

Mission

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to assuring the public of competent, ethical, chiropractic care while recognizing the diversity of the profession.

The College, composed of peer-elected chiropractors and government-appointed public members, examines, registers, regulates and informs the chiropractic profession, and liaises with all health professions' licensing bodies, organizations and government.

Approved: December 9, 2000

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CHIROPRACTICE

College of Chiropractors of Ontario

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President's Voice

I would like to congratulate and thank Dr. Keith Thomson for his dedicated and tireless devotion to his duties as CCO president this past term. He is a tremendously talented leader and team player, and has made a huge difference, especially with the communication initiatives of CCO. Thank you Dr. Thomson for exemplary service to CCO.

In 2002, Council will address many issues and I want to touch briefly on some of them. We would welcome your input and assistance in formulating standards of practice, policies and guidelines. Each of you has a voice through your elected representative and I respectfully ask each of you to voice your views and become a more active part of "your" College.



Dr. Allan Gotlib
President

Advertising Standard of Practice to be Revised

It has always been my personal view that advertising should be opened up. Why are we still interacting with only 15 per cent of the population? We are a primary contact health profession and Ontarians continue to be disadvantaged by not being able to access and enjoy the benefits of chiropractic health care. Advertising is a critical tool to be properly used to promote the benefits of our profession to the public, patients and government.

Given our diversity, the challenge for Council to resolve is defining what is "professional and ethical" advertising that all 3000 chiropractors in Ontario will agree with in an appropriate standard of practice.

There is a new template from the Ministry of Health and Long-Term Care (the "Ministry") for a proposed Advertising Regulation that we will consult with you about. We anticipate the Ministry will have further consultation in the fall. In the event of an inconsistency between a standard of practice and a regulation that affects chiropractic practice, the legislation governs.

Please remember to submit your proposed advertising to the Advertising Committee for approval.

New Standard of Practice for Techniques, Technologies, Devices or Procedures

The policy on experimental techniques was just that - a policy. It offered you no protection nor did it properly reflect our diversity. We needed to protect the rights of a chiropractor to use any chiropractic technique that we have been trained to employ. We do that by

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President's Voice (cont.)

creating a standard of practice - as a minimum, although entrenching our rights in regulation or statute would certainly offer better protection.

There is widespread diversity in the types of techniques used by chiropractors in Ontario. Graduates from many different chiropractic colleges now practise a variety of techniques that they were trained in as part of their accredited chiropractic education. We needed to have language in place so that the "standard" protects your rights - it is meant to be inclusive, not exclusive. The Quality Assurance (QA) Committee will continue to consult with stakeholders and will provide Council with recommendations at a future Council meeting.

Peer Assessment Program

Peer assessment is required as part of our quality assurance program and CCO has taken extraordinary steps to ensure the process is fair and transparent. For example, if you are an activator practitioner, you will be assessed by your peer - another activator practitioner. Peer assessment must clearly be educational and not punitive in nature or it simply won't work well.

Controlled Acts

I will be asking Council to explore the advisability and merits of adding further controlled acts that are within the scope of practice of chiropractic. For example, government should consider amending the Forms of Energy regulation so chiropractors may order and perform non-invasive diagnostic ultrasound. New technologies, such as doppler sonography, make this procedure easily available to clinicians and are valid and reliable screening tools for a variety of conditions (e.g., vertebro-basilar ischemia). This protects chiropractic patients and falls squarely within the scope of practice of chiropractic. Recently, CCO made a submission on this as part of a larger submission on the *Regulated Health Professions Act (RHPA)* review.

Scope of Practice

Let me be clear about this issue. The scope of practice statement within the *Chiropractic Act* clearly does NOT restrict or limit chiropractors to only "musculoskeletal" conditions. The language that was acceptable to government during the

Health Professions Legislative Review in the early 90s and in which I was involved, provided for the "evolution of all professions" to grow as new knowledge and technologies become available.

As research develops and clinical evidence demonstrates positive outcomes, a mechanism must be in place to ensure that chiropractors deliver and patients receive competent and ethical chiropractic care. Acting beyond the scope of practice, however, without the patient being fully informed is contrary to the CCO standards of practice designed to assure public safety and protection.

Coroner's Inquest/Stroke

CCO is following this issue closely and is cooperating fully with the coroner's inquest into the cause of Mrs. Lana Dale Lewis' death. CCO will use any inquest findings to review the profession's standards of practice. Clearly, this inquest is not about chiropractic - it is about finding the cause of death. I believe all registrants can help Council determine how to improve public safety.

Perhaps one of the recommendations flowing from the Coroner's Inquest should be that only chiropractors, not physicians, naturopaths or physiotherapists, who possess the education, skills and competency to perform an adjustment and who have the necessary quality assurance mechanisms in place, have the statutory right to perform this procedure exclusively. Public interest dimensions weigh heavily on this issue.

Pediatric Chiropractic

Clearly, chiropractors have every right in law to treat children and the pediatric patient population has every right to enjoy the benefits of chiropractic care. This has always been a well settled view and is a view shared by the Ministry. Standards of practice will ensure that chiropractors are functioning within the scope of practice of chiropractic and the QA Committee will explore new standards. For those registrants who have specialty training in pediatrics, I encourage you to undergo an approval process through the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) in similar fashion to the other specialty colleges.

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President's Voice (cont.)

Health Professions Regulatory Advisory Council (HPRAC)

This advisory body has undertaken a review of the *RHPA* and has made a host of recommendations to the Minister. Some are controversial and I want to set them out for your consideration. The two recommendations that are of concern to me and should be to you, are the following:

- requiring colleges to expand certain complaints information on the public portion of the register; and
- giving complainants the right to have party status at a discipline hearing involving allegations of sexual abuse.

I do not believe these issues are designed to protect the public interest and Council would like to hear your views. The Ministry is now looking at the stakeholder submissions and will likely complete the *RHPA* review in the fall.

Challenges

There are serious challenges ahead of us this year that will affect our profession, our practices and our private lives. Maintaining a relationship of trust with the public appointees on Council is pivotal to any relationship with government, and impacts our ability to make effective progressive legislative changes - changes that must advance the public interest.

Each of you have a duty and obligation to assist the College in building stability and credibility, which are necessary and essential to build the public's confidence and trust in our profession. May I respectfully suggest that as an initial step, we all conform with CCO's standards, policies and guidelines, and make every effort to stay informed with ongoing changes.

I anticipate that committee work will grow since the issues are becoming more complex and members who participate in the CCO will undoubtedly be giving of more of their time. The nine elected chiropractors have an obligation to bring your views to the table, but if you don't bring your representatives to your society meetings and engage them in discussion, you miss an opportunity. CCO would welcome your requests for representatives from CCO to come to your society meetings and discuss standards, policies and guidelines.

CCO's immediate stakeholders are 3000 chiropractors registered in this jurisdiction, the Federation of Health Regulatory Colleges of Ontario, CFCRB and the Ministry of Health and Long-Term Care. Public interest dimensions factor heavily into all of our discussions. I believe both CCO and the members can learn from each other by engaging in discussions on a regular basis. I believe it is important for members to hear the public's concerns and praises and equally important for the public appointees to hear your concerns and praises.

This year will see two public members complete their terms of appointment to CCO. In December, Mr. Cal MacPherson and Mrs. Gail Diamond will have completed six years on Council. I have been honoured to sit at the table with them. These outstanding and capable public representatives have brought immense benefit to CCO and were instrumental in advancing the CCO agenda. Their invaluable insight was highly significant and well received. They made a substantial and significant difference to the profession during their tenure and their departure represents a huge loss for CCO. Thank you - you will be missed.

CCO is committed to ensuring high quality, ethical, safe and effective care for Ontarians. Your role in partnering is vital. So let's hear from you!

Election Results

District 4 - March 27, 2002

Total number of eligible voters	898
Total number of ballots received	374
Total number of valid ballots	365
Spoiled ballots	9
Votes cast for Dr. Dennis Collis	91
Votes cast for Dr. Allan Gotlib	274

Candidate elected: Dr. Allan Gotlib

District 5 - March 26, 2002

Total number of eligible voters	774
Total number of ballots received	471
Total number of valid ballots	443
Spoiled ballots	28
Votes cast for Dr. David Leprich	237
Votes cast for Dr. Bob Szczerko	206

Candidate elected: Dr. David Leprich

Registrar's Report



Ms Jo-Ann Willson
Registrar and
General Counsel

In January 2002, CCO responded to the long-awaited reports from the Health Professions Regulatory Advisory Council (HPRAC) on the following topics: Traditional Chinese Medicine and Acupuncture, Naturopathy, Effectiveness of Colleges' Complaints and Discipline Procedures for

Professional Misconduct of a Sexual Nature, Effectiveness of Colleges' Quality Assurance Programs, and Adjusting the Balance - A Review of the *Regulated Health Professions Act (RPHA)*.

The reports outline HPRAC's advice to the Ministry of Health and Long-Term Care.

CCO supported many of HPRAC's recommendations and proposed additional recommendations, consistent with CCO's role in regulating chiropractic in the public interest. A summary of CCO's recommendations follows.

Traditional Chinese Medicine and Acupuncture Report

- If the Ministry adopts HPRAC's recommendation that acupuncture be part of the existing controlled act of performing a procedure on tissue below the dermis, CCO urges the Ministry to concurrently authorize to members of CCO the controlled act of "performing a procedure on tissue below the dermis for the purposes of acupuncture."
- If the Ministry adopts HPRAC's recommendation that a new controlled act of "prescribing and dispensing a natural health product" be added to the list of controlled acts in the *RHPA*, CCO urges the Ministry to authorize to members of CCO the controlled act of "prescribing and dispensing a natural health product."
- If the Ministry adopts HPRAC's recommendations that the title "acupuncturist" be restricted to members of a College of Traditional Chinese Medicine and Acupuncture Practitioners of Ontario, that the Ministry make it clear what terms and titles may be

used by other health care professionals, including chiropractors, who use acupuncture within their practices.

Naturopathy Report

- That 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.
- If the Ministry adopts HPRAC's recommendations, including the recommendation to authorize naturopaths to perform a procedure on tissues below the dermis for the purposes of venipuncture and skin pricking, which will indirectly permit naturopaths access to laboratory services, that chiropractors similarly be authorized to order a limited range of laboratory tests as specified by CCO.
- That naturopaths not be granted the controlled act of moving the joints of the spine (unless the naturopath is also a registered member of another profession authorized to perform the controlled act).
- 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.
- If the Ministry adopts HPRAC's recommendation to authorize naturopaths to order diagnostic ultrasound, that the Ministry concurrently authorize chiropractors to order and apply non-invasive diagnostic ultrasound and other forms of energy as designated by regulation.
- If the Ministry adopts HPRAC's recommendation that a new controlled act of prescribing,

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Registrar's Report (cont.)

dispensing, selling or compounding a natural health product be added to the list of controlled acts in the *RHPA*, that the Ministry authorize to members of CCO the controlled act of "prescribing, dispensing, selling or compounding a natural health product."

Sexual Misconduct Report

- CCO supports the following HPRAC recommendations:
 - that the Ministry undertake public education through various media to inform the Ontario public about its rights and remedies under the *RHPA* and the impropriety of health professionals having sexual contact with their patients/clients;
 - that the Minister request the Attorney General to require Crown Attorneys to notify the registrar of the relevant regulatory college if a member is convicted for a sexual crime against a patient/client;
 - that the Minister request the Solicitor General to require all investigating police officers to notify the registrar of the relevant regulatory college if a member of a regulated health profession is charged with a sexual crime against a patient/client; and
 - that the Rules of Civil Procedure that govern civil proceedings be amended to provide for automatic notification to the relevant regulatory college with respect to a Statement of Claim being issued against a member of that college for damages due to incidents alleging sexual abuse.
- CCO does not support HPRAC's recommendation that complainants, in cases of sexual abuse, be given party status at discipline proceedings.
- CCO recommends that the Ministry seek legal advice concerning the constitutionality of HPRAC's recommendations relating to mandatory sexual abuse penalties and the factors to be considered by a discipline panel, particularly in light of recent court decisions in Ontario, British Columbia and Prince Edward Island, which have not upheld provincial legislation that includes mandatory sexual abuse penalties for health care providers.

Five Year Review Report

- CCO supports the following HPRAC recommendations:
 - to merge the screening functions of the Complaints and Executive committees;
 - to merge the functions of the Discipline and Fitness to Practice committees;
 - to permit the Executive or Complaints/Screening Committee to issue an interim suspension or practice limitation order effective immediately if it is satisfied that, on the balance of probabilities, the conduct of the member would expose his or her patients to harm or injury; and
 - to provide that any order of a discipline panel takes effect immediately despite any appeal.
- CCO does not support HPRAC's recommendation to remove the requirement for a Patient Relations Committee but maintain the explicit requirements for the patient relations program.
- CCO questions the workability and correctness in law of HPRAC's recommendation to change the test for referral to the Discipline Committee to include a consideration of believable, admissible evidence.
- CCO supports, in part, HPRAC's recommendation to increase information on the public register, but does not support any recommendation to include Complaints Committee decisions (other than referrals to Discipline) and does not support the inclusion of Quality Assurance information, such as undertakings relating to remediation.
- CCO recommends that the *RHPA* clarify the circumstances in which members of health professions may delegate controlled acts.

The Ministry of Health and Long-Term Care is reviewing the various submissions from various stakeholders. As an individual college and as a member of the Federation of Health Regulatory Colleges of Ontario, CCO has expressed a keen interest in participating in the ongoing consultation.



Richard Steinecke

A senior partner in the law firm of Steinecke Maciura LeBlanc, Richard Steinecke practises exclusively in the area of professional regulation, and represents almost two dozen regulators and associations across many professions.

Privacy of Personal Information Act and its effects on chiropractors

Set to be introduced this fall and the subject of intensive consultation for many years now, the *Privacy of Personal Information Act* will have a major impact on chiropractors.

The proposed *Privacy of Personal Information Act* (PPIA) provides comprehensive rules about how and when chiropractors can collect, use and disclose personal information, including information about employees (e.g., home address, work experience, social insurance number) and patients (e.g., information for billing purposes). However, of most significance will be personal

health information collected about patients, which includes any information about an identifiable patient that relates to the patient's physical or mental well being or the provision of health care to the patient.

Chiropractors will be designated as health information custodians. If a group of chiropractors practice together, the partnership, professional corporation or employing chiropractor would be the custodian for the entire practice. Custodians are responsible for ensuring compliance with the requirements of the PPIA.

The most fundamental rule in the *Act* is that patients must usually consent to the collection, use and disclosure of all personal health information about themselves. Just like chiropractors need consent to assess or treat a patient, they will need consent to collect, use or disclose information about their patients. Like any other consent, it must relate to the information, must be informed, and must be given voluntarily and not by deception or coercion.

To be informed consent, the patient must understand nature and consequences of giving the consent (e.g., third party payers will have access to the information to verify payment), understand that consent can be withdrawn, and have the information that a reasonable person would expect to have in the circumstances (e.g., what other practitioners will normally have access to the information).

There is still debate within the government as to what form the consent must take. Options under consideration include requiring an express consent form on a first visit, permitting a notice form to be given to patients, or allowing implied consent from the consent for treatment. Each option has its difficulties.

The patient may withdraw in writing consent for the collection, use and disclosure of the information. The chiropractor may be obliged to advise the patient of the consequences of the withdrawal of consent (i.e., treatment will end and the information already collected must be maintained for regulatory purposes).

Where a patient is incapable of consenting (i.e., they do not understand the nature of information or they do not appreciate reasonably foreseeable consequences of consent), then a substitute must be obtained. The rules for substitutes for information purposes are almost identical to those for consent to treatment.

There will be some circumstances in which consent will not be required. For example, where the collection of information is reasonably necessary for treatment even if the patient is not available to consent (e.g., in an emergency situation). Some other uses of personal health information that may not require consent include government program planning or delivery, risk management and quality of care, legal proceedings if the custodian is a party, or for approved research purposes.

Custodians must take reasonable steps to ensure the information is accurate and take reasonable security measures. Custodians must develop written policies and procedures about their safeguards for securing information, their information practices, their policies regarding access to personal information and the name of their contact person. The written policies must be publicly available.

CCO participated in the submission of the Federation of Health Regulatory Colleges of Ontario and is continuing to participate in the consultation process.

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Professional Corporations: Are They for You?

by Barry Spiegel

In February of this year, the provincial government finally passed the last piece of legislation to permit professional corporations (“P.C.”) for health care professionals. What remains is for the various colleges to amend their by-laws and finalize the forms to be completed and the fees to be paid to the College.

Will a P.C. save you money? To make that decision, you will need professional advisors to carefully analyze your practice’s financial statements and your personal financial position.

Barry Spiegel is a senior lawyer whose practice is devoted to corporate, commercial and business law, with an emphasis on health care.

Professional Corporations and Chiropractic

- A P.C. will not be the same as a typical Ontario business corporation - it is much more complicated.
- A registered member or members of the College of Chiropractors of Ontario (CCO) must be the only shareholders, officers and directors of the corporation. Therefore, the P.C. loses the benefit available to a business corporation of splitting the income of the corporation with other members of their family.
- Unlike a business corporation where there is limited liability of the shareholders (limited to the assets of the corporation), a shareholder of a P.C. will continue to have unlimited responsibility to his/her patients and the only limited liability is to trade creditors.
- A business corporation can carry on any business, but a P.C. can only carry on the business of chiropractic and businesses ancillary to chiropractic.
- A business corporation can be created quickly and inexpensively, with little bureaucratic involvement. Not so with a P.C. Before you can commence business, the P.C. must obtain a “Certificate of Authorization” from CCO and this will require completing a number of forms and affidavits, obtaining a government certificate and paying appropriate fees.
- The name of the corporation must include the words “professional corporation” (it cannot be a numbered name).

- While the tax advantages for a business corporation can be substantial, the shareholders of a P.C. will not receive all of those benefits.
- Practising through a P.C. will not change your individual responsibility to CCO.

Discouraged? Don't be!

There are benefits too! If you are presently in the highest marginal tax bracket, you are paying about 47 per cent of your earned income in taxes. A corporation (whether it is a business corporation or a P.C.) will only pay tax of approximately 19 per cent on its first \$200,000 of taxable income. This results in an initial deferral of tax of approximately 28 per cent.

However, when a shareholder takes funds out of the corporation, those profits will be taxed at his/her full personal marginal rates (with credit for the tax the corporation has already paid).

If you require most or all of your income to live and extract the profits from the corporation in the year they were earned, you can see that there will be little or no tax savings or deferral available to you.

However, if you leave even a relatively small amount of profits in the P.C., you will be deferring tax of almost 30 cents on each dollar earned. The corporation will be able to invest 81-cent dollars (using the government’s money) instead of 53-cent dollars, and the longer you keep the profits in the P.C., the greater the advantages of tax deferral will be.

There are some other advantages to P.C.s in addition to possible tax deferral and protection from trade creditors. The P.C. can buy equipment and life, disability or business insurance with the 81-cent dollars, thereby saving you a considerable amount.

Finally, when you sell your practice, you will likely be selling the shares of your P.C. which may qualify you to receive a \$500,000 capital gains exemption, giving you a possible major tax saving that you presently cannot enjoy.

The costs of establishing a P.C. will not be insignificant, but the benefits are potentially substantial. Consult your advisors to examine the cost/benefits. A P.C. is a new kind of corporation previously unknown in Ontario and advisors should be knowledgeable about the pitfalls, as well as the advantages.

Committee Updates

Advertising Committee

Pending the results of further consultation regarding the revised standard of practice, the original Advertising standard (S-003: Advertising) and guideline (G-003: Advertising Code) are still in effect. Please consult your *ChiroCare* binder.

However, a change did occur - with the advertising policy. At the April 20, 2002, Council meeting, Council approved Policy P-004: Advertising Committee Protocol, which will be distributed to members shortly. The new policy reads as follows:

- Members considering advertising are encouraged to forward their advertisements to CCO for review.
- CCO forwards the proposed advertisement to the Advertising Committee for comment.
- The Advertising Committee confers regarding the member's proposed advertisement.
- CCO advises the member as to whether the proposed advertisement falls within the Advertising Standard of Practice, within 10 business days.

Finally, the Advertising Committee thanks members who are submitting their advertisements for review. Please continue to do so.

Discipline Committee

At the August 8, 2002, penalty hearing involving Dr. Ogi Ressel, the panel of the Discipline Committee suspended Dr. Ressel's licence for nine months, starting September 9, 2002, after finding him guilty of professional misconduct, as outlined in CCO's 2001 Annual Report.

Other penalties imposed on Dr. Ressel include the following:

- a reprimand;
- completion, at his own expense, of a communication course approved by the Registrar;
- completion, at his own expense, of a record-keeping course;
- an undertaking to repay CCO's costs in accordance with a schedule to be determined at a later date; and

- participation, at his own expense, in practise reviews approximately every six months for two years, once reinstated.

In addition, the results of the proceedings will be included in the public portion of the register and published.

The panel has not yet determined the issue of costs. The decision is subject to appeal by either party.

The Complaints Committee had referred specified allegations of professional misconduct to the Discipline Committee following a complaint to CCO.

Patient Relations Committee

Ever mindful of the need to communicate to members the zero tolerance policy and remind them of their obligation to maintain professional boundaries with patients, the Patient Relations Committee reviewed Guideline G-006: Guidelines for Establishing a Personal Relationship With a Patient (i.e., Dating). Of particular concern was the lack of a time frame between when a chiropractor may date a patient following the termination of the doctor-patient relationship.

The committee reviewed the policies of the other health regulatory colleges and found the following: the College of Physicians and Surgeons of Ontario recommends one year, the College of Psychologists of Ontario recommends two years. For some groups, such as psychiatrists, the suggested time period is never.

Consequently, the committee proposed that the guideline be circulated to members and stakeholders for consultation as a draft standard of practice with the following changes (enclosed for your review):

- including a minimum recommended cooling-off period of one year following termination of a professional relationship; and
- adding an explanation that, in some situations, it may never be appropriate for a member to have a personal relationship with a former patient.

A one-year cooling off period may seem like a significant period of time, but it clearly sends the message that CCO takes its zero tolerance policy

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Committee Updates (cont.)

seriously and is sensitive to the issues and concerns of complainants who may be vulnerable, in part, because of the power imbalance between a member and patient.

Finally, the committee sincerely thanks Dr. Janit Porter, Scarborough, for her two-year term on the committee - her participation and input to the committee's initiatives were invaluable.

Quality Assurance Committee

In addition to the new standards of practice S-010: Techniques, Technologies, Devices or Procedures and S-011: Dual Registrants, the Quality Assurance Committee developed a new standard of practice on consent and is developing a new standard of practice on orthotics, to be circulated shortly.

The Peer Assessment Program is now in phase 2. The committee trained 14 additional peer assessors on September 21, 2001, all of whom have conducted each other's assessments. The committee thanks the following peer assessors: Drs. Gerard Arbour (Scarborough), Timothy Barnes (Woodstock), Richard Bornstein (Richmond Hill), Lori Dover (Flesherton), Liz Gabison (Toronto), Reginald Gates (Burlington), Arnon Glatter (Brampton), Roberta Koch (Hamilton), Peter Picard (Cochrane), Kenneth Robinson (Barrie), Gauri Shankar (Prescott), Richard Stover (London), Sal Viscomi (Richmond Hill) and David Zurawel (Peterborough).

Phase 2 also saw the assessment of Council and non-Council members, including the current president, Dr. Allan Gotlib, and Drs. Richard Bray, Michaela Cadeau, Allan Horowitz, Gilles Lamarche, Jacques Laquerre, David Leprich, Jeffrey Lustig, Lynda Montgomery, Drew Potter, and Brian Schut. The committee is in the process of launching the revised X-ray Peer Review Program.

Many members expressed an interest in serving as x-ray peer reviewers. The committee interviewed several candidates and selected the following: Drs. Gary Bovine (Welland), Percy Chan (Scarborough), Scott Colasanti (Amherstburg),

Marshall Deltoff (North York), Marc Desjardins (Ottawa), Lezlee Detzler (Etobicoke), Dario Laurenti (Espanola), Larry McCarthy (Etobicoke), Robert Pollock (Tottenham), Oryst Swyszcz (Mississauga) and Mark Tulloch (Nepean). Dr. Deltoff, a radiology specialist, will serve as a consultant to the assessors as well as being an assessor himself.

Chiropractic Review Committee (CRC)

CRC would like to remind members that they cannot bill initial and subsequent visits on the same day, except in extenuating circumstances, which must be documented in the patient's record. Please refer to Policy P-041: Billing for More Than One Visit on the Same Day in section 6, subsection 2 of the *ChiroCare* binder.

The committee would like to thank the following member and inspectors who have reached the maximum nine-year term or are retiring from the committee: Drs. Allan Horowitz, James Thompson, Paul Uchikata and Zev Kniznik. Your work has been extraordinary and the committee thanks you for your commitment and dedication.

Finally, the committee would like to welcome its newest member, Dr. John Schellenberg.

CRC Inspectors Needed

CCO needs more CRC inspectors. CRC is a CCO committee under the *Health Insurance Act* with a mandate to investigate perceived billing irregularities referred to it by the General Manager of OHIP. Inspectors are trained and receive some remuneration for their services. Time commitments vary depending on the number of referrals the committee receives. If interested, send your curriculum vitae to CCO.



Thank you Glen!

CCO thanks Dr. Glen Roberts, former Director of Professional Practice, for his contributions to the development of the Quality

Assurance program, and wishes him every success in his new position with the Conference Board of Canada in Ottawa.

Want to take the fear out of being peer assessed? Don't wait for CCO to call you. Volunteer to be peer assessed!

Complaints Corner

One of the goals of the Complaints Corner is to inform members of potential scenarios or “problem areas” that could lead to allegations of professional misconduct or incompetence. In the hopes of avoiding complaints of a similar nature in the future, the Complaints Committee has identified the following situations as potentially contentious. CCO reminds members that clear communication and professional, courteous behaviour are some of the best ways to prevent a complaint.

Treating Animals

The Complaints Committee recently received a complaint from a veterinarian alleging a chiropractor treated an animal without contacting the veterinarian and, therefore, did not have relevant information on the history of the animal. The veterinarian also alleged the chiropractor treating the animal did not have his/her appropriate certificate and treated the animal in an inappropriate location.

The animal’s owner was pleased with the results of chiropractic care and was upset with the veterinarian for forwarding the complaint.

The chiropractor’s response - the animal did have the appropriate history and examination, and noted where the animal was treated. The chiropractor also noted he/she was abiding by the standard of practice (S-009: Chiropractic Care of Animals - tab 5, page 83 in *ChiroCare* binder) as he/she was enrolled in an animal chiropractic course.

To be able to treat animals, a chiropractor must have successfully completed a certificate program in animal chiropractic (e.g., the certificate program offered by the American Veterinary Chiropractic Association or its equivalent) or be enrolled and participating in an approved program that he/she will complete within two years of enrollment.

If the chiropractor is enrolled in the program, he/she must provide chiropractic care within the parameters of the course of study and must tell the animal’s owner that he/she is enrolled in the program but has not yet graduated.

Chiropractors must ensure the record of care includes the name of the treating veterinarian and the relevant portions of the veterinary record, provide upon request by the veterinarian, a copy of relevant portions of the record within a reasonable time, and maintain separate appointment books,

health and financial records and, if care is provided within the same office as humans, a separate portion of the office devoted to animal chiropractic.

Finally, it is the veterinarian, not the chiropractor, who is responsible for the overall treatment and management, including history taking and a comprehensive examination (i.e., clinical pathology).

Maintaining Professional Boundaries

Boundary issues in the patient-doctor relationship continue to be an area of trouble for chiropractors. For example, the Complaints Committee still contends with such boundary violations as dating, travelling with patients and accepting gifts from patients.

Boundaries are violated when one person crosses a line by doing or saying something to another person without the other person’s consent. If you are uncertain about the boundary line, consider the following examples of boundary violations (extracted from *Where’s my line?* brochure):

- Excessive self-disclosure, which allows the chiropractor to give away his/her power for the moment and relieves him/her of the obligation to act in the patient’s best interest.
- Establishing dual relationships with patients that make them feel cross-pressured. For example, the chiropractor enters into a business relationship with a patient and the patient feels pressured to agree with the chiropractor’s business decisions to avoid receiving inferior care.
- Giving or receiving significant gifts. For example, a patient who receives a gift from a chiropractor could feel pressured to reciprocate to avoid receiving inferior care or a chiropractor who accepts gifts from a patient could feel pressured to reciprocate by offering “special care.”
- Assuming patients’ values are the same as their own. For example, a chiropractor could use his/her patient to foster causes in which

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CCO Hosts Consultation Day

It was standing room only at CCO on June 1, 2002, as more than 70 members participated in a first-ever consultation day with Advertising and Quality Assurance committee members, the president, vice president and the registrar. On the agenda were changes to the Advertising Standard of Practice (S-003) and the Quality Assurance Committee's proposed standard of practice on experimental techniques.

CCO set up the consultation day as a follow up to a memo by then-president Dr. Keith Thomson, distributed in January 2002, asking members to provide feedback on the above standards and to indicate if they would be interested in participating in such a day. CCO then invited all members who expressed an interest in participating.

At the consultation day, several members presented on a variety of issues relating to advertising and quality assurance.



(L - R): Drs. Brian Gleberzon, Dennis Mizel, Keith Thomson, Igor Steiman, Peter Gaibisels, Ryan French, Rocco Guerriero and Lynne Rawson

Complaints Corner (cont.)

the chiropractor is interested. Patients could feel pressured to support causes they do not endorse to avoid receiving inferior care.

- Ignoring established conventions that help maintain the necessary space between patients and chiropractors. For example, providing care in social rather than professional settings, and scheduling treatment when no one is around rather than during office hours.
- Intruding verbally on your patient's personal space. For example, breaching patient confidentiality, making value judgments about your patient's lifestyle, probing for inappropriate personal information, using intimate words, offering unsolicited advice).

Remember, the professional is the person who holds the most power in the patient-doctor relationship and, therefore, he/she is ultimately responsible when boundary violations occurs. Crossing the line may lead to allegations of sexual abuse.

Advertising

For advertising, the main issues at the consultation day were discounted fees for diagnostic and treatment services, testimonials and advertising specific chiropractic techniques.

In November 2001, the Advertising Committee had distributed to members proposed changes to the Advertising standard of practice (S-003: Advertising), policy (P-004: Advertising Committee Protocol) and guideline (G-003: Advertising Code). The majority of respondents agreed with the proposed changes. However, many members who did not initially respond submitted letters to CCO urging them to host a consultation day, to which CCO complied.

The Advertising Committee is reviewing the feedback, conducting further consultation and will make recommendations to Council at the earliest opportunity.

Quality Assurance

One of the main issues for Quality Assurance was a name change to "experimental techniques."

In November 2001, the Quality Assurance Committee had distributed to members two policies as standards of practice - experimental techniques and dual registrants. The committee reviewed the feedback and recommended Council approve both policies as standards of practice. Council approved Standard of Practice S-011: Dual Registrants with revisions (both enclosed).

For Your Information

Incorporation - Give us your feedback!

CCO participated in consultations with other health regulatory colleges in Ontario to ensure some consistency in the colleges' incorporation by-law and forms, which are being distributed to members. Please give us your feedback as soon as possible so Council may approve these documents.

Two New Specialties Approved

Following a comprehensive review, the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) recommended the approval of two further specialties in chiropractic practice - the College of Chiropractic Rehabilitation Sciences and the College of Chiropractic Orthopedists. Council formally approved these at the April 20, 2002, meeting.

Outside the Scope of Practice - Vega testing, pelvic and prostrate examinations

Vega testing, a form of modified electro-acupuncture, used to diagnose allergic and other diseases, is outside the scope of practice of chiropractic and should not be performed by members.

Chiropractors cannot perform pelvic or prostrate examinations, which are controlled acts under the *Regulated Health Professions Act, 1991*. These examinations may only be performed by authorized health professionals. Non-authorized health professionals who perform these controlled acts in Ontario may be subject to allegations of professional misconduct, including allegations of sexual abuse.

Chiropractors Can Serve as Guarantors

In an effort to increase security of vital documents, especially birth certificates, and personal information, the Office of the Registrar General is allowing chiropractors to serve as guarantors under Ontario's *Vital Statistics Act*.

Guarantors must be Canadian citizens, practising members of a regulatory body and in good standing. Guarantors must have known the applicant for at least two years and be confident that the statements made by the applicant are true. If the applicant is a patient, the guarantor must have known the parent for at least two years (for adults only).

Serving as a guarantor is voluntary. Guarantors must not collect a fee for completing the guarantor's statement on the application form. If a member is approached to serve as a guarantor, he/she may refuse.

CCO's Role at the Lewis Inquest

The inquest into the death of Mrs. Lana Dale Lewis began on April 22, 2002.

CCO has standing at the inquest, is cooperating fully with the inquest and will use the inquest's findings to review the chiropractic profession's standards of practice.

To date, CCO has not commented publicly on the specifics of the inquest and will not do so until the inquest delivers its findings.

CCO's statutory mandate is to protect the public, which it does by registering chiropractors and developing standards of practice members must conform to. The standards outline what is considered satisfactory performance of chiropractic procedures.

The inquest resumes in the fall.

Letter to the *National Post*

In response to the media coverage on chiropractic, the registrar sent the following letter to the National Post, published in March 2002.

The College of Chiropractors of Ontario (CCO) is committed to protecting the public interest. To that end, CCO would like to address some issues raised in the *National Post's* recent articles on chiropractic, such as spinal adjustment/manipulation, informed consent, immunization and treating children.

The articles ("MDs warn of chiropractic peril") and ("Pediatricians warn against chiropractors") do not give full consideration to the fact that

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For Your Information (cont.)

chiropractors must comply with the regulations governing the profession and the standards of practice, policies and guidelines set by CCO. Failure to do so may lead to a complaint, investigation and, when warranted, disciplinary action.

The *Chiropractic Act, 1991*, which defines the scope of practice for chiropractic, allows chiropractors to perform the controlled act of spinal adjustment/manipulation. Recognizing that this procedure requires proper training, CCO developed a standard of practice that further details the requirements chiropractors must meet before performing an adjustment/manipulation. These include making a diagnosis, explaining the risks and benefits of the treatment and obtaining informed consent. CCO also developed a policy on immunization to ensure the public receives balanced and accurate information.

Like other regulatory bodies under the *Regulated Health Professions Act, 1991*, CCO does not restrict its members to only treating patients of a specific age. Chiropractors in Ontario are primary health care providers and many have family practices that include children.

However, CCO recognizes that children's care is of utmost importance and, therefore, supports the position of the Canadian Chiropractic Association that there should be improved dialogue with other health professions on this issue.

Public safety comes first. CCO ensures that safety by reviewing and enforcing the regulations, standards, policies and guidelines governing chiropractic care.

Record Keeping Course Coming Soon!

Dr. Keith Thomson will be offering to all members, at nominal cost, a record keeping program at various times throughout the province, with the overall goal of helping members avoid and being able to withstand scrutiny of their records by the General Manager of OHIP, CRC and CCO, either in the complaints or peer assessment processes. Stay tuned and check the website for locations and times.

Members are encouraged to review their records to ensure compliance with CCO's standards of practice and policies and the peer

assessment process checklist (see CCO's web site: www.cco.on.ca). Members should also review the CRC Inspectors Sheet (enclosed) so they are aware of what inspectors will look for during an inspection.

Message from Manulife Financial

Manulife Financial requests that each practitioner claim submitted include an itemized receipt that includes their name, degree and registration number. This will allow the company to accurately process the practitioner's claim in accordance with contract provisions and facilitate payment of claims in a timely fashion.

Proposed Conflict of Interest Regulation

The Ministry of Health and Long-Term Care circulated to the health regulatory colleges a proposed guideline for a Conflict of Interest regulation. The proposed guideline seeks to balance the competing interests of health professionals and their businesses, and will take into account the advertising and professional incorporation regulations. The Ministry will circulate the draft conflict of interest regulation in early fall.

Strategic Planning

CCO Council and staff are participating in a strategic planning weekend in Niagara-on-the-Lake in September 2002 to review CCO's mission statement and develop a vision statement and strategic goals to guide the organization over the next several years.

Open Meetings and Hearings

All CCO Council meetings and discipline hearings are open to the public, including members of the profession. Meetings start at 8:30 a.m. and are held at the College of Chiropractors of Ontario. Space is limited.

To reserve space, call Sue Gargiulo, Communications Officer, at 416-922-6355, ext. 106. The next Council meeting is scheduled for September 21, 2002, in Niagara-on-the-Lake and November 30, 2002, at CCO.

2001 Annual General Meeting

CCO's 2001 Annual General Meeting was held on Friday, June 21, 2002, in the Glass Room of the Royal Ontario Museum (ROM). The guest speaker was Dr. Stanley Gorchynski, Chair, Ontario Chiropractic Association, and Secretary-Treasurer, Canadian Chiropractic Association. His topic: "Chiropractic in the Public Interest - Challenges and Opportunities in the Media."



**Dr. Stanley Gorchynski
Guest Speaker**



**LEFT - CCO Council in the
Glass Room at the ROM**

**BELOW (L-R) - Ms Jo-Ann
Willson, Dr. Allan Gotlib
and Dr. Stan Gorchynski**



**TOP - Council members (L-R) Mrs. Helen Foster,
Dr. Jacques Laquerre and Mr. Calvin MacPherson**



**BOTTOM - (L-R) Ms Karen Jones, Ms Megan
Shortreed, Mr. Chris Paliare of Paliare Roland,
and Dr. John Mrozek, Canadian Memorial
Chiropractic College**



**Dr. Dennis Mizel, President, Ontario
Chiropractic Association**



CCO Recent Activities



Canadian Memorial Chiropractic College, February 6, 2002

Then president Dr. Keith Thomson addresses the jurisprudence class. Topics covered: what is a chiropractic regulatory board and why it exists; when does a chiropractic regulatory board get involved with individual members; to whom are chiropractic regulatory boards accountable, the scope of practice and authorized acts under the *Chiropractic Act, 1991*, and what to do if you want to stay out of trouble.



Registrars' Retreat Millcroft Inn April 29-30, 2002

Registrars from the 21 health regulatory colleges met to discuss common issues, such as incorporation and governance.



April 22, 2002 Council meeting

Council's discussion of the advertising standard of practice and the quality assurance policy on experimental techniques, technologies, devices and procedures sparked quite an interest in the CCO membership. CCO set up a camera in a nearby conference room to accommodate the several members who attended.

Privacy of Personal Information Act (cont.)

The overall goal of the *PPIA* is to create comprehensive privacy legislation that instills confidence in the public of Ontario that their personal health information is protected when dealing with businesses, non-governmental organizations and the health sector.

Patients will have the right to access their information in the chiropractor's hands. This access can only be denied if there is a risk of harm to the patient or another person, if there is an ongoing fraud investigation respecting the patient, the access will interfere with a legal proceeding, or another law prohibits disclosure.

If a patient believes there is a factual error in the record, he/she can request an amendment of the record. The chiropractor must consider the request and either agree to make it or include a statement of disagreement from the patient in the file. A copy of any correction or statement of disagreement must be sent to anyone who was given the record in the past year. If there is a disagreement, the patient can complain to the Information and Privacy Commissioner, who can

investigate and require a correction. Possible orders by a commissioner include:

- to stop the collection, use or disclosure of information;
- to dispose of a record;
- to change, stop or start a practice;
- to implement an information practice;
- to grant access to information to a patient;
- to correct erroneous information; and
- to provide a copy of an order to practitioner's College.

As a result of these developments, chiropractors should begin to consider the following measures:

- establish written policies and procedures;
- designate a staff person to oversee procedures and handle complaints;
- develop a use and disclosure consent form;
- have a process for patient access to charts;
- and create a process for dealing with requests to amend a chart.

CCO will keep you informed of significant developments.

Thank you examiners !

CCO would like to thank the following members who volunteered to be examiners for the Canadian Chiropractic Examining Board's (CCEB) June 2002 sitting: Drs. Judy Adler (Toronto), Gerard Arbour (Scarborough), Robbie Berman (Toronto), Grant Bjornson (Bobcaygeon), Percy Chan (Toronto), Elise Damecour (Aurora), Bryan Dumanski (Sault Ste. Marie), Gary Dyck (Barrie), David Homer (Toronto), Normand Houle (Unionville), Eric Jackson (Ottawa), Michael Kennedy (Brampton), Susanne Langdon (Niagara-on-the-Lake), Christopher Lyn (Markham), James Mason (Listowel), Rosanne Metz (Toronto), Kelly Moreau (Sault Ste. Marie), Paul Newton (Nepean), David Orchard (Waterloo), Marty Pszeniczny (Sault Ste. Marie), Geoffrey Rawson (Burlington), Lynne Rawson (Burlington), Peter Rissis (Markham), John Schellenberg (Peterborough), Kelly Schoonderwoerd (Ajax), Stephen Scott (Sault Ste.

Marie), Gauri Shankar (Prescott), Michael Shaughnessy (Orillia), Shawna Skryzlo (Burlington), Richard Stover (London), Grace Tridico (Sault Ste. Marie), Terry Tucker (Kingston), Howard Wasser (Richmond Hill), Anthony Yearwood (Oakville) and Angela Zuliani (Markham).

CCEB develops and conducts the clinical competency and cognitive skills examinations for all Canadian provincial regulatory boards.

To become a volunteer examiner for the Clinical Skills Examination, members must be in good standing, have been in practice for a minimum of three years, not be on the faculty of any of the chiropractic colleges and not have a conflict of interest.

If you are interested in becoming an examiner, please contact CCEB at 403-230-5997, or visit their web site at www.cceb.ca.

Registry Update

Suspended Due to Non-Payment of Dues

Bjornson, Julie K. (Bobcaygeon)
Bryans, Roland G. (Clarenville, NF)
Burns, Nancy L. (Toronto)
Cannon, Robert J. (Burnaby, BC)
Darabi, Mahin (Toronto)
Donnelly, Jennifer (Brampton)
Downey, Jennifer L. (Waterloo)
Frankel-Herzig, Talia (North York)
Fuliere, Fabrizio D. (Mississauga)
Glenn, David A.I. (USA)
Ho, Michael M. (Markham)
Horowitz, Michael L. (Richmond Hill)
Ironsides, Susanna (Vancouver, BC)
Johnson, Patrick G.E. (Vanderhoof, BC)
Karner, Stephen J. (Vancouver, BC)
Leblanc, Charles E. (Bourgel)
MacLean, Christine N. (Toronto)
McKay, James W. (Calgary, AB)
Merrick, Timothy C. (Ottawa)
Mikazans, Harry G. (Etobicoke)
Miller, Shannon C. (Victoria, BC)
Parks, J. Edward (Barrie)
Pilkington, Richard (Ajax)
Postma, Christopher A. (London)
Roy, Raymond J. (Kelowna, BC)
Saab, Nizar, (Edmonton, AB)
Smith, Tara (UK)
Swerdon, Robert (Barrie)
Voth, Daniel H. (Thorold)
Woollard, Mark E. (Scarborough)

Revoked Due to Non-Payment of Fees for Two Years

Abram, Nancy L. (Beamsville)
Bridges, Lisa A. (Mississauga)
Burkholder, Willard A. (Kitchener)
Cardin, Andre J. (Scarborough)
Charles, Raymond I. (USA)
Funk, Robert J. (Oakville)
Giancola, Antonio (Hamilton)
Goyeche, Laurie M. (St. John's, NF)
Holmes, J. Merton (Mississauga)
Hudon, Katherine Y. (Calgary, AB)
Irowa, G. Ozin (USA)
Kerklaan, Andrew L. (Roxboro, QC)
Morphy, Donna J. (Mount Forest)
Nella, Estelle C. (Stoney Creek)

Pabani, Ashif (Guelph)
Rahemtulla, Noorjehan (Vancouver, BC)
Silver, Eve B. (Thornhill)
Wilkie, Harold G. (Rideway)

Resigned

Bonnick, Beatrice (Scarborough)
Burtch, Dannielle (Winnipeg, MB)
Gilmore, Paul (Petersburg)
Ho-Lung, Kevin (Calgary, AB)
Hurd, Jason (Stratford)
Lum, Suk-Khuan (Ottawa)
MacRae, John (Dundas)
McAllister, Donna (Australia)
Moore, Jamie (Sarnia)
Sanders, James (Wawa)
Spathis, Peter (USA)
Squires, Charleen (Toronto)
Takes, John A. (Southampton)
Tarini, Craig (USA)
Thurlow, Robert (Ancaster)
Wadman, G. Keith (Glance Bay, NS)
Zelina, Fedor (Victoria, BC)

NOTE: Cities listed are located in Ontario, Canada, unless otherwise indicated.

Reminders

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.

Have you heard from...

Mail to the following members has been returned to CCO with no forwarding address. If your name or someone you know is listed here, please contact CCO so we can make the appropriate corrections.

Dr. Olivier J. Abtan
Dr. Jodi K. Jackson
Dr. Peter T. Rissis

And the Beasley Award goes to...



**Dr. Meagan
Loughlin**

Dr. Meagan Loughlin is the 2002 winner of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence. Students from the Canadian Memorial Chiropractic College are eligible to enter. The winner has his/her fees for application and registration in Ontario waived for one year. Here is the winning essay.

CCO's Quality Assurance Initiatives: Pros and Cons in Protecting the Public and Mandatory Continuing Education

The College of Chiropractors of Ontario (CCO), as the governing body that regulates chiropractors in Ontario, primarily serves to protect the public interest. This duty is achieved through various means, including the development of professional standards and guidelines, admission standards, investigating complaints and disciplining members.

One of the statutory committees of the CCO is the Quality Assurance (QA) Committee. The responsibilities of this committee include protecting the public, as well as developing programs to assist in establishing, maintaining and improving the base line standards of knowledge, skill and competency of its members. In its mandate to ensure standards and encourage continuing competence among members, CCO also secures the quality of the profession in order to provide the public with optimal chiropractic care.

The Quality Assurance Program (QAP) initiatives include standard and guideline development on identified issues, professional portfolio, self-assessment survey, peer assessment, x-ray peer review, and individual member remediation.

It is essential for CCO to develop standards of practice to define and ensure minimal competency of its members, as well as to establish practice guidelines directing members to practice in a professional and ethical manner. In so doing, the public has the assurance that all chiropractors practising in Ontario are required to adhere to a standard level of professional proficiency.

Those members who do not meet these minimum standards must undergo remediation

programs. This is a critical process in the education of members in order to ensure the public that the college is committed to maintaining and improving the quality of the profession.

The x-ray peer assessment program involves mandatory participation with random selection of members for peer assessment. The assessments are conducted by a practising chiropractor trained to identify areas of improvement and encourage members to strive for continuous quality improvement. The results of the review are shared with the QA Committee, who then determines if the member meets the appropriate standards, if the member will be given the opportunity to correct a deficient clinical ability, or if the member is required to participate in an enhancement or remediation program.

Similarly, the peer assessment program involves a CCO-trained assessor conducting a review of a member's practice with an educational intent. At this review, the assessor completes a checklist, selects and reviews charts, and then provides a summary consultation. Although chiropractors are essentially responsible for their own competence, this program provides a unique opportunity to review their procedures with the intention of maintaining and improving performance.

Furthermore, this review process provides immediate feedback to the chiropractor concerning his/her practice and may highlight areas for improvement in the future. These peer-reviewed, on-site assessments offer a personalized review of the member's practice, with the ultimate goal of maintaining and improving upon adequate patient management, including x-ray technical and clinical competence. There are some drawbacks to this process, however, including reluctance of members to be assessed for fear of punitive action, criticism, or simply inconvenience.

Other initiatives of the QAP allow the member to strive for improvement based on a self-evaluation and review. The self-assessment survey requires the member to rate their level of knowledge in each of 219 areas, as well as indicate areas where they would benefit from additional knowledge. The simple nature of the survey provides a quick method of self-assessment for the member, and could readily highlight areas for personal improvement.

From the CCO's perspective, this type of

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Beasley Award winner (cont.)

survey could offer valuable information to aid in the design of topics for future educational programs, or topics requiring clarification for members. Caution should be taken with the review of these surveys; due to their subjective nature they should only be used as a global assessment of the profession. Due to their design, the surveys do not directly serve to protect the public, however, they can be informative by highlighting areas where additional training or knowledge is required.

The professional portfolio (which includes a professional profile as well as a section on continuous learning) is a tool for members to document their professional career, plan and record lifelong learning initiatives. All members of CCO are required to complete and maintain a portfolio, which may be randomly selected for review by the QA Committee. This exercise is designed to communicate the importance of continuous learning and may be a simple means of allowing members to reflect on their own involvement and set goals for the future.

The booklet, however, does not offer much guidance for its completion, nor does it specify what learning initiatives, and how many hours, are recommended. In the future, the results of this portfolio could be used to devise continuing education (CE) guidelines for members.

As the governing legislation for CCO, the *Regulated Health Professions Act (RHPA)* gives chiropractic the privilege to be a self-governing profession. As the governing body of the profession in the province of Ontario, CCO has the duty to maintain and promote the competence of its members in order to optimally protect the public interest. In particular, the above initiatives fulfill the requirement of the *RHPA* rule stipulating all colleges to incorporate a QAP.

The QAP must have an assessment component, and its participation must be mandatory. CCO's on-site, random peer assessments provide a thorough, informative, and minimally invasive evaluation of its members. Such QA initiatives provide protection to the public by assuring that

The professional portfolio... is a tool for members to document their professional career, plan and record lifelong learning initiatives.

CCO could only serve to improve its dedication to the public by implementing a mandatory continuing education requirement for its members.

members are meeting professional standards, providing education and remediation for those who fall below these standards, and offering suggestions for upgrading and improving members' performance.

Another initiative that the QAP should incorporate is mandatory continuing education (CE) requirements. This requirement would fall within the mandate of the QA committee "develop, establish and maintain standards of knowledge and skill, and programs to promote continuing competence among members," as well as their mandate to "develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members."

If CE were to be mandatory for members, CCO should offer or sponsor CE courses for members, as well as approve acceptable courses offered by other organizations/institutions.

The process of assessing the eligibility of courses, seminars and other programs, in addition to the hour requirements, would initially be very labour-intensive, as well as difficult to accommodate the opinions of all stakeholders. Furthermore, member accessibility to sponsored educational courses, as well as the cost of these courses, is also an important consideration.

In this technical era, however, courses can be offered via the Internet or video, in addition to formal lectures. Using the initiatives currently in place, CCO could monitor members' CE fulfillment through the professional portfolio assessments; members not adhering to the requirements would not be eligible to renew their license.

Despite the difficulties in initiating a mandatory CE program, the benefits are of utmost importance to the profession and the public. In such a rapidly evolving health care system, the public should be assured that all professionals are maintaining an active involvement in lifelong learning initiatives. Such an assurance could be ameliorated with the incorporation of mandatory CE requirements for chiropractors regulated by CCO, in a similar fashion to that adopted by other provincial colleges.

CCO could only serve to improve its dedication to the public by implementing a mandatory continuing education requirement for its members.

Committee Composition for April 2002-2003

Statutory Committees under the Regulated Health Professions Act, 1991 (RHPA)

Executive

Dr. Allan Gotlib, *President*
Dr. Keith Thomson, *Vice President*
Mrs. Regina Willmann, *Treasurer*
Mrs. Gail Diamond, *public member*
Mr. Calvin MacPherson, *public member*
Dr. Drew Potter
Dr. Donald Viggiani

Complaints

Dr. Keith Thomson, *Chair*
Dr. Elizabeth Anderson-Peacock, *non-Council member*
Dr. Gilles Lamarche
Mrs. Regina Willmann, *public member*
Mrs. Ruth Mabee, *public member, alternate*

Discipline*

Dr. Lynda Montgomery, *Chair*
Dr. Richard Bray, *non-Council member*
Dr. Douglas Brown, *non-Council member*
Mrs. Gail Diamond, *public member*
Mrs. Helen Foster, *public member*
Dr. Jacques Laquerre
Mrs. Ruth Mabee, *public member, alternate*
Ms Jane Ann McLachlan, *public member, alternate*
* All members of Council are potential members of the Discipline Committee

Fitness to Practice

Dr. Brian Schut, *Chair*
Ms Clarissa D'Cunha, *public member*
Dr. David Leprich

Patient Relations

Dr. Gilles Lamarche, *Chair*
Mrs. Gail Diamond, *public member*
Mrs. Helen Foster, *public member*
Dr. Brian Kleinberg, *non-Council member*
Dr. Robin Whale, *non-Council member*

Quality Assurance

Dr. Donald Viggiani, *Chair*
Mrs. Gail Diamond, *public member*
Dr. Jacques Laquerre
Dr. Jeffrey Lustig, *non-Council member*
Mrs. Regina Willmann, *public member*

Registration

Dr. David Leprich, *Chair*
Mr. Calvin MacPherson, *public member*
Dr. Lynda Montgomery

Non-Statutory Committee under the RHPA

Advertising

Dr. Drew Potter, *Chair*
Dr. Peter Amlinger, *non-Council member*
Mrs. Helen Foster, *public member*
Dr. David Leprich

Under the Health Insurance Act

Chiropractic Review Committee

Dr. Michaela Cadeau, *Chair*
Mr. John Bolus, *public member*
Ms Corinne Hardey, *public member*
Dr. John Schellenberg
Dr. Keith Thomson



CCO COUNCIL FOR 2002-2003

(Seated L-R): Dr. Gilles Lamarche, Mrs. Regina Willmann, Dr. Allan Gotlib, Ms Jo-Ann Willson, Dr. Keith Thomson, Ms Jane Ann McLachlan, Dr. Don Viggiani

(Standing L - R): Dr. Jacques Laquerre, Mrs. Ruth Mabee, Dr. Drew Potter, Dr. Michaela Cadeau (Chiropractic Review Committee), Ms Clarissa D'Cunha, Mrs. Gail Diamond, Dr. David Leprich, Mrs. Helen Foster, Dr. Brian Schut, Mr. Calvin MacPherson, Dr. Lynda Montgomery

Welcome to New Members !

CCO welcomes the following new members (from September 2001 to August 2002) and wishes them a long and successful career in chiropractic.

Abdawi-Moussa, Mahmoud (London)
Adey-Simpson, Stephanie E. (Mississauga)
Adzija, Zeljka (Toronto)
Agyemang, Mohammed (Toronto)
Albano, Luigi (Windsor)
Armstrong, Sean (Toronto)
Arnold, Vanessa (Toronto)
Assayag, Miriam A. (Toronto)
Aubin, Justin P. (Collingwood)
Bali, Vanita (Scarborough)
Battler, Paul M. (Waterloo)
Beebe, Benson E.V. (London)
Beggs, Jennifer R. (London)
Bendle, Elizabeth (Claremont)
Benoot, Jacqueline M. (Kent Bridge)
Berger, Tamara (Toronto)
Bhalesar, Parminder S. (Oshawa)
Bhardwaj, Mukesh K. (Maple)
Boudreau, Giselle L. (Toronto)
Bozzo, Christopher (Winona)
Brown, Sean P. (Bowmanville)
Campbell, Cameron W. (Whitby)
Canning, Gregory W. (Ajax)
Chambers, Michael G. (Stratford)
Chelin, Lesli M. (Toronto)
Chillelli, Flavia (Toronto)
Colledge, Denise J.M. (St. Thomas)
Cooper, Andrew J. (Richmond Hill)
Cooper, Neilson R. (Fort Frances)
Copeland, Selby (Toronto)
Cote, Andreanne (North Bay)
Cramer, Natalie J. (Burlington)
Crook, Leslie A. (Frankfort)
Culver, Amy M. (Burlington)
Davies, Craig H. (Lindsay)
Dawes, James A. (Huntsville)
Dawson, John (Scarborough)
DeFina, Annamaria (Woodbridge)
De Leon, Alvin (Scarborough)
Desjardins, Nathaly (Val D'Or, QC)
Detweiler, Holly-Ann L. (Toronto)
Deutsch, Sender S. (Toronto)
Duchnicki, Christopher J. (Fort Frances)
Dunn, Greg N. (Toronto)
Dyson, Anita (Markham)
Dziak, Martin C. (Waterloo)
Easton, Jennifer (Orono)
Ebadian, Sepideh (Toronto)
Eidt, Glory A. (London)
El-Sawaf, Ihab F. (Mississauga)
Farnworth, Robert C. (St. Catharines)
Farquhar, Stacey L. (Toronto)
Fischer, Jodie L. (Cambridge)
Fisher, Dan R. (Windsor)
Fitzgerald, Brian R. (Rossland, BC)
Fitzpatrick, Julie D. (Oakville)
Forget, Ann-Marie (Wasaga Beach)
Frantzis, Emmanuel (Toronto)
Friedman, Ryan (Thornhill)
Fullarton, Chris (Cornwall)
Galiotos, Steven (Toronto)
Giancoulas, Jim (Mississauga)
Gilby, Greg A. (St. Catharines)
Gilchrist, Thomas Sheldon S. (Wellesley)
Gill, Harpal S. (Mississauga)
Gill, Navjot (Mississauga)
Glennie, Rebecca A. (Toronto)
Golhassani, Niousha (Thornhill)
Gopaul, Nicole J. (Toronto)
Granzotto, Serena (Toronto)
Grayson, Derek J. (Windsor)
Greenfield, David A. (Nepean)
Greenspoon, Elisse R. (Toronto)
Guirguis, Karim (Gloucester)
Hall, Trevor S. (Burlington)
Hodgins, Jeffrey J. (Sarnia)
Horner, James M. (Markham)
Hu, Tzu-Chin (Toronto)
Hudson, Stacey L. (Barrie)
Huang, David (Scarborough)
Ingram, Kelly (Ottawa)
Inoque, Carla S. (Waterloo)
Ishani, Hanif (Toronto)
Jaffer, Sharmin (Guelph)
Janisse, Michael F. (Tecumseh)
Jardine, Kevin D. (Toronto)
Jay, Albert W.K. (Bowmanville)
Jefak, Joseph T. (Hamilton)
Jessa, Rahim K. (Highland Park)
Joaquin, Terrence A. (Scarborough)
Jutzi, A. Bradley (Troy)
Kambourakis, Euthimios (Scarborough)
Kassam, Sameer (Toronto)
Katsis, Efstathia (Toronto)
Keane, Daniel C. (Ireland)
Kennedy, Patricia R. (Toronto)
Kim, Benjamin J. (Scarborough)

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Welcome to New Members (cont.)

Kim, Dong Heon (Toronto)
Koh, Ivan Chen-Liang (Mississauga)
Kottoor, Joseph A. (Scarborough)
Kousouris, Nick (Toronto)
Lake, Anne-Marie (Thornhill)
Landriault, Robert R. (North Bay)
Le, Thang T. (Richmond Hill)
Lee, David J. (Toronto)
Lee, Dennis H. (Toronto)
Lee, Gary (Scarborough)
Lemire, Luc G. (Timmins)
Lesage, Jodi R. (St. Catharines)
Lewis, Mark B. (Pickering)
Lianos, Dimitrios (Toronto)
Lin, Gene S. (Scarborough)
Lodin, Walid (Whitby)
Lue Chee Lip, Suzette (UK)
Loughlin, Meagan E. (Bowmanville)
Macfarlane, Mark I. (Cambridge)
MacInnis, Heather A. (Ireland)
MacLeod, David N. (Whitby)
Martin, Lesley A. (Grimsby)
Martin, Wendy A. (Toronto)
McClelland, Dean E. (Toronto)
McCormack, Shane P. (Atikokan)
McEwen, Shannon G. (Mississauga)
Meghji, Nimet (Toronto)
Merchant, Laila S. (Mississauga)
Meret, Jennifer L. (LaSalle)
Merrick, Robin J. (Markham)
Metus, Mark L. (Ottawa)
Miller, Peter A.W. (Sarnia)
Mills, Rick G.R. (Thorold)
Minor, Chadwick J. (Wainfleet)
Mollaret, Veronique S. (Ajax)
Moran, Kim A. (Winnipeg, MB)
Morrow, Steven C. (Ottawa)
Murray, Rob G.D. (Newmarket)
Nagoda, Rudy J. (Sault Ste. Marie)
Naoumov, Serguei (Toronto)
Nazarali, Zahir N. (Pickering)
Neary, Heather Ann (Ottawa)
Newman, Kristine L. (Whitby)
Nikkanen, Joshua N. (Newmarket)
Norman, Bradley L. (Barrie)
Nugent, Troy W.R. (Napanee)
Ostrowski, Matthew S. (Barrie)
Papa, John A. (Toronto)
Parisien, Marc-Andre (Ottawa)
Pasztor, Frank L. (Toronto)
Patel, Manish (Acton)
Patel, Xerses (Scarborough)
Penner, Brent L. (Toronto)
Penney, Richard J. (Dunrobin)
Perini, Daniel M. (Chatham)
Perry, Sean D. (Toronto)
Petch, Andrea T. (Guelph)
Peterson, Cynthia K. (Toronto)
Picarelli, Angela (Unionville)
Portnoy, Michelle (Thornhill)
Price, Jason E. (Kitchener)
Puri, Vikas (Brampton)
Puumala, Rodney D. (Thunder Bay)
Rankin, David A. (Oakville)
Robertson, Heather L. (Thunder Bay)
Rosenblatt, Craig (Toronto)
Rossi, Amanda B. (Birmingham, MI)
Rujedawa, Yusuf (Scarborough)
Sacchetti, Marco (Scarborough)
Sadeghi-Nogorani, Kaivan (Richmond Hill)
Saita, Takafumi (Singapore)
Salehoun, Roya (Toronto)
Sandercock, Kimberley A. (Newmarket)
Schneider, John R. (Windsor)
Seguin, Shelley M. (Unionville)
Sevazlian, Grace (Thornhill)
Siblall, Neil D. (Toronto)
Sidon, Jeffrey Jay (Scarborough)
Siegel, Stuart J. (Richmond Hill)
Simone, Steven C. (Loretto)
Skiby, Mike (Mississauga)
Smith, Bradley E. (Willowdale)
Solanki, Sunil (Scarborough)
Spares, Kimberly D. (Brookside, NS)
Stainton, Shane R. (Stayner)
Starcevic, Alan J. (Hamilton)
Stevens, Kristen M. (Whitby)
Surette, David C. (Toronto)
Swan, Stuart E. (Davison, MI)
Sykes, Donna L. (Tillsonburg)
Tabrizi, Mehran T. (Guelph)
Tavares, Richard (Richmond Hill)
Tavares, Rui S. (Mississauga)
Taylor, Caroline M. (Brampton)
Taylor, Jason D. (Oshawa)
Thai, Truc Lynn (Toronto)
Thomson, Erin R. (North Bay)
Toner, Shawn F. (Ireland)
Tonnos, Matthew M. (Grimsby)
Triantafilou, Christopher (Brampton)
Trochta, Oliver A. (Thorold)
Tsaggarelis, Nick (Toronto)
Twaddle, Andrea L. (Owen Sound)

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Council Meeting Highlights

Council held five regular meetings since the last issue of *ChiroPractice*. Here are the public portion highlights:

September 22, 2001

- Council reviewed the Executive Committee's new process and procedure for granting temporary certificates of registration to chiropractors from other Canadian jurisdictions travelling to Ontario for short-term events (such as sports events), including that the member sign an appropriate undertaking and that the "home" jurisdiction of the visiting chiropractor be the appropriate body to address any complaints/concerns about a member while in Ontario.
- Council noted the reappointment of Mr. John Bolus to the Chiropractic Review Committee (CRC) effective September 1, 2001, to August 31, 2004.
- Council directed the president, vice president and registrar to attend the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) meeting in Calgary, Alberta, in November 2001.
- Council reviewed a draft "Position Statement on Chiropractic Care for Infants, Children and

Adolescents" by Dr. Stan Gorchynski, Chair, Pediatrics Committee, Canadian Chiropractic Association (CCA).

- Council directed that the president of the Council on Chiropractic Education Canada (CCEC), Dr. Grayden Bridge, be invited to present to Council on a variety of issues, including the draft contractual agreement between CCEC and CCO outlining each bodies' roles and responsibilities relating to the accreditation of Canadian chiropractic educational institutions, and the mechanism for CCO input into CCEC decision-making.
- Council noted CCO's prominent role in the well-received September 2001 joint discipline orientation sessions for the discipline committee members of colleges participating in the Federation of Health Regulatory Colleges of Ontario (FHRCO).
- Council approved the following recommendations from the Advertising Committee for circulation for comment:
 - *re: public presentations:*
 - only educational/information presentations shall be permitted
 - examination/screening procedures shall not be permitted
 - self-referral and/or solicitation of business shall not be permitted
 - that the publication of "advertorials" (e.g., "Doctor's Confession to the Town of ...") be considered unprofessional and unacceptable; and
 - that advertising on the internet is to be considered the same as all other forms of advertising in that it must conform to CCO's Advertising Standard of Practice.
- Council reviewed the various Health Professions Regulatory Advisory Council (HPRAC) Reports, including the Five-Year Review document entitled "Adjusting the Balance" and agreed to provide input and assist in the formulation of CCO's response to all of the reports. Council noted that CCO was positively reviewed in the evaluative reports.

Welcome to New Members (cont.)

Tzakas, Peter (Toronto)
Van der Veer, Kristopher J. (Bobcaygeon)
Veeneman, David J. (Burlington)
Ventrella, Antonio (Richmond Hill)
Ventresca, Robert (Unionville)
Violante, Jennifer A. (Kleinburg)
Webster, Matthew D. (Waterloo)
Whitten, Wade E. (Toronto)
Wolbeck, Richard J. (Barrie)
Wong, Alwyn P. (Toronto)
Yee Quee, Jeanne T. (Toronto)
Young, Genevieve S. (Sudbury)

NOTE: Cities listed are located in Ontario, Canada, unless otherwise indicated.

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Council Meeting Highlights (cont.)

December 8, 2001

- Council reviewed the enabling legislation to permit health professionals to incorporate, noting that it would not be possible for professionals to incorporate until government proclaimed supporting regulations.
- Council reviewed FHRCO's comprehensive Response to the Five-Year Review (in which CCO participated) as well as responses from the Ontario Chiropractic Association (OCA), Canadian Chiropractic Protective Association (CCPA) and the Canadian Memorial Chiropractic College (CMCC).
- Council reviewed various legislative initiatives that will affect members if proclaimed, including the proposed *Personal Health Information Act* and *Ethics and Transparency Act*.
- Dr. Michaela Cadeau, Chair, CRC, provided a verbal report and outlined various recent changes to the *Health Insurance Act*.
- The president, vice president and registrar provided a verbal report on a meeting with representatives of the Quebec regulatory board and association, as well as the OCA and CMCC relating to issues being faced by chiropractors in Quebec, including a legislative review and consideration of changes to access to laboratory services.
- The vice president and registrar provided verbal reports on the November 2001 CFCRB meeting in Calgary.
- Council reviewed various correspondence exchanged between CCEC and CCO as well as responses from the Australian Council on Chiropractic Education and the Council on Chiropractic Education (US) relating to their funding and contractual arrangements with regulatory boards.
- Dr. Grayden Bridge, President, CCEC, provided Council with background information concerning CCEC and CCO's involvement to date.
- Council noted the summary of positive feedback on the work of the Joint Discipline Orientation Group, a copy of which was forwarded to various Ministry of Health and Long-Term Care (MOHLTC) representatives.
- Council reviewed the agenda and supporting materials for the FHRCO Fall General meeting attended by the president and registrar.
- Council reviewed numerous letters regarding CCO's 2001 registration renewal form, which requested information about "experimental techniques" and relates to a proposed standard of practice being developed by the Quality Assurance Committee.
- Although not scheduled on the agenda, Council agreed to hear a presentation and to have a general question and answer period relating to the topic of experimental techniques. The president and registrar provided background information relating to the development of the standard of practice, including consultation with stakeholders and members, and consideration of feedback received. They clarified that a technology, device or technique, which is not "core chiropractic," requires a heightened level of informed consent from the patient. The Quality Assurance Committee agreed to continue its consultation process before making recommendations to Council.
- Council noted the positive feedback relating to the peer assessor training day held in September 2001 by the Quality Assurance Committee and noted correspondence forwarded to peer assessors emphasizing the necessity for fair and impartial participation by peer assessors.
- Council directed that a number of proposed revisions to standards of practice and core regulations be circulated to stakeholders including members for feedback.
- Council reviewed proposed amendments to the Registration Regulation and fees by-law and directed that they be circulated for comment.
- Council noted, and applauded, the reappointment of three public members, Mrs. Ruth Mabee, Mrs. Helen Foster and Mrs. Regina Willmann.

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Council Meeting Highlights (cont.)

February 16, 2002

- Council reviewed CCO's comprehensive response and recommendations concerning the HPRAC reports relating to various proposed amendments to the *Regulated Health Professions Act, 1991*.
- Council approved the CRC draft adjudication form entitled Patient Clinical Record and X-ray Assessment Guidelines.
- Council reviewed various documentation relating to a proposed memorandum of understanding between CCO, CRC and the MOHLTC relating to the functioning of CRC.
- Council noted the appointment of Dr. Marshall Deltoff as CCO's representative on the Healing Arts Radiation Protection Commission (HARP).
- Council noted correspondence from Dr. Jean Moss, President, CMCC, confirming CMCC had received the maximum re-accreditation (seven years) from CCEC.
- Council reviewed the agenda and supporting materials for the March 2002 CFRCB meeting in Fredericton, New Brunswick, and directed the president, vice president and registrar to attend.
- Council reviewed the public statement concerning deferral of a decision regarding reaffirmation of accreditation of Université du Québec à Trois-Rivières (UQTR).
- The registrar reported on a meeting between FHRCO and MOHLTC on the proposed *Privacy of Personal Health Information Act*.
- Council reviewed correspondence from the president to all stakeholders/members clarifying issues relating to CCO's circulation of a proposed standard of practice on experimental techniques, technologies, devices and procedures and proposed changes to CCO's advertising provisions.
- Council noted various letters from societies expressing appreciation to the president and registrar for their attendance at meetings.
- Council approved circulation of a new standard of practice entitled "Establishing a

Personal Relationship with your Patient" to include a minimum one-year "cooling off" period, and an explanation that, in some situations, it may never be appropriate for a member to have a personal relationship with a former patient, as recommended by the Patient Relations Committee.

April 20, 2002

- Council noted that the MOHLTC had proclaimed regulations to support the legislation allowing health care professionals to incorporate.
- The registrar reported on a meeting between the MOHLTC and colleges on the topics of advertising and conflict of interest templates, and Council reviewed the consultation material.
- The registrar reported on a meeting hosted by the Law Society of Upper Canada and attended by a number of health regulatory colleges to address the regulatory issues arising from the proposed *Privacy of Personal Health Information Act*.
- Council noted the reappointment of Ms Corinne Hardey to CRC effective, April 29, 2002, until April 28, 2005.
- Council noted CCO's nomination of Drs. Michaela Cadeau, Keith Thomson and John Schellenberg as members of the CRC, and Drs. Rhonda Kirkwood, Natalia Lishchyna, William McCallum and Larry McCarthy as inspectors.
- Council noted the response from the OCA to the draft Advertising Standard of Practice.
- Council, based on the recommendations of the CFRCB, agreed to approve two further specialties for inclusion in Policy P-029, the College of Chiropractic Rehabilitation Sciences and the College of Chiropractic Orthopedists.
- The president reported on his participation at a CCA consultation meeting to develop national guidelines.
- Council noted the publication of the registrar's correspondence to the *National Post* relating to

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Council Meeting Highlights (cont.)

the articles entitled “MDs warn of chiropractic peril” and “Pediatricians warn against chiropractors.”

- Council approved revisions to S-011: Dual Registrants, based on the recommendations of the Quality Assurance Committee.
- Council approved Policy P-004: Advertising Committee Protocol.
- The majority of the meeting was devoted to conducting internal elections to compose all committees of Council, as well as an orientation concerning the roles and responsibilities of Council and committee members.

June 22, 2002

- Dr. Drew Potter, Chair, Advertising Committee and Dr. Don Viggiani, Chair, Quality Assurance Committee, and the registrar provided a verbal report concerning the consultation day held on June 1, 2002, with those members who responded to the president’s correspondence in January 2002 requesting an indication of interest in a consultation day on the advertising provisions and the proposed standard of practice on experimental techniques, technologies, devices and procedures.
- Council reviewed and approved the proposed by-law on incorporation (By-law 15: Professional Corporations) and supporting documentation for circulation to members and other stakeholders.
- The registrar provided a verbal update on various legislative initiatives, including the *Personal Health Information Act*.
- The president and registrar reported on their attendance at the FHRCO Annual Meeting, held on April 25, 2002. Assistant Deputy Minister of the MOHLTC, George Zegarac, made a presentation on a number of current initiatives.
- The registrar was congratulated on her election to the FHRCO Executive Committee.
- Dr. Brian Schut and Mrs. Gail Diamond reported on their attendance at an excellent symposium on “Professional Addiction,” sponsored by the Medico-Legal Society of Toronto.
- Dr. Richard Bray and Dr. Lynda Montgomery expressed appreciation for their attendance at a comprehensive discipline training program attended by regulators from a number of industries across Canada, including various health colleges, law societies and policing agencies.
- Council noted the appointment of all of CCO’s nominees to CRC.
- Council reviewed the draft submission on laboratory diagnosis prepared by CMCC and OCA.
- Council reviewed various documentation relating to the changes in the accreditation status of Life University (Marietta, GA) and the probation of UQTR.
- Council confirmed participation of CCO representatives at the Council on Licensure, Enforcement and Regulation conference in Las Vegas in September 2002 and noted that Toronto will be hosting the next conference in 2003.
- The registrar provided a verbal update on the strategic planning weekend scheduled for September 2002 in Niagara-on-the-Lake to develop a vision and strategic planning goals arising from the mission statement approved by Council in December 2000.
- The vice president and registrar reported on their presentation, in conjunction with OCA representatives, to the Canadian Health Care Anti-Fraud Association.
- The treasurer noted that at almost six months into the year, CCO is in a positive financial position. The financial statements for the year ending December 31, 2001, were approved.
- Council approved Standard of Practice S-013: Informed Consent for circulation to members and other stakeholders, as well as changes to Standard of Practice S-010: Techniques, Technologies, Devices and Procedures.
- Council authorized the Advertising Committee to conduct a focus group to develop examples of acceptable advertising and to offer clarification to the Advertising Standard of Practice and Code.

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