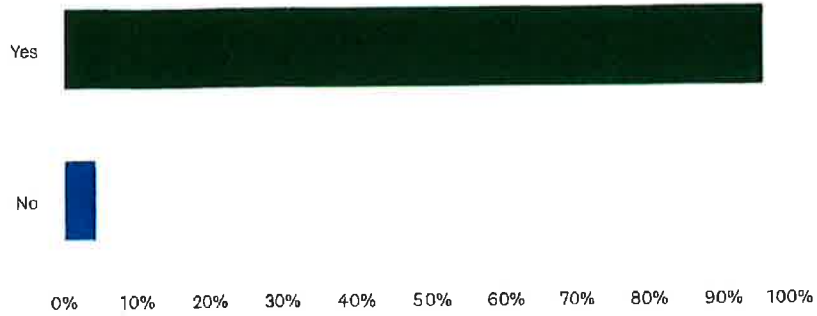


# ITEM 4.3.6

Distribution for Feedback: Proposed Draft Guideline G-015: Virtual Care

## Q1 Are you a Member of CCO

Answered: 22 Skipped: 0



**ANSWER CHOICES**

Yes

No

TOTAL

**RESPONSES**

95.45%

4.55%

21

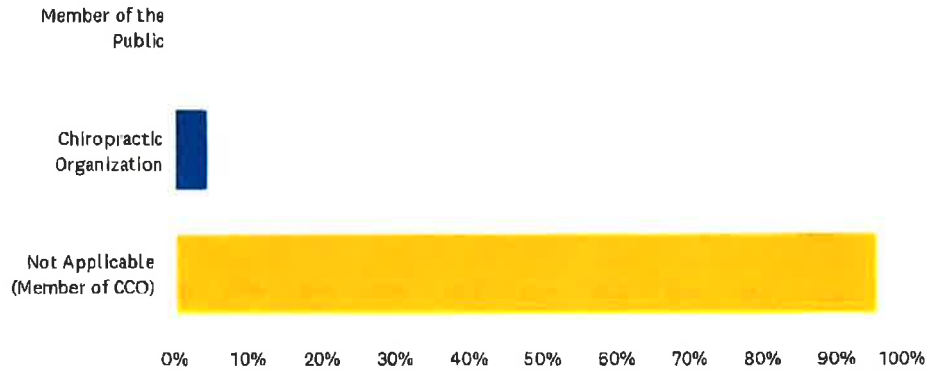
1

22

Distribution for Feedback: Proposed Draft Guideline G-015: Virtual Care

### Q2 If you are not a member of CCO, what type of stakeholder are you?

Answered: 22 Skipped: 0



**ANSWER CHOICES**

- Member of the Public
- Chiropractic Organization
- Not Applicable (Member of CCO)
- TOTAL

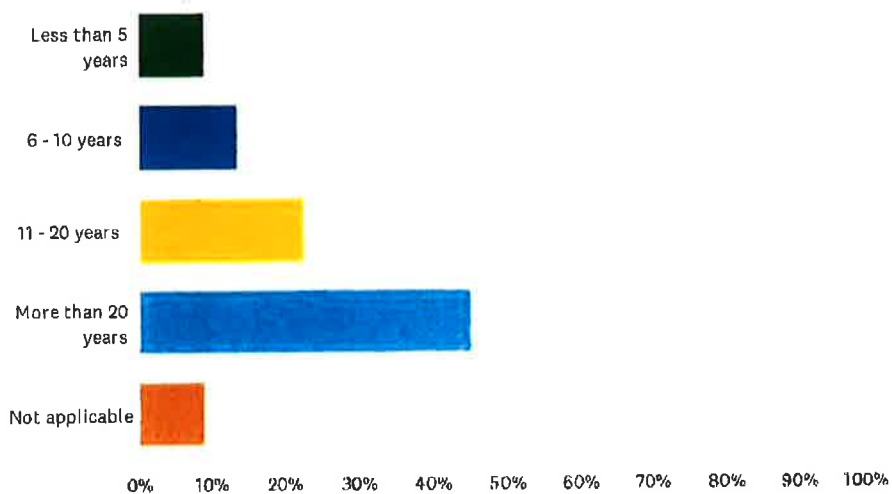
**RESPONSES**

0.00%	0
4.55%	1
95.45%	21
	22

## Distribution for Feedback: Proposed Draft Guideline G-015: Virtual Care

## Q3 If you are a member of CCO, how long have you been in practice?

Answered: 22 Skipped: 0

**ANSWER CHOICES**

Less than 5 years

6 - 10 years

11 - 20 years

More than 20 years

Not applicable

TOTAL

**RESPONSES**

9.09%

13.64%

22.73%

45.45%

9.09%

2

3

5

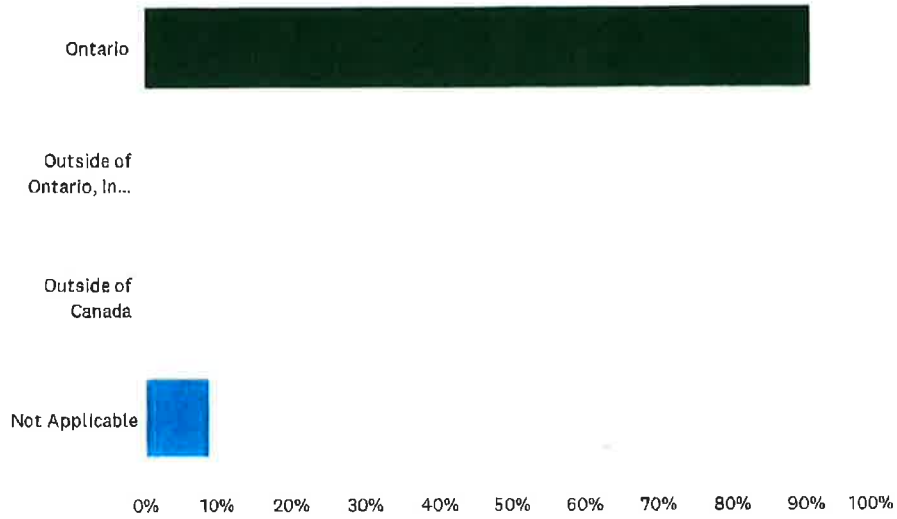
10

2

22

### Q4 If you are a member of CCO, what is the location of your primary practice or residence

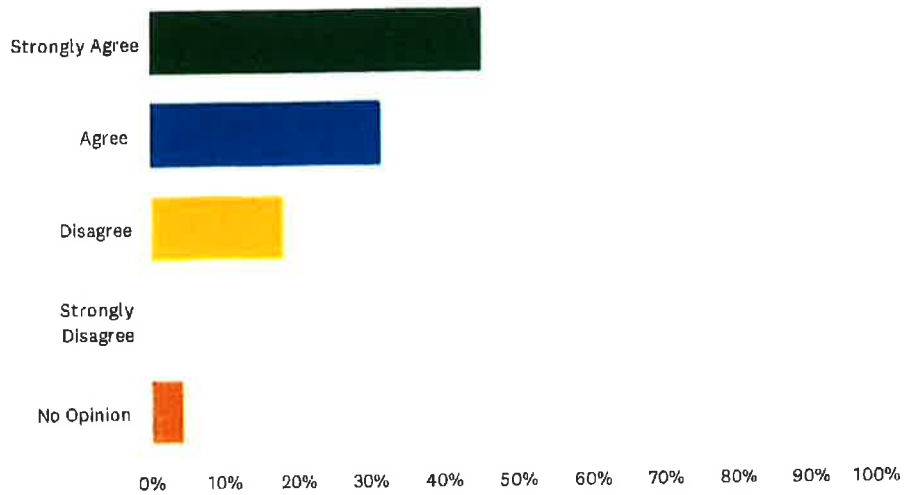
Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
Ontario	90.91%	20
Outside of Ontario, in Canada	0.00%	0
Outside of Canada	0.00%	0
Not Applicable	9.09%	2
TOTAL		22

### Q5 I agree/disagree with Draft Guideline G-015: Virtual Care

Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	45.45%	10
Agree	31.82%	7
Disagree	18.18%	4
Strongly Disagree	0.00%	0
No Opinion	4.55%	1
TOTAL		22

## Q6 The following amendments to Draft Guideline G-015: Virtual Care would better protect the public interest:

Answered: 5 Skipped: 14

#	RESPONSES	DATE
1	This seems like a reasonable guideline to allow those chiropractors who wish to do virtual care to be able to do so.	8/16/2023 8:46 AM
2	The rendering of virtual care has highlighted the antiquated means by which we regulate professionals in this country. There should be efforts made to create national regulatory bodies that allows health professionals to consult and care for patients without being limited by provincial boundaries, particularly where the scopes of practice are very similar, if not identical. This change would support the healthcare personnel and HR crisis we are encountering in this country.	7/10/2023 6:43 PM
3	I don't think continuous virtual care should be allowed. How can you provide a chiropractic adjustment, the most important thing we do, without being in person with the patient? How do you do a proper assessment without a hands on examination? I understand if one visit here and there was done virtually, especially for DCs may focus on rehab or nutrition, but there is no way that all care should be provided virtually.	7/10/2023 6:54 AM
4	in abiding by the scope of practice defined for chiropractors in Ontario virtual care should have an additional note stating that the virtual care is temporary as in less than the totality of care in a patient chart. This would align with the scope as defined as primarily by adjustment "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: ..."	7/5/2023 6:09 PM
5	Is follow-up after a virtual appointment mandatory?	7/2/2023 7:20 PM
6	None	7/1/2023 9:20 AM
7	Yes	6/30/2023 9:41 AM
8	Billing should not have to indicate that the consult or exam was provided virtually.	6/29/2023 4:08 PM

## Q7 Any other comments

2023-06-08 10:00:00

#	RESPONSES	DATE
1	The Ontario Chiropractic Association (OCA) believes the draft guideline, which is intended to replace the temporary guidance on telecare communicated during the COVID-19 pandemic, is well drafted and sets out clear and appropriate expectations and requirements for chiropractors. We do not have any concerns or suggestions for improvement at this time.	8/31/2023 2:07 PM
2	Thank you for your ongoing and tireless work in making the public safe when receiving care from our colleagues.	7/10/2023 6:43 PM
3	The concern is to reduce abuse where virtual care is delivered as an excuse for or in lieu of a proper examination. I.e. a patient has not received a comprehensive spinal/regional examination and cannot experience the full benefits of hands on assessment/care. Additionally a concern is chiropractic may be reduced to (for example) care steering away from the "scope" primarily by means of coaching, nutrition and exercises (all public domain advise) which maybe very confusing to a patient and not in the public interest. Another concern is the liability of any complaint with the failure of the chiropractor to perform a hands on examination/assessment as notes would be by their very nature less than robust or complete.	7/5/2023 6:09 PM
4	Should patients not be responsible for ensuring thier EHC covers virtual Chir visits...just they would for a regular in-office Chiro Visit???	7/2/2023 7:20 PM
5	Great guideline	7/1/2023 9:20 AM
6	I feel that with the huge success experienced with education and exercise sessions in a virtual capacity, there should be allowances to deliver this specific type of care outside of Ontario. The public is misguided enough by trainers and random influencers with zero credentials delivering "care" in the same way, unrestricted and often without the skills or knowledge to determine if their advice is appropriate for the individual it's being delivered to.	7/1/2023 7:45 AM
7	My only concern is with patients who are athletes and still Ontario residents with contracts abroad who seek advice virtually with a member who has been their treating practitioners over the years and still wants them to provide guidance for various injury related issues which might arise while playing abroad. Can there be a provision added into the amendment to address this issue?	6/30/2023 9:41 AM
8	I do not agree that the billing needs to reflect that the consult or examination was done virtually. Proper documentation in the patient file is the only thing required. It should make no difference to an insurance company how the consultation or examination was performed. There are many factors that come into play which would limit how the consultation or examination could be done and the patient should not be penalized by his/her insurance company for whatever method was chosen.	6/29/2023 4:08 PM
9	None	6/29/2023 1:07 PM

**Joel Friedman**

---

**From:** Deborah Gibson <dgibson@chiropractic.on.ca> on behalf of Caroline Brereton <cbrereton@chiropractic.on.ca>  
**Sent:** Thursday, August 31, 2023 2:28 PM  
**To:** Caroline Brereton; Paul Groulx (drgroulx@mynepeanchiropractor.com)  
**Cc:** Jo-Ann Willson; Dianna Pasic  
**Subject:** OCA Submission to CCO on Amendments to Guideline G-015  
**Attachments:** Final OCA Submission to CCO on Amendments to Guideline G-015 - August 2023.pdf

**CAUTION EXTERNAL:** This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Good afternoon,

The attached correspondence is sent on behalf of the Ontario Chiropractic Association. Please note that the submission has also been submitted on the CCO Portal.

Regards,  
Caroline Brereton

---

**Caroline Brereton, RN, MBA (she/her)**  
Chief Executive Officer  
**Mobile:** 416-346-3288  
**Office:** 416-870-4155  
**Email:** [cbrereton@chiropractic.on.ca](mailto:cbrereton@chiropractic.on.ca)  
**Web:** [www.chiropractic.on.ca](http://www.chiropractic.on.ca)



Ontario  
Chiropractic  
Association

70 University Ave., Ste. 201  
Toronto, ON M5J 2M4







Ontario  
Chiropractic  
Association

August 31, 2023

Dr. Paul Groulx, Chair  
Quality Assurance Committee  
College of Chiropractors of Ontario (CCO)  
59 Hayden Street, Suite 800  
Toronto, ON M4Y 0E7

Dear Dr. Groulx,

**Re: OCA feedback to CCO on Draft Quality Assurance Amendments to Guideline G-015: Virtual Care<sup>1</sup>**

The Ontario Chiropractic Association (OCA) believes the draft guideline, which is intended to replace the temporary guidance on telecare communicated during the COVID-19 pandemic, is well drafted and sets out clear and appropriate expectations and requirements for chiropractors.

We do not have any concerns or suggestions for improvement at this time.

Thank you for the opportunity to provide input on the draft guideline.

Sincerely,

A handwritten signature in black ink, appearing to read "Caroline Brereton".

Caroline Brereton, RN, MBA  
Chief Executive Officer

CC: Ms. Jo-Ann Willson  
Registrar and General Counsel

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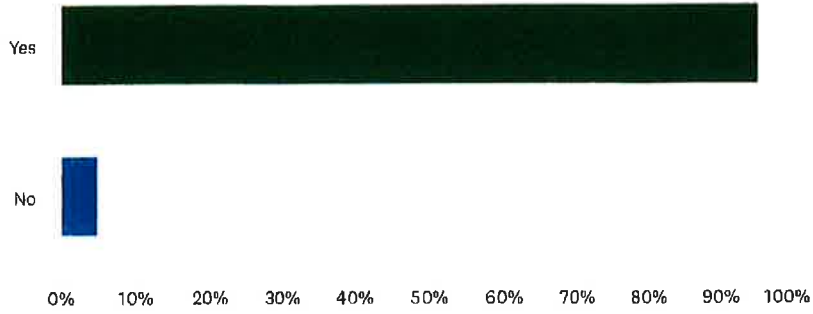
<sup>1</sup> This letter was also submitted via the CCO consultation portal.

Distribution for Feedback: Proposed Amendments to Guideline G-014: Delegation, Assignment and Referral of Care

ITEM 4.3.24

Q1 Are you a Member of CCO

Answered: 40 Skipped: 0



ANSWER CHOICES

Yes

No

TOTAL

RESPONSES

95.00%

5.00%

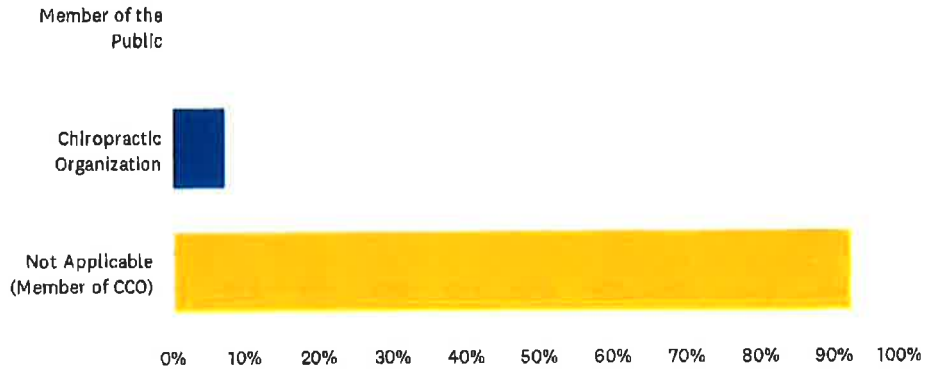
38

2

40

## Q2 If you are not a member of CCO, what type of stakeholder are you?

Answered: 40 Skipped: 0



**ANSWER CHOICES**

Member of the Public  
Chiropractic Organization  
Not Applicable (Member of CCO)  
TOTAL

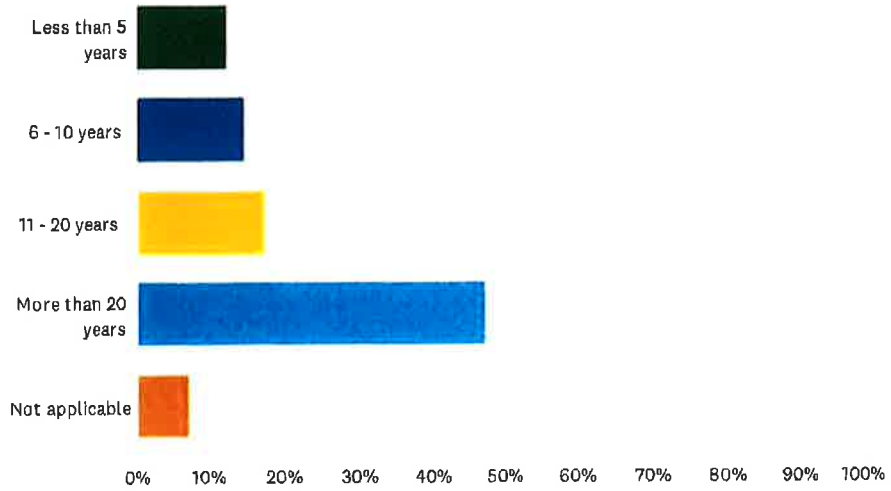
**RESPONSES**

0.00%	0
7.50%	3
92.50%	37
	40

Distribution for Feedback: Proposed Amendments to Guideline G-014: Delegation, Assignment and Referral of Care

Q3 If you are a member of CCO, how long have you been in practice?

Answered: 40 Skipped: 0



**ANSWER CHOICES**

Less than 5 years

6 - 10 years

11 - 20 years

More than 20 years

Not applicable

TOTAL

**RESPONSES**

12.50%

15.00%

17.50%

47.50%

7.50%

5

6

7

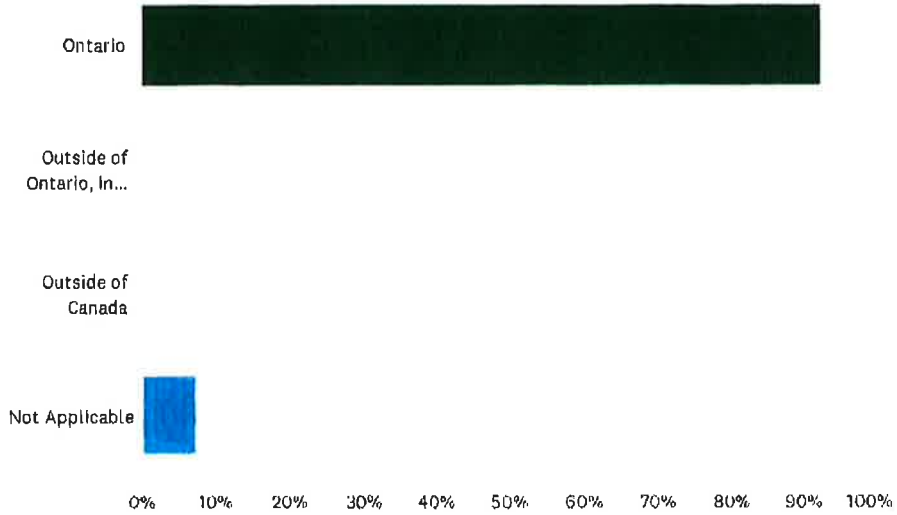
19

3

40

### Q4 If you are a member of CCO, what is the location of your primary practice or residence

Answered: 40 Skipped: 0



**ANSWER CHOICES**

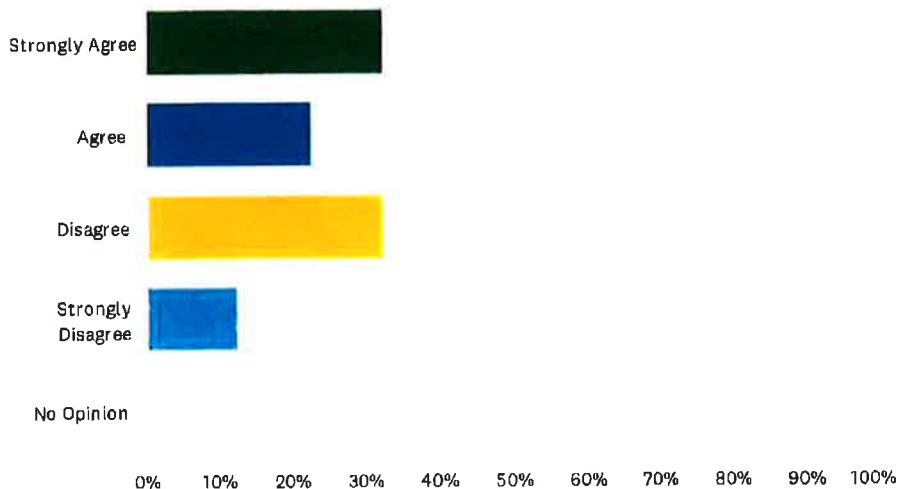
**RESPONSES**

ANSWER CHOICES	RESPONSES	
Ontario	92.50%	37
Outside of Ontario, in Canada	0.00%	0
Outside of Canada	0.00%	0
Not Applicable	7.50%	3
TOTAL		40

Distribution for Feedback: Proposed Amendments to Guideline G-014: Delegation, Assignment and Referral of Care

Q5 I agree/disagree with the draft proposed amendments to Guideline G-014: Delegation, Assignment and Referral of Care

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	32.50%	13
Agree	22.50%	9
Disagree	32.50%	13
Strongly Disagree	12.50%	5
No Opinion	0.00%	0
<b>TOTAL</b>		<b>40</b>

**Q6 The following amendments to Guideline G-014: Delegation, Assignment and Referral of Care would better protect the public interest:**

Answered: 10 Skipped: 24

#	RESPONSES	DATE
1	As long as the practitioner is able to speak to the patient when called	8/30/2023 10:21 PM
2	The Ontario Chiropractic Association (OCA) supports regulatory efforts to strengthen communication between chiropractors and patients when certain clinical procedures that are in the public domain (i.e., diagnostic or therapeutic procedures that are not controlled acts) are assigned to a staff person. Furthermore, we underscore that patient consent must be obtained before care is assigned, and any assignment of care must be based on a chiropractic examination, diagnosis, or clinical impression -- along with a plan of care that a chiropractor completes and documents in a Report of Findings. While OCA supports the goal of the proposed regulatory amendments, we do not believe that meaningful communication will be advanced through mandated interaction between chiropractors and patients during every visit when care is assigned to a staff person. To maximize opportunities for meaningful communication when chiropractic care is assigned, OCA believes chiropractors should be available to answer questions upon request by a patient. To this end, we recommend that the guideline (G-014) should permit communication between chiropractors and patients via virtual and/or telecommunications platforms, if the chiropractor is not physically available on-site. Such a provision, coupled with the existing requirement for a CCO member to be available to provide any direction or supervision to the staff person, would ensure patients have access to their chiropractor (and/or a CCO member) when patients indicate they want to interact with or pose a question to a chiropractor. Such a provision would also provide flexibility to chiropractors working in diverse clinical settings and emerging models of care. With this in mind, we also recommend that proposed regulatory amendments to the guideline (G-014) are harmonized and cross-referenced with CCO's new drafted Guideline G-015: Virtual Care. Finally, OCA recommends that discussions of the roles and responsibilities of any staff person(s) performing assigned care should be documented within the Report of Findings, which is an excellent tool to communicate with and engage patients in their chiropractic care.	8/30/2023 5:31 PM
3	There is very limited public rationale being explained on why this change is necessary. It will cause increased pricing for the public to see the "Doctor" on every visit. Delegation of care for non-controlled acts is the norm with all other health professions. Why is CCO not staying consistent with ALL other regulatory bodies in this situation. Patients should be able to request a discussion with the Doctor on any visit but there should be no obligation to have direct communications unless necessary for clinical care. Obligations like this would take time away from the Doctor who could better spend this time seeing patients that required direct chiropractic interaction. Giving patients "an option to request a discussion" with the doctor better serves the public interest. Obligating the interaction is more expensive, less efficient use of Doctor's time, does not give patient choices, and has no valid rationale to justify this change. Thank you for the request for feedback, it is vital to self-regulation.	8/28/2023 11:43 AM
4	It is absolutely necessary that a chiropractor perform any controlled act during the course of a chiropractic treatment plan. However, if there are acts that are not controlled that are being performed I do not see that it is necessary for the chiropractor to perform those or be present each time those are performed. I believe that the chiropractor should be available during a treatment plan to answer questions but do not feel that they need to be available every single time for non-controlled acts.	8/16/2023 8:43 AM
5	Yes	7/13/2023 5:30 PM
6	I do not think the member has to be on-site to discuss care with the patient. I agree that the patient should be in contact with the member at each visit, but many of those communications can be done virtually. There should be an option to connect with patient after delegating virtually.	7/10/2023 6:46 PM
7	I understand the grey area, where a patient may feel displeased with not seeing the Chiropractor at every visit, but this allow me (Practicing in a rural community with few services	7/7/2023 8:40 AM

Distribution for Feedback: Proposed Amendments to Guideline G-014: Delegation, Assignment and Referral of Care

and a high demand for chiropractic care) to care for more people and avoid a waiting list of 3 months. I believe proper care/clinical safety can be maintained by ensuring the patient has a clear fully informed CONSENT to seeing the staff member ONLY, that the chiropractor has fully educated on the treatment plan and how the staff member is able to conduct the treatment, that patients will not be dissatisfied. If clear notes are taken, and the chiropractor reviews the staff member's notes the treatment plan can be monitored. An amendment stating: clear notes and maybe dictating every 3 visits to see the chiropractor for updating on clinical tests.

8	"the member is on-site, or ensures that another member of the CCO, or member of a professional college with similar expertise, such as a CPO member.	7/6/2023 2:02 PM
9	The chiropractor should be clear that they can be available directly or indirectly for the patient receiving assigned care to communicate with the patient and answer any question from the patient at each visit that is part of a chiropractic treatment plan that they are billed under.	7/5/2023 5:49 PM
10	I don't believe that practitioner needs to be on site for delegated services that are not specific or require extensive training for assistants to perform	7/5/2023 10:32 AM
11	Yes	6/30/2023 9:36 AM
12	I believe that the patient should have direct contact (even if brief) with the doctor at each visit. When under our care, that individual should have the opportunity to update the doctor even if the bulk of the visit is not with them	6/29/2023 4:27 PM
13	"and to communicate directly with the patient and answer any questions from the patient, if necessary, at the request of the patient, at each visit that is part of a chiropractic treatment plan.	6/29/2023 1:33 PM
14	setting guidelines for use of assistants similar to the college of physiotherapists, or chiropractic assistants in other jurisdictions	6/29/2023 12:19 PM
15	No amendment required. As it stands, we are already more restricted in delegating care than physiotherapists. I don't personally delegate any aspect of patient care, but as with everything we do, some people will operate responsibly and a very few will push the boundaries. We should not all be punished with new restrictions because a few irresponsible practitioners are acting outside the patient's best interest.	6/29/2023 12:05 PM
16	disagree	6/29/2023 11:55 AM



## Q7 Any other comments

Answered: 15 Skipped: 25

#	RESPONSES	DATE
1	This amendment does not exist for the physiotherapist, and places chiropractors in the position of being second-class professionals, in the view of the public as we are required to always be present, suggesting we have less competent staff than the physiotherapists	8/30/2023 10:21 PM
2	Suggested improvement : the member is on-site or ensures that another member of CCO is on-site, to provide any direction or supervision for the performance of the assigned procedure. A PATIENT SHALL HAVE THE OPTION TO REQUEST to communicate directly with the MEMBER and answer any question from the patient at each visit. The level of supervision required depends on the complexity of the assigned procedure, the abilities of the assistant, the patient's condition, the clinical environment and other determining factors; and	8/28/2023 11:43 AM
3	As someone who regularly uses assignment of care with my rehab assistant for therapeutic modalities such as exercise progressions or therapeutic ultrasound, I am very concerned at restricted the use of my rehab assistant to when I am physically onsite. This will only restrict access of care to the patient, prolong treatment plans and compromise patient experience and outcomes. I do not see this as being in the best interest of the patient.	7/31/2023 1:16 PM
4	Chiropractors should be able to delegate treatments in the public domain to trained staff that the practitioner deems competent to do so	7/13/2023 5:30 PM
5	Thank you again for your efforts and for engaging the membership.	7/10/2023 6:46 PM
6	I think it is important that there is a some sort of doctor-patient interaction at each visit. There are many clinics who have assistants or coaches doing all their treatment plans while the Doctor sits in the back. This is not in the best interest of the public. If patients are paying us, we need to connect with each patient every day. It doesn't have to be for a long period of time but that connection is incredibly important. It makes patients feel heard and important as well.	7/10/2023 6:52 AM
7	I believe that if the CCO member is not available a non-CCO member with similar delegation rights, such as a physiotherapist, should be able to perform the chiropractor's duties of "direct communication" with the patient.	7/7/2023 8:37 AM
8	I would like to see a modification earlier in the same paragraph. This change encourages interdisciplinary relations, and allows the CCO member's patient to still be able to receive care when absent for an illness, and there is no other CCO member present.	7/6/2023 2:02 PM
9	Indirectly would mean available through text, phone, or other online means and that the patient can either refuse care until questions are answered or allow the chiropractor to answer questions in a timely manner, should they be unavailable at the appointment time.	7/5/2023 5:49 PM
10	NO	6/30/2023 9:36 AM
11	the statement is still vague, is the chiropractor required to engage with each patient on each visit or does the guideline indicate that the chiropractor needs to be on site and available if there are any questions from the patient? Some patients have limited time and instead of waiting often times save questions for their re-evaluation. The chiropractor is always available but if they are with a new patient sometimes the patient would be required to wait 30-45 minutes if they were required by the College to see the chiropractor in person on each visit, this would not serve the public interest.	6/29/2023 1:33 PM
12	We have the requirement that members must communicate with patients each visit when clinical procedures are delegated. It ensures patient comfort and the appropriateness of the ongoing treatment plan.	6/29/2023 1:24 PM
13	None	6/29/2023 11:06 PM
14	Please leave the guideline alone,	6/29/2023 12:05 PM
15	Like the Physio College, we should be able to assign care within phone communication and not	6/29/2023 11:55 AM

be required to be onsite

Joel Friedman

---

**To:** Joel Friedman [REDACTED]  
**Subject:** RE: G-014 Draft

**From:** [REDACTED]  
**Sent:** Sunday, July 9, 2023 9:07 PM  
**To:** cco.info <[cco.info@cco.on.ca](mailto:cco.info@cco.on.ca)>  
**Subject:** G-014 Draft

**CAUTION EXTERNAL:** This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Dear CCO

Could you please forward to the committee. I completed my survey and realized I had additional comments after reflecting.

The draft indicates facilitating the collection of ..... at the end of sentence (other?) – I think this needs to be spelled out.  
Thank you, [REDACTED]

**Joel Friedman**

---

**From:** [REDACTED] >  
**Sent:** Thursday, June 29, 2023 12:03 PM  
**To:** cco.info  
**Subject:** Re: CCO Circulation for Feedback: Draft Quality Assurance Amendments to Guideline G-014 and New Draft Guideline G-015 - June 29, 2023

**CAUTION EXTERNAL:** This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Medical doctors who provide advice regarding a plan of managements are not required to be on site with a patient so why are chiropractors?

Sent from my iPhone

On Jun 29, 2023, at 11:45 AM, College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:




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**CCO Circulation for Feedback: Draft Quality Assurance Amendments to Guideline G-014: Delegation, Assignment and Referral of Care and New Draft Guideline G-015: Virtual Care - June 29, 2023**

The College of Chiropractors of Ontario (CCO) is distributing two documents to stakeholders, including members, for feedback.

***Draft Amendments to Guideline G-014: Delegation, Assignment and Referral of Care***

CCO is distributing [draft amendments to Guideline G-014: Delegation, Assignment and Referral of Care](#) for feedback.

Guideline G-014 provides protocols for members assigning certain clinical procedures that are in the public domain (i.e., not controlled acts) to a staff person or other health professional as part of a chiropractic plan of care. These protocols include that the chiropractor is on-site to provide any direction or supervision of an assigned clinical procedure. However, CCO has recently received a number of complaints from the public that they have gone through a chiropractic plan of care of assigned care to a staff person or other health professional, with little or no communication or interaction with the chiropractor.

**Joel Friedman**

---

**From:** [REDACTED] >  
**Sent:** Thursday, June 29, 2023 1:58 PM  
**To:** cco.info  
**Subject:** Re: CCO Circulation for Feedback: Draft Quality Assurance Amendments to Guideline G-014 and New Draft Guideline G-015 - June 29, 2023

**CAUTION EXTERNAL:** This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

Found the article on delegation of care , irritating with no Doctor for usual and customary follow up. Are we moving from patient care to " purse" care ?  
 Glad you are dealing with it but the mindset in health care seems to be moving towards another gizmo to " sell" patient. Of course where do we draw the line?

[REDACTED]

Sent from my iPad

On Jun 29, 2023, at 11:45 AM, College of Chiropractors of Ontario <cco.info@cco.on.ca> wrote:

[REDACTED]

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### **CCO Circulation for Feedback: Draft Quality Assurance Amendments to Guideline G-014: Delegation, Assignment and Referral of Care and New Draft Guideline G-015: Virtual Care - June 29, 2023**

The College of Chiropractors of Ontario (CCO) is distributing two documents to stakeholders, including members, for feedback.

#### ***Draft Amendments to Guideline G-014: Delegation, Assignment and Referral of Care***

CCO is distributing [draft amendments to Guideline G-014: Delegation, Assignment and Referral of Care](#) for feedback.

Guideline G-014 provides protocols for members assigning certain clinical procedures that are in the public domain (i.e., not controlled acts) to a staff person or other health professional as part of a chiropractic plan of care. These protocols include that the chiropractor is on-site to provide any direction or supervision of an assigned clinical procedure. However, CCO has recently received a number of complaints from the public that they have gone through

CCO is proposing amendments to Guideline G-014, indicated in underline on page 3 of the guideline, to require direct communication between the chiropractor and patient at each visit that is part of a chiropractic treatment plan. These amendments are intended to facilitate communication between the member and patient and ensure that the patient has an opportunity to interact with and ask questions of their chiropractor in instances where certain care is assigned to another individual as part of a chiropractic plan of care.

Please review the draft amendments to Guideline G-014: Delegation, Assignment and Referral of Care and provide any feedback through the portal by **August 31, 2023**.

***Draft Guideline G-015: Virtual Care***

CCO is distributing a new Draft Guideline G-015: Virtual Care for feedback.

This draft guideline, once approved, is intended to replace the temporary guidance on telecare communicated during the COVID-19 pandemic.

Draft Guideline G-015: Virtual Care sets the expectations for a member providing chiropractic care using a virtual or telecommunication platform, where the patient is not in-person. The draft guideline includes expectations related to: registration requirements, clinical competency, limitations of virtual care, standards and expectations of performing virtual care, professional liability or insurance requirements, record keeping and billing practices, and jurisdictional considerations.

Please review Draft Guideline G-015: Virtual Care and provide any feedback through the portal by **August 31, 2023**.

CCO's Quality Assurance Committee will review all feedback from stakeholders, including members, as part of its deliberations before making any recommendations to Council. Thank you for participating in the self regulation of the chiropractic profession in Ontario.

College of Chiropractors of Ontario 59 Hayden Street Suite 800 Toronto, ON M4Y 0E7 Canada

[Unsubscribe.drllz@rogers.com](mailto:unsubscribe.drllz@rogers.com)

[Update Profile](#) | [Constant Contact Data Notice](#)

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a chiropractic plan of care of assigned care to a staff person or other health professional, with little or no communication or interaction with the chiropractor.

CCO is proposing amendments to Guideline G-014, indicated in underline on page 3 of the guideline, to require direct communication between the chiropractor and patient at each visit that is part of a chiropractic treatment plan. These amendments are intended to facilitate communication between the member and patient and ensure that the patient has an opportunity to interact with and ask questions of their chiropractor in instances where certain care is assigned to another individual as part of a chiropractic plan of care.

Please review the [draft amendments to Guideline G-014: Delegation, Assignment and Referral of Care](#) and provide any [feedback through the portal](#) by **August 31, 2023**.

***Draft Guideline G-015: Virtual Care***

CCO is distributing a new [Draft Guideline G-015: Virtual Care](#) for feedback.

This draft guideline, once approved, is intended to replace the [temporary guidance on telecare](#) communicated during the COVID-19 pandemic.

Draft Guideline G-015: Virtual Care sets the expectations for a member providing chiropractic care using a virtual or telecommunication platform, where the patient is not in-person. The draft guideline includes expectations related to: registration requirements, clinical competency, limitations of virtual care, standards and expectations of performing virtual care, professional liability or insurance requirements, record keeping and billing practices, and jurisdictional considerations.

Please review [Draft Guideline G-015: Virtual Care](#) and provide any [feedback through the portal](#) by **August 31, 2023**.

CCO's Quality Assurance Committee will review all feedback from stakeholders, including members, as part of its deliberations before making any recommendations to Council. Thank you for participating in the self regulation of the chiropractic profession in Ontario.

College of Chiropractors of Ontario | 59 Hayden Street, Suite 800, Toronto, ON M4Y 0E7 Canada

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**Joel Friedman**

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**From:** Nikhil Bair-Patel <nikhil@bairpatel.com>  
**Sent:** Friday, September 1, 2023 11:10 AM  
**To:** Joel Friedman  
**Subject:** Delegated care guideline proposal

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I believe that the general inclination of this proposal is correct, in that the doctor is responsible for the therapy given by the delegated caregiver. As with chiropractic care, there is a frequency of assessment given that it takes time for care to be measurably effective.

This also holds true for auxiliary therapies like laser therapy shockwave ultrasound in interferential current and rehabilitation -all of which take a number of repetitions before a threshold of effect is incurred.

As a consequence, I am recommending that you consider an assessment point at every 6 to 12 visits as this gives an appropriate amount of time between blocks of therapy to achieve a critical threshold.

More important though, is the need for proper education of the delegated caregiver to ensure particular patterns of behavior, such as communication with the primary caregiver in situations where the patient is not responding or responding negatively to the therapy delegated.

Nikhil Bair-Patel



**Joel Friedman**

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**From:** Deborah Gibson <dgibson@chiropractic.on.ca> on behalf of Caroline Brereton <cbrereton@chiropractic.on.ca>  
**Sent:** Wednesday, August 30, 2023 5:44 PM  
**To:** Paul Groulx (drgroulx@mynepeanchiropractor.com)  
**Cc:** Jo-Ann Willson; Caroline Brereton; Dianna Pasic  
**Subject:** OCA Submission to CCO on Amendments to Guideline G-014  
**Attachments:** Final\_OCA Submission to CCO on Amendments to Guideline G-014\_2023-08-30.pdf

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Good evening,

The attached correspondence is sent on behalf of the Ontario Chiropractic Association. Please note that the submission has also been submitted on the CCO Portal.

Regards,  
Caroline Brereton

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**Caroline Brereton, RN, MBA (she/her)**

Chief Executive Officer

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Ontario  
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Association

August 30, 2023

Dr. Paul Groulx, Chair  
Quality Assurance Committee  
College of Chiropractors of Ontario  
59 Hayden Street, Suite 800  
Toronto, ON M4Y 0E7

Dear Dr. Groulx,

**Re: OCA feedback to CCO on Draft Quality Assurance Amendments to  
Guideline G-014: Delegation, Assignment and Referral of Care<sup>1</sup>**

The Ontario Chiropractic Association (OCA) supports regulatory efforts to strengthen communication between chiropractors and patients when certain clinical procedures that are in the public domain (i.e., diagnostic or therapeutic procedures that are not controlled acts) are assigned to a staff person. Furthermore, we underscore that patient consent must be obtained before care is assigned, and any assignment of care must be based on a chiropractic examination, diagnosis, or clinical impression -- along with a plan of care that a chiropractor completes and documents in a *Report of Findings*.

While OCA supports the goal of the proposed regulatory amendments, we do not believe that meaningful communication will be advanced through mandated interaction between chiropractors and patients during every visit when care is assigned to a staff person.

To maximize opportunities for meaningful communication when chiropractic care is assigned, OCA believes chiropractors should be available to answer questions upon request by a patient. To this end, we recommend that the guideline (G-014) should permit communication between chiropractors and patients via virtual and/or telecommunications platforms, if the chiropractor is not physically available on-site. Such a provision, coupled with the existing requirement for a CCO member to be available to provide any direction or supervision to the staff person, would ensure patients have access to their chiropractor (and/or a CCO member) when patients indicate they want to interact with or pose a question to a chiropractor. Such a provision would also provide flexibility to chiropractors working in diverse clinical settings and emerging models of care. With this in mind, we also recommend that proposed regulatory amendments to the guideline (G-014) are harmonized and cross-referenced with CCO's new drafted Guideline G-015: Virtual Care.

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<sup>1</sup> Please note that this letter was also submitted via CCO's consultation portal.



Finally, OCA recommends that discussions of the roles and responsibilities of any staff person(s) performing assigned care should be documented within the Report of Findings, which is an excellent tool to communicate with and engage patients in their chiropractic care.

Thank you for the opportunity to provide input on the draft guideline. I would be pleased to provide further comment upon request.

Sincerely,

A handwritten signature in black ink, appearing to read "Caroline Brereton".

Caroline Brereton, RN, MBA  
Chief Executive Officer

CC: Ms. Jo-Ann Willson  
Registrar and General Counsel