A Privilege to Provide Chiropractic Care to Ontarians

Several months ago, I had an incident that has prevented me from being in my office and adjusting patients.

I have always considered it a privilege to be able to provide chiropractic care to the people of Ontario who entrust their family’s health to me. This experience - and not being able to adjust over the past several weeks - has reinforced to me what a gift it is to be able to provide chiropractic adjustments to the community we serve.

It is easy to forget or minimize the privilege of providing chiropractic care to the people of Ontario as we go into our offices day after day, week after week. Sometimes, with the pace of our society and the daily stresses we all face, it may be possible to forget who it is we actually serve.

At CCO, we work very hard to make sure the people of Ontario have access to competent, professional and ethical chiropractic care. We also work very hard to ensure that every chiropractor is able to provide the style of chiropractic care that resonates best with them to their patients, so long as it is compliant with the chiropractic scope of practice and CCO standards of practice.

I believe that the people we serve deserve our best. They deserve compassionate and thorough chiropractic evaluations. They are entitled to accurate, comprehensive and meaningful explanations of their case and how chiropractic can help them. We should tell them about the uniqueness of chiropractic care and then deliver the best possible adjustment.

Ontario’s Minister of Health has a vision that the people of Ontario receive high-quality, efficient, meaningful care from the regulated health professional best suited to deliver it. We can help the Minister achieve this vision by focusing on the patient’s needs and what we, as chiropractors, can offer them. It is also important to recognize if and when a person has an issue or condition that is outside the chiropractic scope of practice. In those instances, it is unequivocally in the patient’s best interest to align them with a health professional that has the appropriate scope of practice, knowledge and tools they need to take care of those matters as we continue to tend to the patient’s chiropractic needs.

(Cont. on Page 3)
MISSION
The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care.

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

Developed at the strategic planning session in September 2004
Approved by Council on February 8, 2005

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

Developed at the strategic planning session: October 2010
Reviewed at the strategic planning session: September 2012, September 2013

Acronyms
The following is a list of commonly used acronyms used at CCO.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADR</td>
<td>Alternative dispute resolution</td>
</tr>
<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>CCA</td>
<td>Canadian Chiropractic Association</td>
</tr>
<tr>
<td>CCO</td>
<td>College of Chiropractors of Ontario</td>
</tr>
<tr>
<td>CCPA</td>
<td>Canadian Chiropractic Protective Association</td>
</tr>
<tr>
<td>CE</td>
<td>Continuing Education</td>
</tr>
<tr>
<td>CFCREAB</td>
<td>Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards</td>
</tr>
<tr>
<td>Chiropractic Act</td>
<td>Chiropractic Act, 1991</td>
</tr>
<tr>
<td>CMCC</td>
<td>Canadian Memorial Chiropractic College</td>
</tr>
<tr>
<td>Code</td>
<td>Health Professions Procedural Code Schedule 2 to the RHPA</td>
</tr>
<tr>
<td>CTCMPAO</td>
<td>College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario</td>
</tr>
<tr>
<td>DC</td>
<td>Doctor of Chiropractic</td>
</tr>
<tr>
<td>FHRCO</td>
<td>Federation of Health Regulatory Colleges of Ontario</td>
</tr>
<tr>
<td>FSCO</td>
<td>Financial Services Commission of Ontario</td>
</tr>
<tr>
<td>HARP</td>
<td>Healing Arts Radiation Protection Act</td>
</tr>
<tr>
<td>HCAI</td>
<td>Health Claims for Auto Insurance</td>
</tr>
<tr>
<td>HPARB</td>
<td>Health Professions Appeals and Review Board (or the Board)</td>
</tr>
<tr>
<td>ICE</td>
<td>Independent chiropractic examiner</td>
</tr>
<tr>
<td>ICRC</td>
<td>Inquiries, Complaints and Reports Committee</td>
</tr>
<tr>
<td>ILC</td>
<td>Independent legal counsel</td>
</tr>
<tr>
<td>IPC</td>
<td>Inter-professional collaboration</td>
</tr>
<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>OCA</td>
<td>Ontario Chiropractic Association</td>
</tr>
<tr>
<td>OHIP</td>
<td>Ontario Health Insurance Plan</td>
</tr>
<tr>
<td>PCT</td>
<td>Professional Credential Tracker</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>QA Committee</td>
<td>Quality Assurance Committee</td>
</tr>
<tr>
<td>RHPA</td>
<td>Regulated Health Professions Act, 1991</td>
</tr>
<tr>
<td>WSIB</td>
<td>Workplace Safety and Insurance Board</td>
</tr>
</tbody>
</table>
I challenge every CCO member to reflect on what a privilege it is to provide chiropractic care to Ontarians. I challenge each of you to pause and reflect on the fact that, collectively, we create an image for the public and for all other chiropractic stakeholders. Different styles of chiropractic are not the issue; however, inappropriate behavior is.

If you put your patients’ interests first and do what’s best for chiropractic as you provide chiropractic care, you will be honouring BJ Palmer’s last written words:

Peter Amlinger, DC

“You have in your hands the sacred trust, guard it well.”

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Extract from the Chiropractic Act

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

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

J'ai eu un accident qui m'a empêché de me rendre à mon bureau et de traiter mes patients.

J'ai toujours perçu comme un honneur le fait de pouvoir offrir des traitements de chiropractie aux Ontariens qui me font confiance pour soigner les membres de leur famille. Cette expérience – et le fait de n'avoir pas pu offrir de traitements pendant plusieurs semaines – m'a fait mieux comprendre combien il est précieux de pouvoir fournir des soins de chiropractie à la communauté que nous desservons.

Il est facile d'oublier ou de minimiser le privilège d'offrir des traitements de chiropractie aux Ontariens lorsque nous allons à nos bureaux jour après jour, semaine après semaine. À cause de notre rythme de vie et du stress quotidien, il arrive parfois que nous oubliions qui sont réellement les gens que nous aidons.

Les membres du CCO travaillent très fort afin de s’assurer que les Ontariens ont accès à des traitements de chiropractie prodigués avec compétence, professionnalisme et de façon éthique. Nous travaillons aussi très fort afin de nous assurer que chaque chiropraticien est en mesure de fournir le type de traitement de chiropractie qui convient le mieux à ses patients, du moment qu’il appartient au champ de pratique de la chiropractie et conforme aux normes de pratique du CCO.

Je pense que les personnes que nous desservons méritent ce qu’il y a de mieux. Elles méritent des évaluations de chiropractie faites avec rigueur et compassion. Elles ont droit à des explications précises, détaillées et explicites de leur condition et concernant dans quelle mesure la chiropractie peut les aider. Nous devrions leur expliquer la spécificité des traitements de chiropractie puis leur fournir le meilleur ajustement possible.

Le ministre de la Santé de l’Ontario souhaite que les Ontariens obtiennent des soins de haute qualité, efficaces et pertinents de la part des professionnels de la santé agréés dont ils ont besoin. Nous pouvons aider le ministre à concrétiser cette vision en nous concentrant sur les besoins des patients et sur ce que nous pouvons leur offrir à titre de chiropraticiens. Il est aussi important de savoir reconnaître si et quand le problème ou l’état d’une personne requiert des soins hors du champ de pratique des chiropraticiens. Dans ces circonstances, il est sans équivoque dans l’intérêt supérieur du patient de le référer à un professionnel de la santé dont le champ de pratique, les connaissances et les outils sont adaptés à son état afin que ce professionnel le traite pendant que nous poursuivons les soins de chiropractie nécessaires par ailleurs.

J’enjoins à tous les membres du CCO de réfléchir au privilège de fournir des traitements de chiropractie aux Ontariens. Je vous demande de réfléchir sérieusement à l’image que, collectivement, nous projetons envers le public et tous les autres intervenants en chiropractie. Le problème ne se situe pas dans les différents styles de chiropractie; mais concerne plutôt les comportements inappropriés.

Si vous avez en priorité le souci du meilleur intérêt de vos patients et faites en sorte que les traitements de chiropractie que vous procurez sont tout à l’honneur de la profession, vous respecterez les derniers mots écrits par BJ Palmer :

« Vous avez en mains une mission sacrée, protégez la bien ». 

Peter Amlinger, DC
At Council’s strategic planning meeting in September 2013, extensive discussion took place about the importance for members who are running for election to CCO Council to fully understand the commitment they are making to serving the public interest by participating in the self regulation of the chiropractic profession.

It was agreed that, going forward, candidates will sign a comprehensive undertaking that will require members to understand:

- What CCO is all about, including the privilege of being a self-regulated profession and its legislative mandate
- The extent to which Council members are expected to make a commitment and to volunteer their time and expertise in dealing with matters before Council
- The importance of having member diversity and a range of skills and experience, particularly relating to representation on Council and on committees
- CCO’s strong commitment to being fiscally responsible and transparent in its actions
- The significance of signing an undertaking with CCO.

Changes to Candidate For Elections Undertaking

Did you make your vote count?

The following election dates are scheduled for the purpose of electing CCO Council Members:
- March 20, 2014 - DISTRICT 4 (CENTRAL)
- March 21, 2014 - DISTRICT 5 (CENTRAL WEST)

Check the CCO website for the results!
I am looking forward to the April 2014 Council meetings with some trepidation. Starting in April 2014, CCO will have a very different Council. Both Dr. Peter Amlinger and Dr. James Laws will have completed nine consecutive years as CCO Council members, and must be off Council for at least three years before they can run for office again. In addition, in November 2013, CCO regretfully received the resignation of public member Ms Cristina De Caprio, who has accepted a new position as Registrar and CEO of the College of Traditional Chinese Medicine and Acupuncturists of Ontario. Effective May 2014, CCO’s long standing public member Mr. Shakil Akhter’s term will conclude, and, effective December 2014, Mr. Martin Ward will have completed almost 10 years as a public member on CCO Council. I expect there are upcoming changes in the public appointments to CCO, and we are working hard to take steps to ensure public members are at the maximum number (seven) so CCO has clear input into decisions from public appointees. Many of you will know that CCO requires a minimum of six public members to be properly constituted.

CCO Council, the staff, the profession, and most importantly, the public, have benefited from strong, stable and effective leadership at CCO over the past several years. When someone is elected to CCO Council, there is often a steep learning curve to come up to speed on the various issues CCO is required to address and deal with effectively, often within tight time frames. It has been an absolute pleasure over the past many months to have a competent and effective board clearly focused on regulating in the public interest, and yet having enough experience and expertise to respectfully debate the issues from a number of perspectives before reaching a consensus.

Forming, Storming, Norming, and Performing

I recall from social work school more years ago than I care to admit, that group development theory (largely attributable to Bruce Wayne Tuckman (1938- )), suggests new groups go through distinct phases, namely: forming, storming, norming and finally, performing. Tuckman maintained that each of these phases are necessary and inevitable in order for a team to grow, face up to challenges, tackle problems, find solutions, plan work and deliver results. I have confidence that any “storming phase” of the new Council will be extremely brief, and that the “performing phase” will not only be extensive, but will build on the foundation and momentum so carefully nurtured and developed by the Council members who diligently expended time, energy and resources to serve on CCO Council. Fortunately, there will also continue to be Council members with a breadth and depth of experience who will continue on CCO Council. For example, we welcome back Dr. Cliff Hardick who was re-elected through acclamation in District 6 (Western).

One of the clear advantages of a democracy is that it allows new people to participate in the regulation of the profession so the organization is regularly exposed to new ideas and initiatives. There are currently elections taking place in both District 4 (Central) and District 5 (Central West). Unofficial results will be announced on March 20 and 21, 2014, and the new Council members attend their first Council meeting on April 23, 2014.

CCO’s strategic objective 1 is to improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders. This has included some significant changes to the undertaking signed by candidates who want to run for CCO Council to ensure candidates are aware of CCO’s Code of Conduct, and that they understand the public interest mandate of the CCO as distinguishable from others, such as a model requiring members to advocate for the constituents who elected them. Once on CCO Council, all members are required to view issues through a public interest lens.
Vote!

In the spirit of continuing to support the self-regulation of the chiropractic profession, please remember to vote by the deadline date set out in the various election documents. Secondly, express your appreciation to those Council members, elected and appointed, who on a largely volunteer basis, attend meetings, read materials and engage in important discussions, and every day, try to demonstrate that despite some flaws, Ontario’s system of self-regulation continues to be a model to emulate and that the health regulatory colleges, including CCO, continue to make strides to ensure public confidence and trust are maintained.

A heartfelt thank you to all Council members who are moving on to new opportunities and challenges and a warm welcome to the new Council members coming on board effective April 2014 and following.

Dr. Peter Amlinger
CCO Council Member
April 2005 - April 2014

Dr. James Laws
CCO Council Member
April 2005 - April 2014

THANK YOU!
# Council Member Terms

## as at February 24, 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>District</th>
<th>Date First Elected/Appointed</th>
<th>Date Re-elected/Re-appointed</th>
<th>Date of Expiry of Election/Appointment of Current Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elected Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Peter Amlinger</td>
<td>5 (Central West)</td>
<td>April 2005</td>
<td>April 2008</td>
<td>April 2014</td>
</tr>
<tr>
<td>Dr. Liz Anderson-Peacock</td>
<td>3 (Central East)</td>
<td>April 2013</td>
<td>N/A</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. Brian Gleberzon</td>
<td>4 (Central)</td>
<td>April 2007</td>
<td>April 2010</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. Cliff Hardick</td>
<td>6 (Western)</td>
<td>May 2011</td>
<td>April 2014</td>
<td>April 2017</td>
</tr>
<tr>
<td>Dr. James Laws</td>
<td>4 (Central)</td>
<td>April 2005</td>
<td>April 2008</td>
<td>April 2014</td>
</tr>
<tr>
<td>Dr. Dennis Mizel</td>
<td>5 (Central West)</td>
<td>April 2006</td>
<td>April 2009</td>
<td>April 2015</td>
</tr>
<tr>
<td>Dr. Gauri Shankar</td>
<td>2 (Eastern)</td>
<td>April 2010</td>
<td>April 2013</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. Pat Tavares</td>
<td>4 (Central)</td>
<td>April 2012</td>
<td>N/A</td>
<td>April 2015</td>
</tr>
<tr>
<td>Dr. Bryan Wolfe</td>
<td>1 (Northern)</td>
<td>December 2008 (by-election)</td>
<td>April 2009</td>
<td>April 2015</td>
</tr>
<tr>
<td><strong>Appointed Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Shakil Akhter</td>
<td>Toronto</td>
<td>May 7, 2008</td>
<td>May 7, 2011</td>
<td>May 6, 2014</td>
</tr>
<tr>
<td>Mr. Robert MacKay</td>
<td>Thunder Bay</td>
<td>April 2, 2006</td>
<td>April 2, 2009</td>
<td>April 1, 2015</td>
</tr>
<tr>
<td>Mme Lise Marin</td>
<td>Timmins</td>
<td>April 1, 2006</td>
<td>April 1, 2009</td>
<td>March 31, 2015</td>
</tr>
<tr>
<td>Ms Judith McCutcheon</td>
<td>Unionville</td>
<td>August 12, 2009</td>
<td>August 12, 2012</td>
<td>August 11, 2015</td>
</tr>
<tr>
<td>Mr. Scott Sawler</td>
<td>Ottawa</td>
<td>November 14, 2012</td>
<td>November 14, 2013</td>
<td>November 13, 2016</td>
</tr>
<tr>
<td>Mr. Martin Ward</td>
<td>Orillia</td>
<td>January 1, 2005</td>
<td>January 1, 2008</td>
<td>December 31, 2013</td>
</tr>
</tbody>
</table>

*Vacant*
NEWS ABOUT CCO PUBLIC MEMBERS

MOHLTC Announces Public Member Reappointments

CCO is pleased to report that the MOHLTC has confirmed the reappointments of Mr. Scott Sawler and Mr. Martin Ward. CCO extends its congratulations to Mr. Sawler and Mr. Ward, and is appreciative of their contribution and commitment to serving the public interest in Ontario. Mr. Sawler is from Ottawa and joined CCO as a public member on November 14, 2012. His reappointment is until November 13, 2016. Mr. Ward is from Orillia and joined CCO as a public member on January 1, 2005. His reappointment is until December 31, 2014.

CCO PUBLIC MEMBER, MS CRISTINA DE CAPRIO, ACCEPTS NEW ROLE

Effective December 2, 2013, Ms Cristina De Caprio assumed a new role as the Registrar and CEO of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO). A public member since May 4, 2011, Ms De Caprio actively contributed her public perspective to regulating chiropractic in the interest of Ontarians and generously participated on Council and various committees.

“It was truly a privilege to sit on CCO Council as a public member, in service of Ontarians, to give a voice to the public interest in the critical parts of self-regulation of the profession and in the broader context of the health care landscape. Serving the public interest is an important function in self-regulation as it enables the profession to understand the public interest perspective and incorporate that perspective into its decision-making.

As I transition into my new role, it is very exciting for me to be part of the experience as the traditional Chinese medicine practitioners and acupuncturists embark on their journey of self-regulation and participate at the broader health care table. I look forward to helping the members bring their vision to fruition and to putting the building blocks together as we watch it grow and serve the public of Ontario.”

CCO wishes Ms De Caprio much success in her new role.
Council Meeting Highlights

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

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

All Council meetings involve a report from every committee as well as the Treasurer, and consideration of the recommendations of each committee. Meeting items that appear not to be controversial are included on a consent agenda as a mechanism for ensuring time efficiency. Any Council member wishing discussion of a consent agenda item may move the item to the main agenda.

CCO has regular attendees at its Council meetings, such as representatives from the OCA, CCA and, occasionally, government representatives. Attendees receive comprehensive public information packages.

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

**JUNE 21, 2013**

**Council noted/reviewed the following:**

- Potential collaborative initiatives with external stakeholders in support of the government with Ontario’s Action Plan for Health Care
- Exploration of potential synergistic and evidence-based research initiatives with stakeholders with the goal of providing greater access for Ontarians to chiropractic services
- Supported a submission to provide input on issues and options related to modernizing the Healing Arts Radiation Protection Act (HARP)
- CCO’s ongoing efforts to explore all fiscally responsible options for a new home for CCO

**SEPTEMBER 20, 2013**

**Council noted/reviewed the following:**

- CCO’s submission on the Healing Arts Radiation Protection Act (HARP) that was filed in response to the MOHLTC’s review and consideration of changes to the Act. CCO will have an opportunity to provide feedback on the proposed legislation at the appropriate time
- Recognized the re-appointment of CCO public member, Mr. Scott Sawler, effective September 18, 2013 – November 13, 2016
- Congratulated CCO Council member, Dr. Patricia Tavares, and CCO’s Director, Policy & Research, Mr. Joel Friedman, on receiving awards for five years of teaching at CMCC

**Council approved the following:**

- Standard of Practice S-002: Record Keeping
- Standard of Practice S-013: Consent
- Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient
- Standard of Practice S-018: Third Party Independent Chiropractic Evaluations
- Policy P-009: Dr. Harold Beasley Memorial Award
- Policy P-053: Returning to the General Class of Registration

**Council approved the following for circulation and feedback to members and stakeholders:**

- Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs (previously Technical and Interpretative Components for X-ray)
- Standard of Practice S-012: Orthotics
**NOVEMBER 29, 2013**

Council noted/reviewed the following:

- Recognized the re-appointment of CCO public member, Mr. Martin Ward, to December 31, 2014
- Acknowledged CCO’s voluntary participation in the Professional Credential Tracker (PCT) pilot project, which is intended to reveal fraudulent activity involving a member’s registration number being inappropriately used so the member can take remedial action
- Received a report from Dr. Peter Amlinger about CCO’s attendance at the November 2013 meetings of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB). With Dr. Dennis Mizel and Ms. Jo-Ann Willson also in attendance, CCO supported a new governance model, as well as a new funding model, and reiterated its support for a strong national regulatory voice across Canada

Council approved the following:

- The report from the September 21-22, 2013 Council Strategic Planning Refresher
- Amendments to Standard of Practice S-012: Orthotics

**FEBRUARY 11, 2014**

Council noted/reviewed the following:

- CCO’s ongoing efforts in cautiously exploring various options for a new home for CCO
- Dr. Peter Amlinger’s and Ms. Jo-Ann Willson’s recent meeting with OCA President, Dr. Kristina Peterson and Executive Director, Dr. Bob Haig to discuss issues and roles consistent with each organization’s differing mandate
- Recognized the contribution and achievements of Dr. Peter Amlinger and Dr. James Laws during their nine years on CCO Council

Council approved the following:

- Amendments to Standard of Practice S-019: Conflict of Interest in Commercial Ventures
- Amendments to and re-naming of Guideline G-017, Ownership, Storage, Security and Destruction of Records of Personal Health Information to Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information
- Amendments to Guideline G-005: Guidelines for Members Concerning Office Staff
- Amendments to Guideline G-010: Mandatory and Permissive Reporting
- Amendments to CCO’s by-laws for circulation and feedback

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**Mark the Date!**

Tuesday, June 17, 2014 starting at 6:00 pm

2013 Annual General Meeting

The 2013 Annual General Meeting (AGM) will be held on Tuesday, June 17, 2014 starting at 6:00 pm. This will mark a special occasion, namely the 20-year anniversary of self-regulation for chiropractors under the RHPA. CCO is making arrangements for the AGM to be live streamed to members from the Varsity Theatre in Toronto so members can watch the AGM and acquire CE hours for doing so. Any questions? Contact Dr. J. Bruce Walton, Director of Professional Practice at bwalton@cco.on.ca or check the website for further details.

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**2014 Upcoming Council Meeting Dates**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, April 23</td>
<td>8:30 am - 4:30 pm</td>
<td>Council Meeting</td>
<td>CCO</td>
</tr>
<tr>
<td>Thursday, April 24</td>
<td>8:30 am - 2:00 pm</td>
<td>Council Orientation/ Elections</td>
<td>CCO</td>
</tr>
<tr>
<td>Tuesday, June 17</td>
<td>6:00 pm</td>
<td>Annual General Meeting</td>
<td>Varsity Theatre</td>
</tr>
<tr>
<td>Wednesday, June 18</td>
<td>8:30 am - 4:30 pm</td>
<td>Council Meeting</td>
<td>CCO</td>
</tr>
</tbody>
</table>

Please note that confirmed CCO Council meeting dates are posted on the CCO website: www.cco.on.ca (under Tab 1).
Against a backdrop of autumn colours and clear blue skies, CCO Council convened in late September to undertake a strategic planning refresher. With a number of topics on the busy agenda, it was an opportunity to review, renew and look ahead.

During the day-and-a-half session, Council saw how committees are achieving their mandates and operating in a fiscally responsible manner, which is #4 of CCO’s strategic pillars. The opportunity to meet in this environment enabled Council members to spend quality time – away from practices, family and other responsibilities – to refresh this cohesive and collaborative leadership team. The chiropractors’ and public members’ dedication to the regulation of chiropractic in Ontario, in the public interest, is evident and exemplary.

The overall goal of the strategic planning refresher was to review CCO’s four strategic objectives in relation to activities and recent events from the past year as well as to plan for the future of CCO. Council also reviewed the values of CCO, which serves as a reminder of the intrinsic qualities to be upheld by CCO. There are many “values” that are prescribed for a regulatory college in Ontario, none the least of which are found in materials from the Office of the Fairness Commissioner: transparency, objectivity, impartiality, and fairness. At all times, CCO must be mindful of the duties and objects of the RHPA, and the provisions which prescribe CCO’s statutory responsibilities.

Committee chairs reported on their activities and initiatives. Through the increasing use of teleconference meetings and electronic information-sharing, the combined impact of all efforts is enhanced efficiencies, focused on tasks and output while respecting both the members’ time and CCO’s resources.

CCO’S 2013 STRATEGIC PLANNING REFRESHER
Strategic, Objective, Values-Driven, Refreshing
Ms Beth Ann Kenny, FHRCO’s Executive Coordinator, updated Council on how CCO’s membership in the Federation brings value to the organization. One example is an inter-professional collaboration (IPC) “eToolkit” (http://ipc.fhrco.org/) that provides a wide range of information on controlled acts, professions’ scopes of practice, and frequently asked questions regarding IPC. Another example is a recently-launched multi-faceted public awareness campaign that, in fact, benefits all FHRCO members (see page 18 to read more details about the campaign).

Throughout the meetings, Council’s commitment to CCO was evident in its spirit of cooperation, a cohesive vision for the future and a sense of a “job well done”. Those results are on behalf of members, in the public interest, with an excellent team leading the way.

CCO Council is a board of directors of nine chiropractors and six or seven public members appointed by the MOHLTC.

Extract from Chiropractic Act

6 (1) Council shall be composed of,

(a) Nine persons who are members elected in accordance with the By-laws;

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

(i) members,

(ii) members of a college as defined in the RHPA, or

(iii) members of a Council as defined in the RHPA.
Welcome

Welcome New Members

CCO welcomes the following new members (registered from May 22, 2013 to February 25, 2014) and wishes them a long and successful career in chiropractic.

Registry Update

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

Welcome New Members

CCO welcomes the following new members (registered from May 22, 2013 to February 25, 2014) and wishes them a long and successful career in chiropractic.

Jason A. Adams
Fauzia Ahmed
Jenna L. Arts
Saba Aziz
Kamaldeep-Singh Bansal
Sarah L. Baxter
Maxime Begin-Guarnaccia
Samantha E. Benoit
Neil Bhasin
Michael A. Bokor
Christina C. Boothe
Alexandra I. Bouharevich
Courtney K. Brown
Tara L. Brown
Carly M. Butterworth
Kate E. Cairns
Michael Campeanu
Lauren M. Cappelletti
Matthew Carinci
Chad Carter
Marc A. Cerulli
George Charalambous
Jayson R. Charron
Nathan Cheung
Brittney L.M. Chisholm
Terrence Chiu
Christina Choi
Clive A. Clutton
Aaron E. Cocklin
Nicole B. Craze
Shannon D. Currie
Kevin M. D'Angelo
Meagan C. Davies
Paolo D. De Ciantis
Rina Delon
Guillaume P. Desjardins
Danielle Desmarais
Melissa Desrosiers
Sanjay Dhingra
Jennifer A. Dickieson
Sarah Dion
Shakiba Djeddri
Adrian D. Dorobantu
Christopher C. Drake
Jocelyn A. Dresser
Jillian L. Drovin
Amandeep Dulku
Brennan T. Dynes
Evette Elia
Yousif F. Farag
Jennifer J. Flnndall
Tomasz Furgal
Kaitlyn T. Furman
Patricia Galata
David R. Giannone
Robert A.S. Gridler
Susiian M. Gleeson
Colin D. Goudreau
Robert Grzeskowiak
Ali I. Hadi
Mark Harsant
Stacia Herlehy
Ali Houde-Shulman
Peter Hrkal
Kam Hong Philip Ip
Nelantine Jesuthasa
Shannon F. Kelly
Michael J. Karczynski
Carmen Krammer
Keviin Kraemer
Hilary Kwan
Craig N. Landry
Brittany E.R. Lappala
Helen Lee
Kin Fai Mike Lee
Nathan Lee
Allison Legg
Jonathan M. Leung
Feng Li
Linda Siu Suen Li
Yu-Tzu Liu
Michael G. MacIntyre
Erin D. Madonia
Fardin Maleki
Emily N. Marshall
Caitlin T. McAlpine
Stewart A. McDiarmid
Megan J. McDonald
Heather McDowell
Ashley L.M. McMillin
Amanda L. Mei
Roger T. Menta
Peter Miele
Wendy Mok
Nima Molavi
Brittany A. Moran
Robert L. Morano
Michele Morissette
Jennifer Mous
Matthew G. Muise
Sean J. Netley
Helene J. Niesing
Stacy L. Newbigging
Derek Ng
Allison N. Noseworthy
Nicole Offen
Thomas M. Ormond
Suzanne Padhi
Nasreen S. Patel
Joseph A. Paton
Andrew J. Payne
Alex Peplow
Tam M. Pham
Neda Pourkiani-allah-abad
Ramy Raphael
Matthew D. Ruston
Young Kyu Ryu
Alexander Ryzhykh
Shabnam Sadr
Aliya Salayeva
Erin I. Saltzman
Amy Sau
Alan D. Schneider
Curtis Seeley
Ravdeep K. Sekhon
Ian M. Shaw
Kawendep Singh
Roger R. Singh
Katherine Kin Yang Siu
Mirek P. Skowron
Dong Whan Sohn
Andrea L. Sorichetti
Michael Stea
Eric St-Onge
Alex M. St. Pierre
Sean A. Sutton
Ashley Sweeney
Lindsay S. Taylor
Meagan E. Tsagaris
Kristin F. Varik
Justine A. Ward
Ashley Watson
Joel R. Weber
Bryan M. Weinberg
Pamela G. Wilson
Edward Wong
Bryan Woo
Jason J. Yang
Sahila Yohanathan
Shayne B. Young
Alexander Yu
Tammy Yuen
Paul V. Zitano
Suspended – March 3, 2014
(non-payment of registration dues)

Baker, William J.
Bedard, Jacques
Bouliane, Robert J.
Caputo, Lisa A.
Chang, Laura M.
Chetcuti, Michael P.
Crooks, Gerald N.
Dawes, James A.
Diakow, Peter R.
Dobbin, Shane C.
Duhaime, Benoit R.
Eidt, Glory A.
Eidt, Tyson E.
Elahi, Naveed H.
Frey, Larry W.
Grechuk, Kelly A.
Hamilton, Andrew W.
Hart, Sarah C.
Hashimoto, Chris A.
Ho, David Pak-Vuen
Ho, Mary H.Y.
Johnson, Samuel C.
Kupa, Lyla
Lee, Nathan R.K.
Levy, Sandra
Limion, Kristine S.
MacLeod, David
Mangiacotte, Gary A.
Mullins, D. Kenneth
Nalborczyk, Daniel D.
Ogilvie, Robert L.
Palmer, Tamara L.
Persi, Adriano
Phan, Danny D.
Porter, Ryan R.
Proctor, Daniel J.
Pustina, Michael J.
Revivo, David
Rusinek, Jacques D.
Shams, Habib S.
Sherriff-Scott, Victoria A.
Skinner, Wade J.
Srbely, John Z.
Stedmann, Neall
Steinberg, Alan G.
Swenson, Keira
Thirsk, Bryan D.
Truszkowski, Stephen R.
Tulloch, Mark A.
Vatcher, Scott J.
Ventrella, Antonio
Wolfs, Brian W.
Woodford, Celine L.

Extract from the RHPA – Code
Suspension for non-payment of fees.

24. If a member fails to pay a fee that he or she is required to pay in accordance with the by-laws, the Registrar shall give the member notice of intention to suspend the member and may suspend the member’s certificate of registration for failure to pay the fee 30 days after notice is given.

Extract from the Registration Regulation, Ont. Reg. 137/11
Failure to Pay Fees

18. (1) If the Registrar suspends a member’s certificate of registration for failure to pay a required fee, the Registrar shall lift the suspension on payment of,
   (a) the fee the member failed to pay;
   (b) the annual fee for the year in which the suspension is to be lifted; and
   (c) any applicable penalty.

   (2) If a certificate of registrant that had been suspended for failure to pay a required fee for more that two years from the date of suspension and the suspension has not been lifted under subsection (1), the certificate is automatically revoked.
IN MEMORIAM (From MAY 2013)

<table>
<thead>
<tr>
<th>Name</th>
<th>Initial Registration</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Leslie A. Toth</td>
<td>1993</td>
<td>April 6, 2013</td>
</tr>
<tr>
<td>Dr. Peter J. Kewin</td>
<td>1985</td>
<td>May 11, 2013</td>
</tr>
<tr>
<td>Dr. Oren H. Safir</td>
<td>1952</td>
<td>May 30, 2013</td>
</tr>
<tr>
<td>Dr. Bryan W. Banks</td>
<td>1979</td>
<td>June 7, 2013</td>
</tr>
<tr>
<td>Dr. Derek E.A. Dotzko</td>
<td>1993</td>
<td>June 14, 2013</td>
</tr>
<tr>
<td>Dr. Kenneth S. Lewis</td>
<td>1949</td>
<td>August 1, 2013</td>
</tr>
<tr>
<td>Dr. James R. Barrow</td>
<td>1964</td>
<td>August 20, 2013</td>
</tr>
<tr>
<td>Dr. Norbert Loser</td>
<td>1981</td>
<td>October 12, 2013</td>
</tr>
<tr>
<td>Dr. Sheila Renfrew</td>
<td>1983</td>
<td>November 10, 2013</td>
</tr>
<tr>
<td>Dr. Bradley Banks</td>
<td>1988</td>
<td>November 16, 2013</td>
</tr>
<tr>
<td>Dr. William E. Zwarick</td>
<td>1969</td>
<td>January 19, 2014</td>
</tr>
<tr>
<td>Dr. Colin A. Greenshields</td>
<td>1948</td>
<td>February 5, 2014</td>
</tr>
<tr>
<td>Dr. Ray A. Sherman</td>
<td>1960</td>
<td>February 7, 2014</td>
</tr>
<tr>
<td>Dr. William (Bill) Doyle</td>
<td>1955</td>
<td>February 24, 2014</td>
</tr>
</tbody>
</table>

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

IN REMEMBRANCE: DR. RA Y A. SHERMAN

By: Dr. James Laws

Dr. Ray Sherman was an excellent practising chiropractor as well as an accomplished scholar, mentor, researcher, author and educator. Ray will be best remembered as both a very serious and professional chiropractor, and as a fun-loving, humorous and gregarious “life of the party”.

Highly respected as Clinic Director of the Canadian Memorial Chiropractic College (CMCC) from 1976 to 1979, Dr. Sherman was known as the “endless summer” chiropractor. He spent the summer in private practice in Australia, followed by the summer in Canada as a supervising clinician at CMCC from 1988 to 1999.

Dr. Sherman co-authored “X-ray, X-pertise – from A to X” with Dr. Felix Bauer, the Swiss-born Australian chiropractor. In 2000, Dr. Sherman was awarded the title of Honorary Fellow of the American College of Radiology (FACCR) in recognition of his contribution to chiropractic radiographic excellence.

In the 1980s, Dr. Sherman played an important role in Australia in achieving regulation and legislation recognizing chiropractic as a health care profession. He served as editor of the Chiropractic Journal of Australia and worked to establish the first four-year chiropractic educational program in Australia.

With thanks to Ray Sherman for his positive example of excellence in chiropractic and in how to live life to the fullest.

IN REMEMBRANCE: DR. COLIN A. GREENSHIELDS

By: Dr. James Laws

The chiropractic profession has been greatly enriched by the contributions of Dr. Colin Greenshields who died on February 5, 2014 at the age of 93.

Dr. Greenshields was sent to be a patient of Dr. B.J. Palmer and, as a result of his successful recovery, he became a chiropractic student at Palmer College in Davenport, Iowa. He graduated in 1946 and returned to Canada, enrolling in post-graduate studies at CMCC in Toronto. Described by Dr. Doug Brown as “the first graduate of CMCC”, Colin later served on the faculty, the board of management and as President. He was a dedicated chiropractor in St. Catharines for 40 years and his many awards included “Chiropractor of the Year” and the Palmer Medal for 50 years of service to chiropractic and humanity.

Dr. Greenshields touched many lives and was loved and respected by many. “The Dr. Colin Greenshields Award” at CMCC was created in his honour to help chiropractic students. Colin was always very eloquent and made each award presentation of historic importance.

Dr. Greenshields has been a significant part of the living history of CMCC and the chiropractic profession. Those who have known Colin are grateful for his dedication, insight and leadership within chiropractic and the wider communities in which he lived.
FHRCO Launches Public Awareness Campaign

In 2013, FHRCO’s Communications Committee launched a video and radio campaign to complement its ongoing “We Care about Your Care” public awareness initiative. The video is available on the FHRCO website (www.regulatedhealthprofessions.on.ca) and is being shared through various health care-related websites via a media distribution system.

These video and radio spots share the following about Ontario’s health regulatory colleges:

Ontario has some of the best healthcare in the world... and Ontario residents have easy access to important information about their healthcare professionals. Through our website, Ontario residents can access the qualifications of roughly 300,000 health professionals... everyone from doctors to dietitians.

With our easy-to-navigate site, you can find all the information you need to verify that your health care provider is qualified to help you. All 26 regulatory colleges are listed on the right-hand side of our website. You can click on any of them and be directed to that specific college. The colleges are required by law to offer profiles of the professionals of that college.

FHRCO President Linda Gough, featured in the campaign, concludes by saying,

Access to this information is your right, and we encourage Ontario residents to take advantage of this service. You can count on this information being accurate and reliable.

You can find the registration status of the professionals, whether they have any specialty status, where they work... even check on disciplinary proceedings. If you have concerns or want to file a complaint, we can help you, too.

Jill Hefley, the FHRCO Communications Committee Chair, said that, since the campaign’s launch, the video had been “picked up by a number of online news sources, like Yahoo Canada, Buzzfeed and MSN with a total audience reach of nearly 16.5 million. One site reported the video as the number 1 viewed video.” The radio spot is also being promoted to stations and its uptake is being monitored by FHRCO. CCO Registrar and General Counsel, Jo-Ann Willson, will receive reports on the campaign’s success as a member of the FHRCO Board of Directors (Past President).

CCO’s membership in FHRCO gives CCO access to these materials and the expertise of the FHRCO Communications Committee. Additional resources include the 12 articles written each year, which are aimed at informing the public about the role of regulatory colleges, patients’ rights (and responsibilities), as well as general information about the health regulatory system in Ontario and the Regulated Health Professions Act (RHPA). The articles can also be found on the FHRCO website.

On July 15, 2013, CCO hosted the retirement function for Ms Emily Cheung, former Registrar, CTCMPAO (second from right).
Dear Member of CCO:

The College of Chiropractors of Ontario (CCO) has partnered with the Health Claims for Auto Insurance (HCAI) in a pilot project to help members of CCO ensure control over how your credentials are used.

CCO would like to invite you to participate in the Proof-of-Concept of the Professional Credential Tracker (PCT) project. This is the first phase of a pilot project to help Ontario regulated health professionals stay informed about clinics and health facilities that are using their registration number in HCAI.

This initiative is one of the recently introduced measures recognized and endorsed by the Ontario Auto Insurance Anti-Fraud Task Force in their Interim Report. It is being investigated by a Working Group chaired by the Financial Services Commission of Ontario and is made up of representatives of HCAI, the insurance industry, government departments, regulated health professionals and health regulatory colleges.

The Proof-of-Concept project has two goals: To verify that the reports produced by the Professional Credential Tracker are user-friendly, accurate and easy-to-understand, and to assess the usefulness of the follow-up processes.

If you agree to participate in this project, these are the next steps:

1) Please provide CCO with the following four pieces of information via email to pctproject@cco.on.ca by December 13, 2013:
   - Your CCO registration number;
   - The number of clinics you have ever authorized to register your credentials for use on Ontario Claim Forms for Auto Insurance;
   - The number of additional clinics you have certified treatment plans for; and
   - Your level of concern regarding misuse of your professional credentials by a third party (choose from: Very Concerned, Somewhat Concerned; Not Very Concerned; or Not At All Concerned)

CCO will maintain any information received in a confidential manner and only use it for the purposes of generating a PCT report and statistical review.

2) CCO will send to you by email a PCT report listing all the facility records in HCAI that use your registration number, if any, and a link to a website that explains what to do about any unexpected findings in the report.

3) Once you receive the report, please complete a brief online questionnaire about the report and the process. This will take no more than 10 to 15 minutes to complete.

CCO can accept 350 participants in this pilot project. Please only respond if you have registered with HCAI to submit motor vehicle insurance claims. The first 350 people to apply to participate in the project will receive a report within 4 to 6 weeks of December 13, 2013. If you have questions, please contact Mr. Joel Friedman, Director, Policy and Research at pctproject@cco.on.ca.

On November 28, 2013, the invitation to participate was sent to approximately 3,000 randomly selected members. As of January 24, 2014, 123 members have participated, and received PCT Reports.
FALSE AND MISLEADING BILLING CAUSES CONCERN

By: Karen Jones, B.A., R.N., J.D., Paliare Roland

Chiropractors, as regulated health professionals, are held to high standards of knowledge, skill and ethical conduct. They have a professional responsibility to act honestly and in the best interest of their patients and the public. As a result, chiropractors are trusted by the public, including insurers, to provide appropriate and necessary treatment and to bill fairly and honestly for treatment that is provided.

This trust can be seen in a number of ways. Chiropractors are among the regulated health professionals who are authorized to attest to the reasonableness and necessity of certain statutory accident benefits. They are trusted to be “gatekeepers” to health care services by a number of insurers, who rely on chiropractors’ opinions when determining whether to pay for claims.

Unfortunately, over the last 10 years, there has been a number of chiropractors who have faced Discipline Committee hearings for irregularities in invoicing, billing, and the completion of statutory claims forms. In 2001, there was one Discipline Committee hearing involving false or misleading billing to insurers or patients. In 2011, there were seven cases. There has been a similar increase in cases where invoices were issued to patients or claims were made to insurers and there was either insufficient or no documentation to verify that treatment was actually provided. Examples of false and misleading billing include:

• Billing for services that are not provided;
• “Maxing out” insurance benefits by providing treatments or products that are not necessary;
• Overcharging for chiropractic treatments, and “rebating” part of the insurance proceeds back to the patient;
• Providing kickbacks and referral payments to patients;
• Issuing invoices indicating a patient has paid for chiropractic treatments when no payment was received;
• Preparing false invoices for a fee; and
• Modifying or falsifying the nature of the treatment to appear on an invoice in order to obtain or maximize reimbursement.

The increase in false or misleading claims and invoices has coincided with changes to the way in which insurance companies manage their claims processing. For example, it is increasingly common for insurance claims to be processed electronically without being viewed by a person. It would cause a significant delay in claims payments if insurers were required to check and verify all receipts. As a result, insurers are more dependent than ever on chiropractors to ensure invoices and claims are accurate.

The involvement of chiropractors in false and misleading issuance of invoices and claims is of concern to CCO and is being dealt with effectively through the complaints and discipline process. It causes a decrease in the public trust in the chiropractor and, more generally, chiropractic. As a result, insurers can and have refused to pay for chiropractic. In other cases, it is more difficult to obtain approval by insurers for chiropractic treatments and for patients to obtain payment from insurers for chiropractic treatment. This means the public has less access to chiropractic treatment. Ultimately, false and misleading billing and claims hurts the individual chiropractor, the profession and the public.

As a result of the increase in false and misleading billing, and the serious concerns about its effect on the profession and the public, panels of the Discipline Committee are imposing more significant penalties. The penalties include longer suspensions of certificates of registration and more oversight and monitoring. Panels of the Discipline Committee are also requiring members who are found to have issued false or misleading invoices and claims to pay more in costs related to the Discipline Committee hearings.

Note: The vast majority of over 4,200 active chiropractors in Ontario practise competently and ethically. Be aware, however, of the increase in complaints by the public, including insurance companies, and the need to comply with CCO standards, policies and guidelines relating to billing practices.
Extract from the RHPA – Code

Powers of a Discipline Panel

51. (2) If a panel find a member has committed an act of professional misconduct, it may make an order doing any one or more of the following:

1. Directing the Registrar to revoke the member’s certificate of registration.
2. Directing the Registrar to suspend the member’s certificate of registration for a specified period of time.
3. Directing the Registrar to impose specified terms, conditions and limitations on the member’s certificate of registration for a specific or indefinite period of time.
4. Requiring the member to appear before the panel to be reprimanded.
5. Requiring the member to pay a fine of not more than $35,000 to the Minister of Finance.

5.1 If the act of professional misconduct was the sexual abuse of a patient, requiring the member to reimburse the College for funding provided for that patient under the program required under section 85.7.

5.2 If the panel makes an order under paragraph 5.1, requiring the member to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order under paragraph 5.1.
PRE-HEARING CONFERENCES: MAKING THE DISCIPLINE PROCESS MORE EFFICIENT WHILE MAINTAINING FAIRNESS

What is a Pre-hearing Conference?

CCO – like other health regulatory colleges – has a process known as a pre-hearing conference. It is offered to every member who is facing discipline, held in advance of any discipline hearing and involves the CCO, the member and legal counsel for both parties. The pre-hearing conference provides an opportunity for both sides to resolve or narrow matters for the member in avoiding proceeding to discipline and to make the overall discipline process more efficient.

A pre-hearing conference is an alternative dispute resolution (ADR) mechanism that enables the member and the CCO to reach an agreement that is without prejudice, the parties themselves determine and thereby dispenses with the need to hold a full discipline hearing. A pre-hearing conference is informal, fully confidential and undocumented (there are no minutes or records produced) and the participants are limited to the Chair, independent legal counsel (ILC), the member and his/her legal counsel, the CCO Registrar and CCO’s legal counsel. The role of the ILC is to advise the Chair in matters of law and the Chair’s role is to participate on the basis of their chiropractic perspective and discipline panel participant experience.

The person who filed the allegations of professional misconduct or incompetence is not present at the pre-hearing conference because they often act as a witness at a contested discipline hearing and, for that reason, cannot be part of the pre-hearing conference. CCO does, however, have ongoing communication with the complainant.

Seeking a Settlement

In the pre-hearing conference discussions, both parties present their perspectives on the case, guided by the Chair who attempts to determine if a settlement can be reached between the member and CCO. If a settlement can be reached, an agreed statement of fact and a joint submission on penalty are produced at the pre-hearing conference and then submitted to the discipline panel.

If a settlement cannot be reached, the allegations of professional misconduct or incompetence against the member will proceed to a contested hearing.

Mediate: try to settle a dispute between other people (noun: mediation)  
Origin: Latin mediare “place in the middle”  

Role of the Chair

CCO pre-hearing conferences are facilitated by a Chair (or mediator). The Chair’s role is to work with both parties in a confidential, respectful and enabling manner to enhance the outcome of an acceptable agreement for both parties. The Chair simplifies the issues in reaching a resolution, including admission to some or all of the allegations of professional misconduct or incompetence by the member in the notice of hearing. Underlying the Chair’s role is the upholding of CCO’s public interest mandate at all times while ensuring fairness to the member.

Positive Outcomes

What are some of the considerations in agreeing to a pre-hearing conference? While there may be many factors to consider, the most obvious is whether the two parties can resolve the matter in a more informal setting rather than moving through the full discipline process. There is less formality and paperwork as well as lower legal costs for both parties.

CCO is committed to an efficient, fair and appropriate resolution process for all discipline matters. Through the pre-hearing conference process, CCO is able to review and complete cases more expeditiously and this serves the interests of members and the public. The members can correct their practice deficits and return to serving their patients as soon as possible, and the public is better served by timely decisions and outcomes for all cases.

The discipline panel has the discretion to accept or reject a joint submission. Provided the facts support the penalty and the penalty is within the range of a reasonable penalty and would not bring the administration of justice into disrepute, a panel is inclined to accept the joint submission. The results of the proceeding are included on the public portion of the register.

(Cont. on page 22)
In Conversation with...
Dr. Drew Potter, Chair, CCO Pre-hearing Conferences

Dr. Drew Potter, a chiropractor with 37+ years of experience, has served as Chair of CCO’s pre-hearing conferences for seven years and, on average, chairs five to six pre-hearing conferences per year. To assist him with the workload, Dr. Frazer Smith has been “training under Drew’s tutelage” and steps in as Chair when required.

Drew formally retired from his chiropractic practice in 2007 when he turned it over to his two sons, also chiropractors. Since then, he has continued to stay very involved with many activities related to chiropractic, including serving as President of the Canadian Chiropractic Research Foundation and assuming various roles with the accreditation, standards and policies activities of the CFCREAB.

What Drew brings to the role of Chair at CCO’s pre-hearing conferences is, of course, his 37 years of practising chiropractic as well as nine years serving on CCO Council (including a term as President) and on various CCO committees. He chaired the CCO Discipline Committee for two years and has undergone the peer and practice assessor training as well as various discipline training programs.

In conversation with Drew, it is immediately apparent that he firmly believes both CCO and the member benefit from the pre-hearing conference. “When pre-hearings end up in a resolution, a lot of anxiety and heartache for the member is saved by not having to go through a formal hearing.”

While Drew cannot comment on the specifics of any pre-hearing conference, he does allow that his extensive chiropractic experience means he is able to help both parties come to an agreement in a more informal and less stressful situation than if it were a discipline hearing. “I understand how members, the panel, the public members think... I can share my experience and advise the member facing discipline what they may encounter when appearing before a discipline panel.”

Once the parties are able to resolve the issues and allegations in the pre-hearing, “a solution is agreed to by both parties. The member will agree to certain requirements, such as complying with CCO’s standards of practice, attending a record keeping workshop and undertaking whatever is required of them. There are a variety of remedies that CCO can impose, and the results are published in the CCO annual report and posted on the CCO website.”

Drew adds that the pre-hearing conference process is guided by the principle that the complainant, the public and the parties “need to know that the discipline process is a transparent and fair process.”

Drew’s interest in and dedication to being an integral part of the pre-hearing conferences at CCO continues to be high. Whatever it is that may eventually lure him away to “retiring” from the role of Chair and spending more time at his cottage, Drew continues to serve the public and chiropractors of Ontario.

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**Rules of Procedure of the Discipline Committee of the College of Chiropractors of Ontario**

**Pursuant to the Statutory Powers Procedure Act**

**RULE 12. Initiating a Pre-Hearing Conference**

12.1 The Chair of the Discipline Committee shall direct the parties to participate in a pre-hearing conference as soon as practical after a Notice of Hearing has been served.
In Conversation with...
Dr. Frazer Smith, Co-Chair,
CCO Pre-hearing Conferences

Now in his 17th year of practising chiropractic, Dr. Frazer Smith is enthusiastically assuming an increasing role in serving as Chair of CCO pre-hearing conferences, a role for which he is well prepared.

Frazer served on CCO Council for six years. During that time, he chaired the Quality Assurance Committee and served on the Executive Committee and many discipline panels. An active peer and practice assessor since 2001, Frazer has a broad view of chiropractic practice in Ontario and a significant depth of understanding CCO’s role in protecting the public interest.

“I’ve seen lots of offices and different practices. I’ve worked with chiropractors across Ontario to ensure that they are the best they can be for their patients. I also have a solid understanding of the role of the College and its mandate while at the same time having the experience to credibly relate to individual members.”

Frazer stresses the importance of the role played by the Chair in a pre-hearing conference and how it is vitally important throughout the discussions and deliberations in reaching a resolution. The multi-faceted background and skills that he and Drew bring to the pre-hearing are invaluable. Examples are situations where clarification is required as to what goes on in a chiropractic office or the member is seeking direction from the Chair.

The depth and breadth of Drew’s and Frazer’s institutional knowledge cannot be overstated. While both chiropractors have extensive Discipline Committee experience, Frazer has benefited from “learning on the job” under Drew’s guidance and can step in when necessary.

The vast majority of CCO members will never face disciplinary action. But if they do, Frazer points out that being able to resolve the issues efficiently through a pre-hearing conference will be less costly for both sides and enables the member to get back to providing chiropractic services to the public of Ontario.

“I am privileged to serve as Chair at pre-hearing conferences. I am serving my profession and one can’t forget the positive outcomes because if a pre-hearing conference is done well, both the member and the CCO benefit. Then both sides win.”

Extract from CCO Annual Report

JOINT SUBMISSIONS AND RESOLUTION AGREEMENTS

CCO makes every effort to resolve discipline referrals by way of a joint submission by the parties, the details of which are set out in Resolution Agreements (Agreements) that the Committee has the discretion, but not the obligation, to accept. In general, Agreements:

• Are recommended by the pre-hearing conference chair who conducts the pre-hearing conference;
• Require any dispute with respect to the interpretation and implementation of the Agreement to be referred to a panel of the Committee, which has the power to resolve the dispute;
• Require that the member not appeal or request a review of the decision, with the exception of any interpretation/implementation disputes; and
• Provide that the results of the proceedings be recorded in the public portion of the register and published in the annual report or other publications at the discretion of CCO.

In circumstances in which a panel accepts an Agreement, it generally:

• Concludes that the proposed resolution is reasonable and in the public interest; and
• Notes that the member has cooperated with CCO and, by agreeing to the facts and the proposed resolution, has accepted responsibility for his/her actions and has avoided unnecessary time and expense.
CCO made several amendments to CCO standards of practice, policies and guidelines at its September 20 and November 29, 2013 Council meetings. The most up-to-date versions of these documents are available at www.cco.on.ca and are posted once the minutes of Council relating to these amendments are approved.

Documents Approved

Standard of Practice S-002: Record Keeping

Amendments to Standard of Practice S-002: Record Keeping were approved. In addition to several consistency and language changes, the following amendments were approved:

- The “record of personal health information” consists of both the patient health record and the financial record and a patient is entitled to both, upon request;
- The protocols for providing personal health information to a substitute decision-maker have been updated; and
- A member must provide a patient who requested personal health information with it within 30 days of the request, subject to exceptional circumstances.

These amendments are consistent with the Personal Health Information Protection Act, 2004.

Standard of Practice S-013: Consent

The main amendments to Standard of Practice S-013: Consent were to incorporate obligations relating to determining capacity to consent to examination or treatment into the standard. The standard outlines the procedures to follow in determining whether a patient is capable of consenting to examination or treatment, identifying a substitute decision-maker and obtaining consent from that substitute decision-maker.

These amendments are consistent with the Health Care Consent Act, 1996 and include several of the relevant provisions from this Act.

Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient

Council approved amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient, following the termination of a professional relationship before the commencement of any sexual relationship with a former patient, and instead replacing it with a number of factors that a member must take into consideration before entering into a sexual relationship with a former patient.

A concurrent doctor/patient relationship and sexual relationship with a patient is strictly against the law. However, if a member were to develop a sexual relationship with a former patient, the member must act very cautiously and give consideration to a number of factors central to the doctor/patient relationship such as the nature, length and intensity of the former doctor/patient relationship and the vulnerability of the patient during and after the termination of care.

The proposed amendments identify these factors for consideration, rather than recommending a one-year waiting period. These factors are essential in protecting against an exploitation of the trust, knowledge, dependence and power imbalance that develops during the doctor/patient relationship, and would be considered by a panel of the Inquiries, Complaints and Reports Committee (ICRC) or Discipline Committee in addressing complaints concerning a sexual relationship with a former patient. The standard of practice still maintains that, in some circumstances, it may never be appropriate to have a sexual relationship with a former patient if there is a continued power imbalance or if the former patient is physically or emotionally vulnerable.

The changes are consistent with the policies of several other health regulatory colleges.

Standard of Practice S-018: Third Party Independent Chiropractic Evaluations

Council approved one minor amendment to Standard of Practice S-018: Third Party Independent Chiropractic Evaluations - amending the requirement that a member not solely perform third party independent chiropractic evaluations to a strong recommendation. CCO strongly recommends that independent chiropractic examiners (ICEs) continue to provide care to patients as well; however, CCO acknowledges that members are free to choose their type of practice, consistent with the chiropractic scope of practice. ICEs are still required to only perform independent chiropractic evaluations within their areas of expertise and have the necessary and relevant education, training, experience and expertise.
Policy P-053: Returning to the General Class of Registration

One minor amendment was made to this policy to include the provision that the Registration Committee may grant a partial exemption to fees payable by a member if the Committee is satisfied that extraordinary circumstances exist which justify the exemption. This provision can be applied to members who change classes of registration for various leaves of absence from practice, such as medical or parental leave.

Documents Approved for Distribution and Feedback

Standard of Practice S-006: Technical and Interpretative Components for X-ray

Council approved extensive amendments to Standard of Practice S-006: Technical and Interpretative Components for X-ray, including a name change to “Ordering, Taking and Interpreting Radiographs” for distribution and feedback. The proposed amendments, in addition to bringing the standard up-to-date, explain the procedures around selecting patients for radiographs, ordering and taking radiographs, and analyzing the results of the radiograph and ensuring there is appropriate and timely follow-up and treatment/care.

Standard of Practice S-012: Orthotics

Council approved several amendments to Standard of Practice S-012: Orthotics, to be circulated to members and stakeholders for feedback. These amendments include:

• Adding a section on “Dispensing Orthotics to Patients” to provide standards on dispensing, instructing and following up on providing orthotics to patients;

• Amending the wording of the section relating to issuing receipts only for payments that have been received; and

• Ensuring consistency of language with other CCO standards of practice.

Standard of Practice S-016: Advertising

The Advertising Committee has proposed amendments to Standard of Practice S-016: Advertising, which have been approved by Council to be circulated to members and stakeholders for feedback. These proposed amendments adopt language recommended by the Ministry of Health and Long-Term Care relating to solicitation of business to members of the public. The wording reads as follows:

A communication by a member to a patient or prospective patient for the purposes of soliciting business shall be appropriate to the context and shall be respectful of patient choice, and not involve undue pressure and not promote unnecessary products or services.

This section, if passed by Council, would replace the current section, which specifically restricts certain modes of communication. The proposed section does not specify modes of solicitation, but rather sets standards for all communication, irrespective of the mode or method by which the solicitation takes place.

Please note that until any amendments are approved by Council, all current standards remain in force and effect. Please provide your feedback to the proposed amendments to this standard. Feedback will be considered by the Quality Assurance and Advertising Committees and final recommendations will be made to Council based on this review.

Please visit www.cco.on.ca for the most up-to-date versions of all regulations, standards of practice, policies and guidelines.
Report from the Inquiries, Complaints and Reports Committee

By: Gauri Shankar, Chair

The Inquiries, Complaints and Reports Committee continues to uphold its mandate “to respond to inquiries, complaints and reports in a manner consistent with CCO’s legislative mandate under the RHPA.”

Every complaint is thoroughly examined and every decision rendered by the ICRC is carefully deliberated. Once the decision has been communicated to the complainant and the member, one option that is available to either party (unless it is a referral to discipline) is the opportunity to seek a review of the ICRC’s decision from the Health Professions Appeals and Review Board (HPARB). An independent adjudicative agency, HPARB conducts a review process when a case is referred to it and then renders a decision.

To learn about the process and the upholding of recent ICRC cases before HPARB, I encourage you to read Mr. Richard Steinecke’s article, “External Review of CCO Complaints Decisions - Helpful Accountability” (following). It is both a “good news” story and interesting reading.

External Review of CCO Complaints Decisions - Helpful Accountability

By: Richard Steinecke, Steinecke Maciura LeBlanc

Unhappy People

Gillian makes a complaint to CCO about Dr. Hans Gruber, DC. Gillian complains that Dr. Hans was extremely rude to her when she told Dr. Hans about the pain that she was suffering after her last course of adjustments. She was trying to give Dr. Hans feedback and all that she got in return was to be humiliated by Dr. Hans who swore at her in a waiting room full of patients and who almost physically ran her out of the office. Dr. Hans says that he was utterly professional at all times and it was Gillian who was rude. The ICRC investigation, which included interviews with Dr. Hans’ staff and most of those who were in the waiting room, revealed a variety of recollections of the events. However, the prevailing impression was that both Gillian and Dr. Hans pushed each other’s buttons in a display that brought credit to neither of them. Since this was the third complaint about Dr. Hans’ communication style, the ICRC directed that Dr. Hans attend before it for a verbal caution at the offices of the CCO or to successfully complete a specified continuing education or remediation program (SCERP) can be reviewed by the Board.

How Does the External Review of CCO Complaints Decisions Work?

Unless the ICRC takes very serious action on a complaint (e.g., refer it to a discipline hearing), either the complainant or the chiropractor can “appeal” the decision to the Board. Even decisions requiring the chiropractor to attend for a verbal caution at the offices of the CCO or to successfully complete a specified continuing education or remediation program (SCERP) can be reviewed by the Board.
There is no fee charged for requesting a review. Once the complainant or the chiropractor initiates the review, the complete investigative file (including all internal communications and a copy of all relevant CCO standards and guidelines) is sent to the Board. The Board discloses the entire file (except for any information that is particularly sensitive, like health information about a third party) to both parties. Typically there is a “pre-review conference” held by telephone with the two parties to explain the process and to see if there is any way to resolve or narrow the issues for the review.

At the review itself, both the complainant and the chiropractor can attend in person or by telephone. CCO also sends a representative who is only there to answer any questions that the Board might have. Typically the Board sits in a panel of three members. The Board asks the person who requested the review to explain their concerns about the ICRC investigation and decision. The Board asks the other party to explain their views of the ICRC investigation and decision. The Board asks questions of any party or the CCO. Then both the complainant and the chiropractor are asked to make their final comments. The Board typically ends the meeting, deliberates and sometime later renders a written decision that is mailed to the complainant, the chiropractor and the CCO.

The Board only looks at two issues. The first issue is whether the investigation was adequate. The second issue is whether the ICRC’s decision was reasonable. The Board can do one of three things:
1. Confirm the ICRC’s decision;
2. Refer the matter back to the ICRC with recommendations; or
3. Refer the matter back to the ICRC and direct the ICRC to take certain action (e.g., do further investigation, make a new decision taking into account new points, refer the complaint to discipline).

A party who is dissatisfied with the Board’s decision can seek judicial review before the Courts.

**Reasons for External Review of CCO Complaints Decisions**

There are many advantages to having an external review of CCO complaints decisions.

Perhaps the most significant advantage is public confidence. One of the easiest accusations to make (and one that is often made by the media) is that self-regulatory bodies “protect their own” and “sweep concerns under the carpet”. Having a readily accessible external review of ICRC complaints decisions helps dispel those clichés.

The Board is made entirely of laypersons; there are no health professionals on it. Their reviews are open to the public and their decisions are accessible to the public. In fact, their decisions, which identify the CCO but not complainants and chiropractors, have been posted on the Internet for some years now.

It is useful to note that most Board decisions confirm the dispositions of the ICRC. Those that are sent back are for a reconsideration (e.g., to gather some new evidence or to consider a new point in making a fresh decision). It is extremely rare for the Board to direct the ICRC to make a decision (e.g., refer to discipline) that the ICRC is not prepared to make.

The external review in itself helps improve the ICRC process and decision-making. Knowing that any decision it makes can be reviewed and being required to give meaningful reasons in writing in case there is a review by the Board helps the ICRC to diligently and systematically articulate its decisions. While the ICRC would be responsible and fair even without an external review, being able to say “what would the Board [as a spokesperson for the public interest] say about that” facilitates principled discussion.

The external review provides valuable feedback to the ICRC. Neutral, informed feedback is a core component of continuous quality improvement. Even confirmed decisions indicate that the ICRC is on the right track. When the Board refers a matter back, the ICRC reflects on why the Board felt that the earlier decision was insufficient and applies those lessons to future decisions. Even if the ICRC disagrees with the Board’s views, it still learns from the process. In addition, since the Board reviews decisions of all RHPA Colleges, the ICRC can receive feedback from Board decisions for other professions.
The external review can also validate the ICRC decision to the parties. In the case study described above, both Gillian and Dr. Hans commenced a review before the Board. The review itself began with impassioned presentations by both parties. However, during the questioning by members of the Board, Dr. Hans had to acknowledge that, as the professional in the conversation, it was his responsibility to remain calm even if he felt he was provoked. In addition, Gillian heard the CCO representative tell the Board, in response to a question, that the reason the ICRC did not obtain a statement from the eyewitness who tried to intervene was because the witness declined to respond to two phone calls and three emails from the investigator. The Board’s decision confirmed the ICRC decision. While neither Gillian and Dr. Hans were entirely pleased, Gillian accepted the decision and Dr. Hans attended the verbal caution, and kept his cool.

**Concluding Thoughts**

CCO values the role that the Board plays in its complaints process. It enhances self-regulation in the public interest. As marathoner Paula Radcliffe says: “Yeah, ideally, I’d probably wish to be more anonymous. But scrutiny and success go together. And I want to be successful.”

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**Extracts from the RHPA – Code**

**Request for review**

29. (2) The complainant or the member who is the subject of the complaint may request the Board to review a decision of a panel of the Inquiries, Complaints and Reports Committee unless the decision was,

(a) to refer an allegation of professional misconduct or incompetence to the Discipline Committee; or

(b) to refer the member to a panel of the Inquiries, Complaints and Reports Committee under section 58 for incapacity proceedings.

**Powers of Board**

35. (1) After conducting a review of a decision, the Board may do any one or more of the following:

1. Confirm all or part of the decision.
2. Make recommendations the Board considers appropriate to the Inquiries, Complaints and Reports Committee.
3. Require the Inquiries, Complaints and Reports Committee to do anything the Committee or a panel may do under the health profession Act and this Code except to request the Registrar to conduct an investigation.

**Decision in writing**

(2) The Board shall give its decision and reasons in writing to the parties and the Inquiries, Complaints and Reports Committee.
Who Did You Say You Were For Again?

By: Richard Steinecke, Steinecke Maciura LeBlanc

The Letter - Part 1

In your daily mail is a letter from an insurance company. You have provided chiropractic services to your patient, Lori, for injuries she suffered to her legs while in a motorcycle accident. Lori has been your patient for some time because of her recurring migraine headaches. The insurer requests that you provide Lori's entire file. There is no consent form with the request. What should you do?

Three Questions

Chiropractors are often asked to assist in providing information for various types of investigations. CCO often asks chiropractors for information. Sometimes the police ask for assistance in fraud investigations. Private investigators might be seeking information to assist (e.g., in a child custody dispute). Employers of patients or the Workplace Safety and Insurance Board (WSIB) may ask for information. How do you balance your duty to respect the confidentiality and privacy of your patient's information against these requests?

There are three questions you need to answer when receiving such requests.

1. Who does the investigator act for? This makes a difference to their authority and to your obligations. For example, an investigator for CCO investigates professional misconduct and incompetence. The police investigate criminal behaviour. An investigator for an insurance company investigates the validity of claims submitted to an insurer.

2. What is the investigator's authority? If the investigator is acting under the authority of a statute or regulation, their powers are set out there. So would your duty to cooperate. For example, an investigator for CCO has the authority to enter your clinic, inspect, copy and remove your patient records. If the investigator is not acting under the authority of a statute or regulation, then their authority rests entirely on the consent of your patients. Without patient consent, they have no right to access patient records and, indeed, you would be breaching your confidentiality obligations to allow someone to look at or copy those records. They are, in essence, private investigators.

Does an investigator from an insurance company have authority under statute or regulation? Or do they act only on the consent of the patient? It depends. Automobile insurance investigators have limited authority under a regulation to require access (within 10 days, not on the spot) to reasonable information "to determine its liability for the payment, including access to inspect and copy the originals of any treatment confirmation form, treatment and assessment plan, assessment of attendant care needs and other documents giving rise to the claim for payment." 1 The precise scope of those words is not clear.

However, this provision would not usually entitle the insurer to see the entire patient file, particularly if the patient were seen for conditions other than an injury caused by an automobile accident. Any request by an insurer to have access to other patient information would require patient consent.

(Cont. on Page 30)
3. **What is the investigator investigating?** In almost every case, you will be told (and likely given a copy in writing) of the matter being investigated. CCO investigators have a notice of appointment that sets out the scope of the concerns being investigated and will usually give you a copy when they first attend your clinic. This enables you to know what information is relevant to the investigation so that you can provide it to the investigator.

Providing only some of the information during the first meeting and sending more material later on can raise questions as to why everything was not provided when first asked. Police investigating criminal behaviour can limit their disclosure to you in order to further the investigation. Investigators for insurers would have to identify which claims related to your services they are examining when requesting access to relevant documents under the regulation.

Understanding the answer to these questions can help you respond appropriately to an investigator.

**The Letter - Part 2**

You are uncertain as to what to do. You seek legal advice. Your lawyer helps you prepare a letter including information relevant to your invoices to the insurer. However, information related to Lori’s migraines is not included as your lawyer says this does not reasonably relate to the claims for benefits in issue. You tell the insurance company that you have not included irrelevant information and that you will need Lori’s consent to release the rest of the file. The insurer sends you a consent form from Lori, signed three years ago, authorizing you to release “all relevant portions” of the file to the insurer. Can you provide the rest of the file?

**Consent to Release Patient Information**

While CCO encourages chiropractors to assist with investigations based on patient consent, such cooperation can only occur if there is in fact applicable patient consent. In reviewing the consent form, you should consider the following:

1. **The content of the consent.** What precisely does the consent permit you to disclose? If the consent only addresses records relating to a specific injury, you cannot disclose the portions of the file dealing with other conditions. If the consent only speaks to your own records, you cannot disclose the copies of the medical reports you have on file. If the consent only authorizes disclosure of records prior to the date that it was signed, you cannot disclose subsequent records. Read the terms of the consent carefully.

2. **The validity of the consent.** Because so much is done electronically now, occasionally an investigator will provide a consent that is not signed by the patient. You need to know that the consent was actually given by the patient. Simply saying the patient must have consented because someone submitted a form on the patient’s behalf is not sufficient. If the consent came from your files, review your files to determine whether the patient actually gave consent. But you need to be careful to not use the consent requirement as a means to disrupt an insurer’s investigation by trying to discourage the patient from consenting or trying to encourage a patient to withdraw his/her consent.

3. **The currency of the consent.** A patient’s consent can be withdrawn at any time. If the patient has revoked the consent, you can no longer act upon it. If you have no reason to believe that the consent has been withdrawn and it is relatively recent, unless there are suspicious circumstances, you can probably rely on it. However, if the consent is older (perhaps more than a year old) or there are other suspicious circumstances, you might choose to verify the currency of the consent directly with the patient.

4. **The nature of the consent.** In order to disclose information to others who are not on the health care team on the basis of consent, you must have express consent. Express consent must be written or verbal. You cannot rely on implied consent (for example, you cannot assume that the patient would want you to share information to prevent a fraud by others). CCO recommends that you obtain written consent for disclosure to insurers (for information not covered by the auto insurance regulation requiring cooperation). However, if the circumstances are urgent, you could conceivably obtain verbal consent (say over the telephone) and then make a note documenting the consent.
The Letter – Part 3
You again seek legal advice. Your lawyer is concerned that the consent form is so old and that the wording of the consent form only addresses relevant information and your lawyer is doubtful that the information about the treatment for migraines is relevant. It just so happens that Lori comes in for treatment at this time and you discuss the insurer’s request with her. You are very careful not to try to influence Lori’s choice for or against the disclosure (as you want to respect Lori’s autonomy to decide for herself and because you do not want to be accused of interfering with the insurer’s inquiries). You document the conversation. You ask Lori to think about the issue and get back to you. The next day Lori calls and says that she has nothing to hide and sends you, by fax, a release to provide her entire file to the insurer. You do so.

Conclusion
You are obliged to respect the privacy and confidentiality rights of your patients. You should cooperate with duly authorized investigators but you should not disclose patient information unless you have the authority from a statute or regulation to do so or unless you have the patient’s consent to do so.

Extract from the RHPA – Code
Powers of CCO Investigators
Application of Public Inquiries Act, 2009
76. (1) An investigator may inquire into and examine the practice of the member to be investigated and section 33 of the Public Inquiries Act, 2009 applies to that inquiry and examination.

Reasonable inquiries
(1.1) An investigator may make reasonable inquiries of any person, including the member who is the subject of the investigation, on matters relevant to the investigation.

Idem
(2) An investigator may, on the production of this of her appointment, enter at any reasonable time the place of practice of the member and may examine anything found there that is relevant to the investigation.

Obstruction prohibited
(3) No person shall obstruct an investigator or withhold or conceal from him or her or destroy anything that is relevant to the investigation.

Member to co-operate
(3.1) A member shall co-operate fully with an investigator.

Conflicts
(4) This section applies despite any provision in any Act relating to the confidentiality of health records.
Feedback – Involvement in Self-Regulation

Being involved in the self-regulation of our profession is sometimes as simple as providing feedback to a circulated CCO document. You have all periodically received them whenever a new by-law, regulation or standard of practice is proposed, or when there are substantive changes proposed to an existing by-law, regulation or standard of practice. Circulation to stakeholders – including all members of the profession in Ontario – is a very significant part of the process leading to making changes in any of these documents. All feedback is reviewed and further amendments are often made on the basis of that feedback. It really is worth the time taken out of your day to provide CCO with your thoughts and ideas on whatever is being sent out for review and comments. Feedback can be submitted via mail, fax or an online link so look out for CCO’s next distribution and get involved!

CONTINUING EDUCATION: ONLY A FEW MONTHS LEFT IN CYCLE 2!

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

Compliance with the new CE requirements, as evidenced with the reports received at the end of the first cycle, was overwhelmingly positive. Members found numerous ways to comply with the requirements of the program. As well, CCO received feedback that the structure of the new program has been a very helpful guide to keeping members up-to-date in their professional role as a chiropractor.

We are approaching the end of the second cycle of the upgraded CE program at CCO, with June 30, 2014 marking the end of Cycle 2. By now, members should:

- Have completed another self assessment, which will be directing their CE efforts for this next two-year cycle.
- Be in the process of nearly completing their required hours of both structured and unstructured hours.
- Be recording their CE activities in their Professional Portfolio using all the required outcome codes.
- Be aware that they are required to complete their CE requirements by June 30, 2014!

...to Summarize Requirements and Reporting...

Members are required to complete a Self Assessment at the start of each CE cycle, and the information learned in doing the Self Assessment will direct the CE activities for the cycle. A copy of the Self Assessment can be found on CCO’s website at www.cco.on.ca.

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

- Minimum 20 hours of structured activities.
- Minimum 20 hours of unstructured activities.

Members, who are registered in the General Class of Registration for the entire duration of the CE cycle, are required to comply with this program. If you register any time during a cycle (that is, after July 1 of the beginning of a cycle), you are exempt from reporting during that cycle. However, all members are encouraged to engage in regular CE activities.
The next reporting time will be the registration renewal in 2014. At that time, members will report on their CE activities with the registration renewal of the year for which a cycle ends.

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

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

### Summary of Important Dates to Note in the CE Cycle

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<th>DATE</th>
<th>ACTION ITEM</th>
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<tr>
<td><strong>June 30</strong></td>
<td>CE Cycle ends. All structured and unstructured hours are to be completed by this date. No materials are required to be submitted to CCO at this time.</td>
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<tr>
<td><strong>July 1</strong></td>
<td>Next CE Cycle begins. All members are required to complete another Self Assessment, which will direct their continuing education efforts for the next two-year cycle.</td>
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<tr>
<td><strong>October</strong></td>
<td>CCO registration renewals will be mailed to members, including a one-page summary sheet (CE Summary Log) declaring CE compliance and including a brief summary of the activities and programs undertaken.</td>
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<tr>
<td><strong>November – December 31</strong></td>
<td>Registration renewals and CE Summary Logs will be received by CCO.</td>
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<tr>
<td><strong>March 1</strong></td>
<td>Members who have failed to comply with the CE requirements of Cycle 1 will be subject to further action by the QA Committee.</td>
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Any questions should be directed to either:

Dr. J. Bruce Walton (bwalton@cco.on.ca)
or

Mr. Joel Friedman (jfriedman@cco.on.ca)
CCO recently launched another round of peer and practice assessments and many of you will be scheduling a time to complete the assessments. Over the next several weeks and months, our highly trained peer assessors will be traveling the province, conducting interviews, reviewing records and providing members with valuable and constructive feedback.

Feedback from Members
This program continues to be one of the highly successful cornerstones of the QA program. Feedback is overwhelmingly positive, with members reporting that they found the process to be a very valuable experience. Recent feedback included:

- “Yes, I did learn that I had to review the CCO Standards. The website was a great resource for the up-to-date versions.”
- “The assessor was very approachable and answered all my questions. He reviewed and explained the topics well.”
- “Overall a good experience.”
- “I was expecting it to be more of a monitoring session but after it began, I felt more relaxed and got to learn a lot. Remind all those picked for assessment that it is more of a discussion/conversation to help the member.”
- “I wish there were more classes/seminars available/mandatory for all new chiropractors when first starting.”
- “The assessor was very professional and helpful. I feel I will be a better chiropractor because of the assessment. It was jam-packed with useful information.”
- “Being my first assessment in 34 years of practice, there was a certain degree of uncertainty in what to expect. I did feel more confident and reassured after the assessment. The Peer and Practice Assessment Handbook was very useful and a good guide to preparation. If the purpose of the assessment is to enhance learning opportunities and ensuring compliance, its format is accomplishing this.”

At this time, the vast majority of practising members of this profession has undergone a peer and practice assessment. It is estimated that, save for the processing of new registrants each year, all members will have undergone their first assessment by 2015. Of course, with new members joining CCO on a yearly basis, the initial assessments will continue to be a foundational program of the QA Committee’s work.

Welcome to New Peer Assessors
At the 2013 Peer Assessor Training Day, six new assessors were welcomed to the group:

- Dr. Jann Thulien, District 2
- Dr. Grant Bjornsen, District 3
- Dr. Bilana Durickovic, District 4
- Dr. Jim Haase, District 4
- Dr. Lezlee Detzler, District 5
- Dr. Mike Kennedy, District 5

These assessors have been busy conducting assessments and receiving great feedback on their performances. Consistent with the details outlined in Policy P-051: Procedures for Appointing, Re-Appointing, Discharging and Thanking Peer Assessors, there will be an ongoing need for new peer assessors in a variety of geographical districts. Please watch this newsletter and check the CCO website regularly for updates and “calls” for applications.

2014 Peer Assessor Training Day
The QA Committee hosted a well-attended annual Peer Assessor Training Day on February 1, 2014. On this day, peer assessors gathered to review the program to date, analyze the process to find improvements and to get feedback on their performances in conducting their assessments. This is an important event in the QA Committee’s yearly calendar and this year’s program also included an in-depth discussion on creating the next version of the Peer and Practice Assessment Program… PPA 2.0!

Thank You, Dr. Petrus
In 2013, the Quality Assurance Committee thanked “retiring” peer assessor, Dr. Hilary Petrus, District 1, who served as a peer assessor for seven years from his base in Thunder Bay. The QA Committee acknowledges his contributions, especially considering the vast area covered by District 1!
Not Yet Peer Assessed?

As has always been the case, members who have not yet been peer assessed may volunteer, at any time, to undergo this valuable learning experience. Please contact Dr. J. Bruce Walton, Director of Professional Practice for more information.

Complete information, about the peer and practice assessment program can be found on the CCO website at www.cco.on.ca.

Any questions should be directed to either:
Dr. J. Bruce Walton, Director of Professional Practice, CCO bwalton@cco.on.ca or 416-922-6355, ext. 106
or
Mr. Joel Friedman, Director, Policy & Research, CCO jfriedman@cco.on.ca or 416-922-6355, ext. 104
LIFELONG LEARNING: IT NEVER STOPS

At the age of 91, Dr. Paul Holtom has cut back his practice to 30 patients per month, down from the “busy” years when his office saw 2,000 patients per month. Besides his commitment to his patients, one constant in his life is a lifelong habit of learning.

Earlier in his career, Dr. Holtom’s learning activities focused on specific courses or programs that “had to do with the type of practice I was running.” An example is “x-rays”, where he often heard “experts lecturing” when he attended seminars.

More recently (the past 10 years), Dr. Holtom has directed his CE activities to reading articles on a range of topics written by medical professionals in different newsletters to which he subscribes. He also uses the annual Canadian Chiropractic Protective Association (CCPA) risk management CD and questionnaire as a form of CE. “The last one was on neurology and I spent 3-4 hours on it.”

Dr. Holtom counsels newer chiropractors to guide their learning towards their career and practice. “I wanted to be the best chiropractor in the world when I was younger, and used that to guide my learning activities.” He recalls attending many Parker seminars where the subject matter ranged from motivational programs and technique courses to record keeping and how to keep track of patients.

And there’s more advice. “To run a good practice, when a patient comes in, you have to do a thorough consultation, examination, report of findings and a schedule of what is right for them. If you want to do a better consultation, find someone who can teach you how to do a consultation. Do the same for any areas of your practice where you want to improve.”

Retirement is planned for 2015: more time for gardening and hosting poker parties. And, while his children went on to have successful careers, none followed in his footsteps... although there’s still a chance. “My granddaughter may change her mind!”
In His Own Words: Dr. Holtom’s “Bio”

“I was born in Westboro on March 8, 1922...Graduated from Ottawa Technical High School 1939, during the depression. Worked 1939 - 1940 for the Ottawa Car and Aircraft Co. on Slater St. for a nickel an hour.

Turned 18 on March 8, 1940 - joined the Royal Canadian Air Force and served 5 years... After the war, came back to Ottawa with a wife and two kids.

Went to the original Carleton College on Third Ave. to finish my Grade 13 in order to go to chiropractic college.

Entered the Canadian Memorial Chiropractic College (CMCC) in 1946...and after 4 years of scratching, clawing and cheating and falling out of the windows of the old hotel and going down to the King Cole Room in the Park Plaza Hotel to study (the beer labels) managed to make the Dean's list one year... and much to my surprise graduated from CMCC.

Came back to Ottawa with classmate Dan Komesch after graduation to face 5 or 6 old timers (of which I am now one) who told us not to come to Ottawa because there was too many here now. But since then managed to turn Ottawa into a hotbed of chiropractic and a wonderful group of chiropractors.

I started my practice at 9 Richmond Road...at which time our fee was $2.50. My first case was an ingrown toe nail. Then along came Dr. Al Carson who talked me into moving downtown to Somerset St. and O'Connor where we had a good partnership for 27 years.

A lot of water has passed under the old bridge since then - my wife and I had four more children, I became an avid curler and started to do association work, which consisted of 11 years on the Ontario Chiropractic Association (OCA) board - three of which I served as President - and on whose watch we were able to gain recognition of the government by being included in and covered by OHIP insurance. I was proud to be awarded Chiropractor of the Year for 1968. Three years on the Canadian Chiropractic Association board. Five years on the Canadian College of Chiropractic Roentgenology board... six years on the Eastern Ontario Chiropractic Society board... I think I have done my time.

I have just finished my 60th year of practice on July 16, 2010 and if it wasn't for Bill Hartwick from BC (Class of 49), I would probably be the oldest CMCC graduate still practising in Canada.

I am probably the only chiropractor in Canada - or maybe the world - that had both parents donate their bodies to CMCC for dissection and anatomy studies.

Thanks to chiropractic, I have had a wonderful life, and am thankful for the chance to meet and treat the multitude of patients, and was able to restore their health and quality of life. I am also thankful for the great chiropractic health that I have had the good fortune to enjoy, and that has allowed me to do all the activities that I mentioned before. Last but not least I am thankful for the wonderful chiropractors that I have had the privilege and the honour to have known and am able to call them my friends and colleagues.”
Report from the Registration Committee
By: Ms Judith McCutcheon, Chair

Legislation & Ethics Examination Update
Do you remember writing the Legislation & Ethics examination? Did your “Blue Binder” have more sticky notes than a well-equipped office supply store? Was your brain full of guideline numbers, groups of letters, and standards of practice identifiers?

Every applicant for registration must successfully complete the Legislation & Ethics examination before being licensed in Ontario. Some members are required to write it as part of a discipline penalty.

Periodically, the Legislation & Ethics examination is reviewed to ensure relevancy, transparency, and defensibility. The Registration Committee has been undertaking this project with a revised examination to be implemented in the future. We have looked at what a new practitioner needs to know by gathering information from College committees, researching recurring issues, and considering input from chiropractors in the field. As we continue to develop the outline of the examination, the Committee is exploring ideas of what an entry-to-practice examination should look like and how one can best be developed.

Taking a Leave of Absence?
On another note, members are reminded that if they wish to take a leave of absence from practice, they should contact CCO’s Registration Co-ordinator, Ms Maria Simas, by email at msimas@cco.on.ca in advance of taking the leave.

If Your ChiroCare Binder is Out of Date...
All up-to-date legislation, regulations, standards of practice, policies and guidelines are available at www.cco.on.ca, and can be printed to update your ChiroCare binder. If you would like to order an up-to-date ChiroCare binder, please contact Ms Maria Simas, Registration Coordinator, by email at msimas@cco.on.ca.

Report from the Patient Relations Committee
By: Dr. Patricia Tavares, Chair

The Patient Relations Committee has held four meetings since the April 2013 elections and discussions have focused on a review of standards of practice and guidelines.

Extensive discussion took place with respect to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient in light of the feedback from members and stakeholders. The draft amendments propose to eliminate the current recommended one-year waiting period following a termination of a professional relationship before the commencement of any sexual relationship with a former patient, and replace it with a number of factors that a member must take into consideration before entering into such a relationship. These factors are essential in protecting against an exploitation of the trust, knowledge, dependence and power imbalance that develops during the doctor/patient relationship.

Other items on the Committee’s agenda include public education tools to ensure that the public of Ontario has access to information about chiropractic, including translation of the website into French. Stay tuned for more information!
PREVENTION OF PATIENT ABANDONMENT

Abandoning patients is an act of professional misconduct. Patients must always be able to contact and receive care from their chiropractor or, in the chiropractor’s absence, another duly qualified chiropractor. Members should be aware of the following to avoid patient abandonment:

Keep Patients Informed of any Change in Practice

Always notify patients when there is a change or dissolution in a practice. There may be complications that arise from a dissolution or termination of practice, especially in a multi-disciplinary setting, so it is essential that you have a plan in place with your clinic on how to notify patients of a change in practice to ensure that patients can continue to receive care from the chiropractor of their choice and receive copies of or have their records transferred to wherever they chose. Non-solicitation and competition agreements may not limit a patient’s right to know of any change that could affect their care and receive care from the chiropractor of their choice.

Leave a Forwarding Address and Keep your CCO Information Up-To-Date

In the event of leaving a practice, you should always leave a forwarding address and telephone number with the clinic in case your patients want to find you in the future. Also, keep your primary business information up-to-date with CCO, as patients may use the search tool to find your new address.

If Patient Care is Discontinued, Provide Referrals

If there is a breakdown in the doctor/patient relationship or a reason why a chiropractor chooses to discontinue providing care to a patient, that patient must be given a reasonable opportunity to arrange alternative services. This also includes providing patients with a copy of their records or arranging for a patient to have their records transferred elsewhere. For more information, please refer to Standard of Practice S-002: Record Keeping.

THE RIGHT TO RECEIVE PRIVATE CARE

Receiving health care or treatment of any kind is generally a private experience for a patient. Patients often share the most private details of their health with their health care providers, and must have a reasonable expectation that these details will be kept private and confidential in the context of receiving health care. Although family members, employers and insurance companies may be involved in the health care process, a patient has a right to privacy in seeking and receiving health care. Patient privacy is protected through the provisions on the Personal Health Information Protection Act, 2004 and various CCO standards of practice.

CCO recognizes that chiropractors in Ontario have a variety of practice styles. Some chiropractors may encourage patients to have family members involved in the process of receiving chiropractic care, including having spouses or family members attending reports of findings or educational seminars or workshops provided by the clinic. Although chiropractors may encourage patients to involve family members in these processes, it is inappropriate to require, insist or apply duress or undue pressure on a patient to bring a spouse or family member along in order to receive a report of finding. Patients must always have the right to receive care in a private and confidential manner and their wishes must be respected. Furthermore, patients always have the right to access information in their record, and may not be denied their report of findings due to their failure to involve family members in this process.

The doctor/patient relationship is a partnership, and both the patient and chiropractor have a role in the pursuit of receiving optimum care. However, in that partnership, the patient has certain undeniable rights, including the right to receive care in a private manner, without the involvement of family members.
On Wednesday, November 6, 2013, Bill 70, Regulated Health Professions Amendment Act (Spousal Exception), 2013 received Royal Assent and proclamation. Bill 70 is a private member’s bill created to amend the Regulated Health Professions Act, 1991 (RHPA) so that each health regulatory college has the authority but is not required to create a regulation that will permit its members to treat spouses, exempting such treatment from the sexual abuse provisions of the RHPA.

The amendment to the RHPA allows colleges to decide whether or not they will allow the treatment of spouses and provides a definition of spouse. Colleges will need to have a regulation in place if they intend to permit the treatment of spouses. The process for the development of a regulation is a lengthy one and involves stakeholder consultation and government approval of the proposed regulation.

CCO Council is currently considering the decision as to whether or not it will develop a regulation allowing members to treat their spouses. Currently, nothing has changed for CCO members; the sexual abuse provisions of the RHPA and Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient still govern. CCO will keep its members informed on any proposed amendments through its website, distributions and ChiroPractice newsletter.

Please contact CCO if you have any questions.
You and your chiropractor have an equal and vital role in the pursuit of your optimum health and well-being.

You have the right to expect your chiropractor to provide...

- ethical conduct of practice
- respectful, honest and clear communication in all aspects of care
- relevant, safe and supportive patient-centred care
- accurate and comprehensive records
- an awareness of current health and well-being issues
- information about what chiropractic offers
- timely and necessary communication and/or referral to other health professionals
- timely transfer of records, when appropriate
- compliance with the College of Chiropractors of Ontario’s (CCO) regulations, standards of practice, policies and guidelines (information is posted on CCO’s website at www.cco.on.ca)
- privacy and confidentiality
- behaviour and clarity regarding dignified professional boundaries
- disclosure of real or perceived conflicts of interest
- a process for declining treatment and withdrawal of consent at any time
- full disclosure of policies, procedures and fees

Your responsibilities to your chiropractor are to provide...

- honest, accurate and full disclosure of all pertinent health information
- constructive feedback (positive/negative) regarding all aspects of care
- a cooperative commitment to your treatment plan
- compliance with office policies, procedures and fees
- courtesy and respect for the office environment, staff and other patients
- up-to-date contact information
Report from the Advertising Committee

By: Dr. Cliff Hardick, Chair

Tips for Using Social Media
The use of social media has increasingly transformed the Internet into a forum for communication and connecting people. Chiropractors are increasingly using social media and other online forums to connect with and exchange information – both personal and professional – with friends, colleagues, associates and patients. As health professionals, chiropractors need to be aware of several issues that can arise in the use of social media and other online forums.

Keep Separation between Personal and Professional Social Media
Although a Facebook page can be used to convey information to the public about your practice, this same page should not have personal photos of your latest holiday or tags of where you ate dinner last night. Ensure that there is proper separation between personal and professional use of social media.

Patient Privacy and Confidentiality is Paramount!
Facebook provides a forum for communicating and connecting with your community but it is also a public forum with little regard to privacy. For this reason, you must always make sure to safeguard against revealing any patient’s personal information, including the fact that they are a patient, which could be revealed simply by being a Facebook friend. Communicating with patients through social media is inappropriate and there are no safeguards to ensure privacy is maintained. In your use of social media, you should make use of privacy settings, but know that these privacy settings are not absolute and once something is on the Internet, content may be there permanently. You are reminded that as a regulated health professional, you are required to maintain privacy in accordance with the Personal Health Information Protection Act.

Think Before Posting
Although there are different levels of privacy settings on social media sites, generally once something is posted, it is out there for the public and there is no going back. Social media can provide a useful forum for posting practice and professional information but just be sure that anything you post on social media is something you want the public to see.

Keep Things Professional
Use of social media for practice purposes always needs to be kept professional. This means adhering to CCO standards of practice, recognizing signs that could lead to a boundary crossing, demonstrating sensitivity to the public’s different values and perceptions, and avoiding any conflicts of interests.

Although social media can provide a valuable forum for disseminating information to the public, you should always consider the benefits and risks of its use, always keeping your patients’ interests at the forefront.
Reminder:

Have you provided your confidential email address to CCO?

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

CCO Needs Your Current Contact Information....

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

CCO Council 2013

FRONT ROW (L-R) Dr. Clifford Hardick; Mr. Robert MacKay, Treasurer; Ms Judith McCutcheon; Dr. Peter Amlinger, President; Ms Jo-Ann Willson, Registrar and General Counsel; Dr. Dennis Mizel, Vice-President; Mme Lise Marin; Dr. Gauri Shankar.

BACK ROW (L-R) Mr. Martin Ward; Dr. Brian Gleberman; Mr. Shakil Akhter; Dr. Patricia Tavares; Dr. Liz Anderson-Peacock; Dr. James Laws; Dr. Bryan Wolfe; Ms Cristina De Caprio; Mr. Scott Sawler.
Your Feedback is Important!

CCO welcomes your feedback and comments about articles and features in this issue of ChiroPractice.

Please forward an email to cco.info@cco.on.ca or a fax to 416-925-9610.