



June 25, 2020

**Via Email:** [cbreton@chiropractic.on.ca](mailto:cbreton@chiropractic.on.ca)

Ms Caroline Brereton  
Chief Executive Officer  
Ontario Chiropractic Association  
70 University Avenue, Suite 201  
Toronto Ontario  
M5J 2M4

*Caroline:*

Dear Ms Brereton:

**Re: Status Update on CCO/OCA Initiatives**

I wanted to update you on various matters following our recent discussions.

**I CCO Advertising Provisions**

S-016: Advertising, G-016: Advertising and G-012: Use of Social Media remain in full force and effect as posted on CCO's website. These documents serve as the guiding principles for the review of submitted advertisements to the Advertising Committee, as well as the appropriate standards and guidelines relating to any complaint about a member's actions.

The change that is anticipated with respect to advertising is that the Advertising Committee, which is a nonstatutory committee reporting to the Executive Committee, will continue to be responsible for reviewing advertisements on an ongoing basis, but the policy work i.e. the review of the relevant standards and guidelines and consideration of any possible amendments will be done by the Executive Committee. Any amendments to standards or guidelines are recommended to and must be approved by Council, which as you know, is comprised of both elected and appointed members. As a practice, significant amendments are circulated to stakeholders, including members. It is up to Council to determine whether an Advertising Committee is required, and it will do so once the internal elections are held.



## **II Quality Assurance Initiatives**

### Draft Standard of Practice and Guideline: Health Care Claims in Advertising, Websites and Social Media

At the Council meeting on February 26, 2020, Council approved a draft Standard of Practice and Guideline: Health Care Claims in Advertising, Websites and Social Media, for circulation and feedback. These documents will be circulated for feedback at a future date. At the moment, CCO's communications have been focused on various high priority matters arising during the pandemic, and, on providing guidance to members about the various government orders and directives. For your reference, attached are copies of both the draft standard and guideline. If you have any preliminary feedback about these documents, please forward that to Mr. Joel Friedman, Director of Policy and Research.

The Quality Assurance (QA) Committee has not had a recent meeting given CCO's focus on addressing urgent complaints and discipline matters, but I anticipate there will be a meeting scheduled in July or August 2020.

### G-008: Business Practices

I expect that at the next QA Committee meeting, the committee will include on its agenda a review of the voluminous feedback, primarily from patients, which CCO received after the February 26, 2020 Council meeting, relating to G-008: Business Practices. As you know, there was significant effort put into this guideline, but CCO has an obligation to consider feedback from all stakeholders, particularly if patients take the time to provide feedback. Once the QA Committee has reviewed the feedback and has made any recommended changes to G-008: Business Practices, those changes will be considered and approved, distributed, and posted on the website.

## **III OCA Opioid Strategy**

I know you were able to hear the positive feedback expressed by Council members at the June 17, 2020 Council meeting when Dr. Mizel, President, asked Council members to comment on the OCA opioid strategy. There were many comments made in support of both interprofessional collaboration, and the benefits of chiropractic care for patients. As you know, CCO has S-001: Scope of Practice, which reflects the important of members recognizing that they cannot treat or advise outside the scope of chiropractic practice and must make the appropriate referral. However, your proposed communication to patients appears to be consistent with CCO requirements to inform a patient if a procedure involves a controlled act that is outside of the chiropractic scope and reinforces the important of interprofessional communication and patient centered care.



#### IV Conclusion

As you know, CCO's communications throughout the pandemic, have focused on the urgent matters reflected in the numerous President's Messages. CCO has received overwhelmingly positive feedback about these messages. The next communications initiatives will include the distribution of the 2019 Annual Report (likely next week). The Executive Committee has a meeting scheduled on August 14, 2020, so if there is something additional you would like considered, please let me know. Depending on the global health crisis, there may be an opportunity for a further informal meeting after the Executive Committee meeting. In the interim, feel free to contact me by e-mail or phone. CCO staff are continuing to work remotely to the extent possible. Thank you.

Yours truly,

Jo-Ann Willson

Registrar and General Counsel



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## **HEALTH CARE CLAIMS IN ADVERTISING, WEBSITES AND SOCIAL MEDIA**



**Draft Standard of Practice S-???**  
**Quality Assurance Committee**  
**Draft Standard of Practice Approved by Council for Distribution and Feedback:**  
**February 26, 2020**

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*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### **INTENT AND OBJECTIVES**

- To identify diseases, disorders and conditions that a member may not diagnose within the chiropractic scope of practice and therefore may not claim to diagnose, prevent or treat with chiropractic care in members' advertising, websites or social media<sup>1</sup>.
- To outline CCO's expectations that health care claims related to the benefits of chiropractic care in members' advertising, websites and social media are:
  - within the chiropractic scope of practice,
  - accurate, factual, verifiable and objective,
  - supported by generally acceptable evidence; and
  - otherwise compliant with CCO standards of practice, policies and guidelines.
- To create cohesiveness between Standard of Practice S-001: Chiropractic Scope of Practice and Standard of Practice S-016: Advertising.

### **DESCRIPTION OF STANDARD**

#### ***Health Care Claims in Advertising, Websites and Social Media***

A member must give consideration to the following factors when making health care claims as to the benefit of chiropractic care in advertising, websites and social media:

- Does the claim fall within the chiropractic scope of practice?
- Is the claim based on accurate, factual, verifiable, and objective information?
- Is the claim supported by generally acceptable evidence?
- Is the claim otherwise compliant with CCO standards of practice, policies and guidelines?

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<sup>1</sup> Any electronic platform accessible by the public.

A member is authorized to make and/or communicate a diagnosis or clinical impression within the chiropractic scope of practice, as described in the *Chiropractic Act, 1991*, as follows:

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

A member may not make and/or communicate a diagnosis that is outside of the chiropractic scope of practice or claim to diagnose, prevent or treat diseases, disorders or conditions that have been diagnosed and are outside of the chiropractic scope of practice. As such, a member may not claim in their advertising, websites or social media, including in patient testimonials, that chiropractic can be used to diagnosis, prevent or treat diseases, disorders or conditions, such as:

- Allergies
- Alzheimer's disease and/or dementia
- Asperger's syndrome
- Asthma
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity (ADHD)
- Autism or autism-spectrum related disorders including Asperger syndrome
- Cancer
- Cerebral Palsy
- Cognitive impairment
- Developmental and speech disorders
- Diabetes
- Down Syndrome
- Family Planning
- Fertility
- Fetal alcohol syndrome
- Flu
- Immunity, including information about vaccination/immunization
- Infantile Colic
- Infections
- Infertility
- Multiple Sclerosis/MS

- Nocturnal Enuresis (bedwetting)
- Otitis Media (ear infection)
- Parkinson's Disease
- Tourette's syndrome

The above list of diseases, disorders or conditions is not exhaustive, final or conclusive. Absent acceptable evidence, members may not make claims in advertising about the effectiveness of chiropractic care in diagnosis, prevention and treatment of a disorder, disease or condition simply because it is not included in this list.

CCO will review this list on a periodic basis with consideration to how emerging research and evidence will affect this standard of practice.

### ***Acceptable Evidence***

When assessing whether there is acceptable evidence for making health care claims in advertising, websites and social media and communication to patients and members of the public, a member must consider the following:

- Is the evidence relied on objective and based on accepted principles of good research? Is the evidence from a reputable source, for example, a properly peer-reviewed journal?
- Do the studies used provide clear evidence for the therapeutic claims made or are they one of a number of possible explanations for treatment outcomes?
- Have the results of the study been replicated? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.
- Has the evidence been contradicted by more objective, higher quality studies? (For example, evidence from a single study would not be acceptable evidence if it is contradicted by a systematic review).
- Statements and claims in marketing that are contrary to a higher-level evidence are not acceptable. What is the level of evidence?

The following types of studies may not be considered sufficient acceptable evidence for advertising claims:

- Studies involving no appropriate subjects;
- Before and after studies with little or no control or reference group (e.g., case studies);
- Self-assessment studies;
- Anecdotal evidence based on observation in practice; and
- Outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled.

## LEGISLATIVE CONTEXT

### *Regulation 852/93: Professional Misconduct*

The following are acts of professional misconduct for the purposes of clause 51.1(c) of the Health Professions Procedural Code:

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.
14. Providing a diagnostic or therapeutic service that is not necessary
33. Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

This standard of practice should be read in conjunction with:

- Standard of Practice S-001: Chiropractic Scope of Practice
- Standard of Practice S-016: Advertising
- Guideline G-012: Use of Social Media
- Guideline G-016: Advertising
- Guideline G-???: Health Care Claims in Advertising, Websites and Social Media



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## **HEALTH CARE CLAIMS IN ADVERTISING, WEBSITES AND SOCIAL MEDIA**



**Draft Guideline G-???**

**Quality Assurance Committee**

**Draft Guideline Approved by Council for Distribution and Feedback:**

**February 26, 2020**

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*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### **INTENT AND OBJECTIVES**

To establish CCO procedures for enforcing CCO standards of practice related to health care claims in members' advertising, websites and social media. This guideline should be read in conjunction with Standard of Practice S-???: Health Care Claims in Advertising, Websites and Social Media.

### **DESCRIPTION OF GUIDELINE**

CCO will be conducting thorough reviews of members' online websites, social media sites and marketing material on an ongoing basis. The focus of these reviews will be to ensure members are in compliance with established CCO standards, policies and guidelines, and specifically Standard of Practice S-???: Health Claims in Advertising, Websites and Social Media.

Members are required to take regular steps to confirm all their advertising, websites and social media are in compliance with CCO standards of practice. Below are some methods and online resources to assist in that process (list is not exhaustive):

- Carefully review the content of websites, social media posts and other online advertising material;
- Search online material using the following tools:
  - Google search your website using the "site" function
  - Search Facebook pages by term using "choose a source"
  - Search Twitter pages with filters for tweets:
- An in-depth review of websites, social media posts and other online advertising material during the peer and practice process;

It is recommended that members contact their IT providers for specific assistance and explanations needed to ensure compliance.

If, during the process of the CCO review, a member is found to be non-compliant with Standard of Practice S-???: Health Care Claims in Advertising Websites and Social Media, CCO will take one or more the following actions:

- Communication from CCO to the members who are found to be non-compliant with the standard of practice directing them to comply with the standard of practice;
- Referral of the matter to the Inquiries, Complaints and Reports Committee for further review; or
- Other action as necessary, consistent with the *Regulated Health Professions Act, 1991*.

## BACKGROUND MATERIAL<sup>1</sup>

Documents and literature reviewed included the following:

- [Why 'Evidence Informed' Healthcare?](#)
- [The Levels of Evidence and their role in Evidence-Based Medicine](#)
- [Chiropractic Board of Australia - Statement on advertising](#)
- [Best Practices for Chiropractic Care of Children: A Consensus Update](#)
- [Chiropractic Care for Nonmusculoskeletal Conditions: A Systematic Review with Implications for Whole Systems Research](#)
- [Primary prevention in chiropractic practice: a systematic review](#)
- [Effectiveness of manual therapies: the UK evidence report](#)
- [Effect of chiropractic treatment on primary or early secondary prevention: a systematic review with a pedagogic approach](#)
- [Chiropractic and children: Is more research enough?](#)
- [Chiropractic at the crossroads or are we just going around in circles?](#)
- [Appeal to fear in health care: appropriate or inappropriate?](#)

## LEGISLATIVE CONTEXT

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14. Providing a diagnostic or therapeutic service that is not necessary

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<sup>1</sup> Adopted from the College of Chiropractors of British Columbia.

33. Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

This standard of practice should be read in conjunction with:

- Standard of Practice S-001: Chiropractic Scope of Practice
- Standard of Practice S-016: Advertising
- Standard of Practice S-???: Health Care Claims in Advertising, Websites and Social Media
- Guideline G-012: Use of Social Media
- Guideline G-016: Advertising

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