 |
|                          |                          | Ma, Jennifer               |
|                          |                          | Marion, Damien P.          |
|                          |                          | Marjerrison, Erin L.       |
|                          |                          | Markovitch, Cynthia A.     |
|                          |                          | Marsh, Gary C.             |
|                          |                          | Marshall, Victoria         |
|                          |                          | Matthieu, Allan P.         |
|                          |                          | McClure, Timothy D.        |
|                          |                          | McDowall, Leslie A.        |

## Crossword Solution

	C	C	M	C <sup>16</sup>		O	O	C <sup>18</sup>	
				R		S		A	
E	R	U	T	C <sup>17</sup>	N	U	U	C <sup>16</sup>	V <sup>15</sup>
G				D	D <sup>12</sup>		L	D <sup>13</sup>	
E			C						
L		B				O	C	A <sup>11</sup>	V
L		E					C	C <sup>11</sup>	I
O		C		A	P	D <sup>10</sup>	R	I	H <sup>6</sup>
C <sup>8</sup>	E	C <sup>7</sup>	C <sup>6</sup>	M	G	A <sup>5</sup>	R	N	
				C		O		I	V
				C		O	L	L	C
	M	R	E	T <sup>4</sup>		B <sup>3</sup>	R	C <sup>2</sup>	F
									C <sup>1</sup>

## Welcome New Members (cont.)

McIntyre, Kevin M.	Ranjifroody, Hedy	Su, Wendy C.
McNichol, Joy A.	Reuber, Sara M.	Suokas, Erik K.
McRuvie, Adrienne E.	Richards, Joel C.	Ting, Trina C.C.
McVety, Joshawa G.	Ritacco, Rosalie	Tregaskiss, Sarah M.
Mensour, Philip J.	Romanelli, Andrew P.	Truax, Michael R.
Merepeza, Alban	Royer, Royer-Chin, Jennifer	Turk, Edward E.
Merogi, Yako	Sachedina, Asif	Uy, Glenn P.
Mistry, Jaina	Sadowska, Magdalena	Vatcher, Scott J.
Modi, Nita	Sanchez, Leesa J.	Virk, Paul S.
Moore, Tyler	Sanjari, Behfar	Vitale, Danilo M.
Morton, Benjamin C.	Scarpitti, Giuseppina	Vo, Hien
Munroe, Heather C.	Scott, Curtis A.	Vomvas, Joseph G.
Palombo, Pier-Paolo	Sekhan, Sharanjeet K.	Weir, Myrna J.
Paquin, Mathieu	Seksek, Ahmed M.	Wells, Amanda
Passmore, Steven R.	Serebryany, Rostislav	White, Jacqueline E.
Patel, Ushma	Sidhu, Rupinder K.	Wickramasinghe, Tania E.
Pathak, Ankur	Singh, Gurdeep	Wilson, Courtney J.
Pelletier, Steve D.	Siqueira, Tania A.	Wong, Jerome
Pennell, Kelly A.	Sommers, Michael J.	Woo, Andrew
Petermann, Michael J.	Soward, Adam W.	Woodward, Lisa
PionRobin, Maryse M.	Stacey, Anne I.	Zabukovec, Sonja
Polyvos, Dimitrios	Stoilov, Marina Z.	Zollinger, Martin I.
Randhawa, Preetkamal S.	Stott, Cam J.	

---

## Council Meeting Highlights

Council held six regular meetings and one orientation meeting since the last issue of *ChiroPractice*.

At all meetings, Council reviews information from the MOHLTC and other chiropractic organizations, health regulatory colleges and the FHRCO, and monitors legislative changes to ensure it is informed about recent developments that relate to CCO's mandate to regulate chiropractic in the public interest.

Meeting items that appear not to be contested 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.

All Council meetings involve a report from every committee as well as the treasurer, and a consideration of the recommendations of each committee.

CCO has regular attendees at its Council meetings, including the chair of CRC, a representative from OCA, and frequently, a representative from MOHLTC. Attendees receive public information packages.

Council meetings are open to the public, although Council occasionally goes in camera to

discuss matters relating to finances or legal advice.

Call CCO or check the web site ([www.cco.on.ca](http://www.cco.on.ca)) to obtain the dates of upcoming meetings.

Here are the public portion highlights.

### September 16, 2005

#### Council noted/reviewed the following:

- MOHLTC's approval of CCO's QA Regulation (Ontario Regulation 233/05) on May 18, 2005, and published in the *Ontario Gazette*.
- August 24, 2005, meeting between CCO representatives (Dr. Drew Potter, Dr. Robbie Berman, Ms Georgia Allan and Ms Jo-Ann Willson) and representatives from MOHLTC's Program Policy Branch (Ms Marilyn Wang, Ms Allison Henry and Ms Gwen Gignac) to discuss some of CCO's outstanding issues (such as advertising) and to provide an update on CCO's initiatives (such as various aspects of the QA program).

continued on page 33

## Council Meeting Highlights (*cont.*)

- MOHLTC's new policy guidelines for drafting conflict of interest regulations, and directions to the QA Committee to develop a standard of practice on conflict of interest.
- MPP Tony Wong's report and recommendations on TCM and acupuncture, especially recommendation # 9, which reads: "That regulated health professionals who use acupuncture as an adjunct therapy in the course of their professional practice be authorized to perform it only if they possess the required core competencies and only within the scope of practice and standards of practice of their profession." Council directed the QA Committee to develop a standard of practice on acupuncture and to request information from the ACO and other regulatory colleges.
- changes to MOHLTC's public appointments application process as follows: no security checks will be conducted on re-appointments, and verification of personal data will be required to conduct a security check on new appointments.
- information from MOHLTC's Director of Health Human Resources Policy Branch, Ms Diane McArthur, re: design and development of an allied health human resources database.
- thank you letter to public member Mrs. Regina Willmann from Hon. George Smitherman, Minister of Health, for her commitment to CCO over the last six years.
- information on several HPRAC projects relating to the *RHPA* review, including CCO's participation in FHRCO's HPRAC working group, which is preparing a submission on the review, the meeting with HPRAC consultants on September 12, 2005, and a HPRAC consultation workshop on October 24-25, 2005, which will include CCO representatives.
- participation of some Council members in the joint discipline orientation session on October 19, 2005.
- information on two educational sessions for health practitioners, facilitated by FHRCO and Mr. Richard Steinecke, to be broadcast via web cast on November 20 and December 13, 2005. Topics: consent, delegation, controlled acts, privacy, conflicts with colleagues, professional boundaries, conflict of interest, client complaints, record keeping and mandatory reporting.
- letter from Dr. Douglas Pooley, President, CCEC, requesting that CCO consider increasing its dues to CCEC to \$39,000.
- information re: the provincial presidents' meeting in September 2005.
- information re: CPGs consultation meeting in Halifax on October 22, 2005 (Dr. Gilles Lamarche to attend).
- information re: CCEB's AGM on October 29, 2005.
- information re: CFRCB/CCA Operational Boundaries Task Force meeting at CCO on November 26, 2005, to discuss CPGs and the operational boundaries task force discussion paper.
- extract from *Canadian Chiropractor* on the job analysis of 2,500 chiropractors in the United States by the National Board of Chiropractic Examiners.
- information from *The Medical Post*, June 2005, on CPSO's plan to revalidate physician licences. If implemented, revalidation would see every physician reassessed for licensure every five years based on clinical capability and participating in continuing medical education.
- thank you letter to Ms Willson from Dr. Ann Cavoukian, Information and Privacy Commissioner, for assisting with distributing privacy information.
- request from Hong Kong's Labour Department to meet with CCO to discuss the Hong Kong government's recognizing chiropractic services under its labour legislation. Dr. Drew Potter and Ms Willson met with eight Hong Kong representatives on September 23, 2005.

continued on page 34

## Council Meeting Highlights (*cont.*)

- information from the Ministry of Transportation re: draft eligibility criteria for the disabled personal parking permit program. The Minister requested comments from CCO on the terminology used in the categories that would be certified by a chiropractor.
- consideration of the following designation as a CCO-approved specialty - Fellow of the College of Chiropractic Veterinary Sciences (FCCVS).
- various information items from the Advertising Committee, including the current regulation, standard of practice and guideline, the proposed revisions to the regulation, standard and guidelines, and the proposed public display protocol and glossary of terms for public display protocol.

### Other activities:

- Invited guests spoke on the advertising proposals - Dr. Tom Gadsby (OCA), Dr. David Fletcher (CAC) and Mr. Allan Freedman (CMCC).
- Council scheduled an additional meeting, November 4, 2005, to review the advertising proposals.

### November 4, 2005

- Council welcomed facilitator Ms Carolyn Everson, who applauded Council members for their thorough consideration of the advertising issues. Ms Everson's objective - to assist Council with moving forward on some issues.
- Council created a design criteria table to discuss two questions:
  1. Should CCO's advertising provisions allow members to display, demonstrate and provide information in public spaces?
  2. Should CCO's advertising provisions allow members to perform assessments in public spaces?
- Dr. Robbie Berman, Chair, Advertising Committee, demonstrated static and motion palpation and various devices.

- The Advertising Committee to use the results of this meeting (including a straw vote on mall displays) to make further amendments to the proposed advertising regulation, standard of practice and guideline.

### November 25, 2005

#### Council approved the following:

- in Standard of Practice S-002: Record Keeping:
  - including the definition of a re-assessment in the Patient Health Record section (see Quality Assurance Committee Update, Table 2, page 15).
  - deleting "direction of thrust" in the 4<sup>th</sup> bullet of item 4(5), Patient Health Record.
  - including in the Legislative Context section the chiropractic scope of practice from the *Chiropractic Act, 1991*, as follows:
    3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,
      - (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
      - (b) dysfunctions or disorders arising from the structures or functions of the joints.
- CCO's election material, *Notice of Election and Nomination Guide*, to include the following:
  - The guidelines for your statement are:
    - use one 8.5" x 11" page of white bond paper (vertical not horizontal);
    - place your name at the top of the page;
    - 1" margins are the minimum required on all four margins;
    - do not, in any way, imply that CCO supports your candidacy; and
    - a photograph may be included - head and shoulders only.

continued on page 35

## Council Meeting Highlights (*cont.*)

- You are required to include the following statement (verbatim) in your candidate information and, based upon it, describe in your statement how you would contribute to the regulation of chiropractic in the public interest: “Chiropractors who are elected will reflect their commitment to the public’s right to safe, effective and ethical chiropractic care.”
- Your candidate information needs to reflect the College’s role in representing the public interest.
- FHRCO’s submissions to HPRAC re: the *RHPA*. All 21 colleges, including CCO, participated in the submission.
- HPRAC’s invitation to the public members appointed to *RHPA* colleges to a consultation session on December 7, 2005.
- letter from the Ministry of Transportation requesting CCO’s formal endorsement of the criteria concerning the Ontario Disabled Person Parking Permit Program.

### Council noted/reviewed the following:

- information that CCO’s Executive Committee had unanimously supported CCEB’s creating a policy that a candidate who was unsuccessful in the examinations on three attempts would be required to take a one-year remedial course at a chiropractic college.
- MOHLTC’s revocation of three CCO regulations (election of Council members, committee composition, and appointment of non-Council committee members), which are addressed in by-laws.
- draft terms of reference for MOHLTC’s Knowledge Transfer Committee, designed to create a dissemination strategy to communicate with stakeholders, scientific/clinical communities and the public. The Registrar discussed this document with Ms Allison Henry and Ms Gwen Gignac via teleconference on November 14, 2005.
- progress update report on the Allied Health Human Resources Database Pilot Project by MOHLTC.
- several documents relating to HPRAC’s *RHPA* review, including:
  - executive summary;
  - literature and jurisdictional review;
  - structured interview questions for Ontario’s health profession regulatory colleges;
  - summary of key informant interviews; and
  - summary of completed structured interviews.
- presentation by Ms Willson and Dr. Frazer Smith to the OCA conference on November 18-19, 2005, entitled “Thriving While Complying.”
- letter from FSCO advising that the commission is beginning a project to introduce four new pre-approved framework guidelines for auto accident claims.
- CCO president’s letter to Premier Dalton McGuinty and Hon. George Smitherman, the latter outlining mutual public interest issues between CCO and MOHLTC.
- CCA/CFCRB document entitled “Chiropractic Task Force on Operational Boundaries - Post-Consultation Report & Directions,” November 2005.
- response from the chiropractic specialty colleges to the CCA/CFCRB Operational Boundaries document.
- response from the College of Chiropractors of Alberta to the Operational Boundaries document.
- request to CCO from CMCC for CCO to become an alternate record keeper for CMCC. CMCC decided to find another organization that would provide unconditional guarantees that were suitable to the government.
- Dr. Sil Mior’s analysis of the clinical and financial aspects of clinical practice and how these have changed over time. Ms Maria Simas, CCO’s Registration Coordinator, gathered the generic/anonymous data for Dr. Mior.

continued on page 36

## Council Meeting Highlights (*cont.*)

### Other activities:

- CCO staff attended a workshop on November 7-8, 2005. Topic: *RHPA* and Legislative Framework Issues. Issues addressed:
  - governance, accountability and college structure;
  - quality assurance/quality improvement;
  - transparency and communications;
  - multidisciplinary/collaborative practice issues;
  - new professions;
  - *RHPA* renewal; and
  - patient relations programs.

### February 10, 2006

#### Council approved the following:

- circulation of draft standard of practice S-017: Acupuncture, extract from the WHO report, and feedback form asking members to comment on the following:
  - distinction between needle insertion, laser and acupuncture;
  - whether the recommendations relating to training hours are sufficient, insufficient or excessive; and
  - any other items CCO should consider.
- deferral of enacting standard of practice S-016: Block Fees/Pre-Payment Plans, approved by Council on November 25, 2005, pending the receipt of a legal opinion, necessitated by the fact that the version that was distributed in September 2005 and the one that was approved in November 2005 were too different from each other.
- committee composition changes proposed by the Executive Committee until Council's internal elections on April 21, 2006, as follows:
  - Executive - Ms Georgia Allan (Treasurer), Ms Lynn Daigneault
  - Complaints - Ms Clarissa D'Cunha (2<sup>nd</sup> alternate)
  - Patient Relations - Dr. Brian Schut (Chair), Ms Ellie Moaveni
  - Quality Assurance - Ms Georgia Allan
- that the members of the Advertising

Committee meet as soon as possible to further review the proposed advertising materials (regulation, standard of practice, guideline, public display protocol), identify items Council is in agreement with, and draft revised versions of said materials for Council's review and approval.

- in principle, to support CCEB's recommendation to limit to three the number of times candidates may sit the examinations. After three failed attempts, the candidate would be required to take a one-year remedial course at a chiropractic college.

#### Council noted/reviewed the following:

- reappointment of public members Ms Clarissa D'Cunha and Mr. John Quinney for an additional three months.
- appointment of a new public member, Ms Ellie Moaveni of Richmond Hill, for a three-year term.
- appointment of Ms Rebecca Kwok to CRC.
- acknowledgement of public member Mr. Richard Frame, whose term ended in December 2005.
- amendments to the legislation to permit physicians' and dentists' family members to be non-voting shareholders of professional practice corporations. OCA is working with other professional associations to lobby to change the incorporation provisions to apply to all health professionals entitled to incorporate.
- information re: MOHLTC reorganization, including the appointment of Dr. Joshua Tepper, M.D., as Assistant Deputy Minister, Health Human Resources Strategy Division.
- information re: the Joint Discipline Orientation Session on April 27-28, 2006.
- verbal reports by Ms Georgia Allan, Ms Clarissa D'Cunha and Mr. John Quinney on the December 7, 2005, HPRAC workshop, entitled "Transparency and Communications - The Balancing Act."

continued on page 37

## Council Meeting Highlights (*cont.*)

- proposed amendments to By-law 6: Election of Council Members by the Executive Committee. Council requested the Executive Committee to reconsider the amendments and bring forward a revised by-law in the near future for Council's consideration.
  - Environics survey entitled "Attitudes toward the Marketing of Chiropractic Services," January 11, 2006.
  - thank you letter to CCO from CCA's Executive Director, Mr. James Duncan, for hosting the CCA/CFCRB meeting on November 26, 2005.
  - invitation to attend the CPG meeting on March 4, 2006, in Banff, Alberta. Dr. Drew Potter attended.
  - invitation to attend the CFCRB meeting on March 30-April 2, 2006, in St. John's, Newfoundland. Drs. Drew Potter, Frazer Smith and Bruce Walton and Ms Willson attended and gave a presentation on QA initiatives.
  - CCA/CFCRB's "Chiropractic Task Force on Operational Boundaries, Post-Consultation Report & Directions," November 2005.
  - invitation to CCO from CCEB to attend the AGM on September 30, 2006, in Calgary, Alberta.
  - invitation to CCO from the Institute for Work & Health, in partnership with OCA and CMCC, to participate in a knowledge transfer project. The objective - to identify chiropractors who are 'opinion leaders' (i.e., have been identified by peer as 'educationally influential') and, once identified, invite these individuals to participate in an ongoing knowledge transfer and exchange relationship. The Executive Committee had already approved CCO's participation in principle.
  - positive feedback from various record keeping workshops to date.
  - positive feedback from the peer assessment workshop, held on December 3, 2005.
- Other activities:**
- Council members welcomed Dr. David Bereznick and Dr. Kim Ross, biomechanics instructors at CMCC, who presented their recent research findings on spinal manipulation.
- ### April 11, 2006
- Orientation meeting for new Council members**
- Ms Willson facilitated an orientation session for new Council members, Mme Lise Marin and Mr. Robert MacKay, that included CCO's legislative context, duties and responsibilities of directors of non-profit corporations, importance of confidentiality, and CCO's accountability to the public of Ontario.
- ### April 21, 2006 - morning
- Council approved the following:**
- additional record keeping workshops for the fall (dates/location posted on CCO's web site - [www.cco.on.ca](http://www.cco.on.ca)).
  - fee of \$150 per member to attend a record keeping workshop in the fall.
  - distribution of a survey by the Advertising Committee to Council members on mall displays and public events.
  - that CCO direct CCEB to limit the number of attempts of sitting for clinical competency examinations to a maximum of three times, and that CCEB develop, in consultation with Canadian chiropractic regulators, a criteria that candidates must meet before being eligible to write the examinations after three unsuccessful attempts.
- Council noted/reviewed the following:**
- information re: CFCRB's annual conference in St. John's, Newfoundland, on March 30-April 1, 2006.

continued on page 38

## Council Meeting Highlights (cont.)

- CCO's report and presentation to CFCRB. Topics: objects and duties of CCO, peer assessment, record keeping workshops, remediation, techniques, technologies, or procedures, enforceability of the QA program, block fees, mandatory continuing education, professional portfolio, core competencies, unauthorized practice, and cost.
  - CCA/CFCRB's report, dated March 20, 2006, entitled "Chiropractic Task Force on Operational Boundaries: Response of Directions from the November 2005 Joint CCA CFCRB Board Discussion."
  - report by CFCRB's and CCEC's Executive Committee and Dr. Jean Moss (Accredited Programme Representative) to the CFCRB Board of Directors and the CCEC Board of Directors re: the proposed merger of the CFCRB and CCEC and the creation of the CCERC, dated March 22, 2006. The merger is considered to be a positive step in improving efficiency/accountability, and the relationship with regulators.
  - By-law 6: Election of Council Members, approved in principle by Council in February 2001.
  - Patient Relations Committee's *Patients' Charter of Rights and Responsibilities*.
  - information re: CCA/Provincial Presidents' Meeting in Banff, Alberta, on March 3-4, 2006, attended by Dr. Gilles Lamarche.
  - Canadian Chiropractic Convention announcement for November 16-18, 2006, in Vancouver, B.C.
  - information re: FCSO, a regulatory body in the auto insurance sector.
  - OCA Information Bulletin, February 2, 2006, re: Environics survey into the public attitudes toward the marketing of chiropractic services and why OCA commissioned the survey.
  - letter from Dr. Bob Haig, OCA's Executive Director, re: changes to Ontario's automobile insurance system, effective March 1, 2006.
  - CCEC's 2004-2005 Annual Report.
  - FHRCO's announcement/material of its AGM and spring general meeting on April 4, 2006, attended by Dr. Drew Potter and Ms Willson. Invited speakers - Hon. George Smitherman, Minister of Health, Dr. Josh Tepper, Assistant Deputy Minister, Human Health Resources Strategy Division, and Dr. Jim MacLean, Team Leader, Primary Care. Also in attendance were the presidents and registrars of all health regulatory colleges under the RHPA.
  - information re: FHRCO's advertisement campaign, scheduled to air on many major stations throughout the province from April 10 to April 28, and May 15 to June 2, 2006. The campaign's objective - to improve public awareness about the value of choosing health professionals who are regulated.
  - Ms Willson's speech to third-year CMCC students on April 5, 2006, entitled "The Role of the Regulator."
  - document entitled "Current Concepts in Spinal Manipulation and Cervical Arterial Incident," by NCMIC Chiropractic Solutions.
  - invitation to Ms Willson from Dr. Murray Turnour, Registrar, College of Optometrists of Ontario (COO), to participate in a training session on QA programs for COO Council members on May 29, 2006, in Orillia.
  - reappointment to CRC of Drs. Bruce Walton, Dan Higginson and David Linden (as members) and Drs. Kelly Ramsay, Jason Potter, John Cadieux and Rhonda Kirkwood as inspectors.
- Other activities:**
- Council welcomed new public members Mme Lise Marin and Mr. Robert MacKay and returning public member Ms Clarissa D'Cunha (reappointed to June 30, 2006).
  - Council welcomed the professional members - Dr. Gilles Lamarche elected by acclamation in District 1, Dr. Keith Thomson, elected by

continued on page 39

## Council Meeting Highlights (*cont.*)

acclamation in District 3, Dr. Marshall Deltoff, re-elected in District 4, and Dr. Dennis Mizel elected by acclamation in District 5.

### April 21, 2006 - afternoon

- Council welcomed Mr. Richard Steinecke, who presented “Committee Composition and Disclosure of Information: Administrative Law Principles of Natural Justice and Procedural Fairness.” Topics - external confidentiality obligations, internal confidentiality, legal basis for internal confidentiality, need to know rule, appearance of bias rule, consequence of breach, defensive strategies, what are the legal concerns, the worst combinations and closing thoughts.
- Council reviewed the following items - CCO’s legislative context, the duties and responsibilities of directors of non-profit corporations, the importance of confidentiality, and CCO’s accountability to the public of Ontario.
- Council elected the executive officers, chairs and members of all committees via secret ballot in the presence of scrutineers, administered by the Registrar.
- Willson.
- CCO’s draft response to the HPRAC report.
- Mr. Richard Steinecke’s detailed analysis of the HPRAC report.
- FHRCO’s draft response to the HPRAC report.
- letter from Ms Barbara Sullivan, HPRAC Chair, advising that the release of the HPRAC report had gone smoothly and that Council was now concentrating on the consultative process regarding personal support workers and the TCM doctor title.
- draft amendments of the CCO by-laws.
- Bill 124: An Act to provide for fair registration practices in Ontario’s regulated professions.
- letter to Hon. Mike Colle, Minister of Citizenship and Immigration, from FHRCO re: concerns with the government’s proposed response to Justice George Thomson’s report, entitled “Review of Appeal Processes from Registration Decisions in Ontario’s Regulated Professions.”

### June 23, 2006

#### Council approved the following:

- circulation of draft standard of practice S-016: Block Fees/Payment Plans to members and other stakeholders.
- circulation of the revised proposed Advertising Regulation, Standard of Practice S-003: Advertising, Guideline G-003: Advertising, and the Public Display Protocol to members and other stakeholders.
- new name of “Glossary of Terms for CCO’s Public Display Protocol” to “Glossary of Terms.”
- information from the QA Committee re: Standard of Practice S-010: Techniques, Technologies, Devices or Procedures. CCO has not approved any technique, etc., and the QA Committee will be inviting submissions on various techniques.
- WHO’s guidelines on basic training and safety in chiropractic.
- letter to MOHLTC from Dr. Bruce Walton, CRC Chair, requesting that no changes be made to *HIA* until all CRC ongoing referrals and investigations have been resolved.

#### Council noted/reviewed the following:

- HPRAC’s presentation of its report, entitled “New Directions,” presented at a briefing on May 19, 2006, attended by Dr. Gilles Lamarche, Dr. Keith Thomson and Ms
- invitation to CCA’s national convention in Vancouver, B.C., on November 16-18, 2006.
- thank you letter to public members Ms Georgia Allan and Mr. John Quinney from Hon. George Smitherman for their tenure as CCO members.

continued on page 40

## Council Meeting Highlights (*cont.*)

- Ms Willson's presentation on CCO's QA initiatives to COO on May 29, 2006, in Orillia.
- thank you letter to Ms Willson from Dr. Mark Teeple, COO President.
- notification to members from the Ontario Association of Naturopathic Doctors, dated May 3, 2006, advising them not to use the "Dr." title.

### Other activities:

- Ms Willson attended CMCC's 61<sup>st</sup> convocation on June 16, 2006, and presented the Dr. Harold Beasley Award of Excellence in Jurisprudence, on CCO's behalf, to Matthew Rosenberg. A second award was presented to the newly retired Mr. Allan Freedman, who taught jurisprudence at CMCC for 30 years.

## CCO Council, June 2006



(L-R) Dr. Dennis Mizel, Dr. Gilles Lamarche, Mr. Robert MacKay, Ms Lynn Daigneault, Dr. Frazer Smith, Ms Jo-Ann Willson, Dr. Keith Thomson, Mme Lise Marin, Ms Clarissa D'Cunha (departing member). Missing: Dr. Peter Amlinger, Dr. Marshall Deltoff, Dr. James Laws, Ms Cindy Maule, Ms Ellie Moaveni, Dr. Calvin Neely, Dr. Brian Schut, Mr. Ganesan Sugumar, and Mr. Martin Ward. (Watch for a more complete photo in the next update!)

*ChiroPractice* is published by the College of Chiropractors of Ontario. CCO welcomes comments and suggestions from readers. Materials published in *ChiroPractice* may be reprinted without permission if credit is given.

Publication Number: 039010-4-99



College of  
Chiropractors  
of Ontario

L'Ordre des  
Chiropraticiens  
de l'Ontario

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

Tel: (416) 922-6355  
Fax: (416) 925-9610  
E-mail: [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)  
Web site: [www.cco.on.ca](http://www.cco.on.ca)

