



GOVERNING THE PRACTICE OF
CHIROPRACTIC IN THE PUBLIC INTEREST

CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO
VOLUME 3, ISSUE **MAY 2011**

MISSION

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

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

Approved by Council:
February 8, 2005

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Incoming President's Message

It is with great humility that I compose my first greeting to you as President of your College. I love this profession dearly and passionately, as I am certain you all do, and I truly look ahead to a year of growth and much success in bringing better health naturally to all Ontarians. This will be a year of increased communication and of building bridges with interested stakeholders. We have a phenomenal team with awesome synergy around your Council table, and that talent will be maximally implemented to achieve our mandate.



Dr. Marshall Deltoff
President
May 2011 - April 2012

Our mandate is unique among chiropractic stakeholders, namely, to regulate the profession in the public interest and, in fact, to protect the public interest. That is our statutory mandate. While that mandate may appear, at first glance, to be diametrically opposed to any professional advocacy mandate positions, that is not entirely true in my opinion. There is clearly an area of intersection, in that it is most certainly in the public interest (at least for the portion of the public that chooses chiropractic care) to establish and maintain a very strong chiropractic profession. That involves many factors including, for example, optimal implementation of our legislated scope of practice, through access to all tools, institutions and resources needed for a 21st century primary care practitioner to properly care for his or her patients. Increased public awareness, media awareness and political awareness of what chiropractors bring to the table, both diagnostically and therapeutically, with respect to the health care tapestry in Ontario, is vital to our acceptance, credibility and utilization. Some aspects of this are within CCO's mandate; some are designated for the mandate of other organizations.

The exclusive power allotted to CCO by legislative statute does not come without a price. While other organizations enjoy the freedom of defining who they are, what they stand for, and what they choose to lobby or fight for, we at CCO, as a government-designated body, by definition, never possessed those luxuries. Instead, CCO has been established to grant doctors of chiropractic the privilege of self-regulation in the public interest. We cannot define who we are, we cannot set out the parameters by which we are defined or by which we function; that is the trade-off for the unique and singular power statutorily bestowed on CCO and CCO alone. All of



Acronyms

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

Acronym	Full Name
ADM	Assistant Deputy Minister
BDC	Board of Directors of Chiropractic
CAC	Chiropractic Awareness Council
CBC	Canadian Broadcasting Corporation
CCA	Canadian Chiropractic Association
CCO	College of Chiropractors of Ontario
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
CPGs	Clinical Practice Guidelines
DC	Doctor of Chiropractic
FHRCO	Federation of Health Regulatory Colleges of Ontario
HPRAC	Health Professions Regulatory Advisory Council
ICE	Independent Chiropractic Examiner
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
QA	Quality Assurance
RHPA	<i>Regulated Health Professions Act, 1991</i>

INCOMING PRESIDENT'S MESSAGE (CONT.)

us together, CCO, you and all of your colleagues, and all stakeholders, must work on a daily basis to demonstrate to government and the public that we deserve to continue to enjoy that privilege of self-regulation. There have been frequent objections raised by both individuals and other organizations that CCO “doesn’t listen to us or accept our input”, or “doesn’t take what we say seriously” or “doesn’t treat us with the respect we deserve”. Please understand that the doctors at CCO, myself included, are no better than any of you. We are simply your equals, your colleagues, your classmates and your friends. We have been entrusted by you to represent you as we sit with the government-appointed representatives of the public we all serve, to work together to achieve regulation in the public interest. Notwithstanding that each and every chiropractor wants to see chiropractic grow and advance, CCO can never put itself into a position wherein it can be perceived to be acting in either a dual role or, even worse, a clearly professional advocacy role. All that would do is demonstrate to government that self-regulation doesn’t work for chiropractors in Ontario. I certainly encourage all of you, my colleagues, friends, teachers and students, to fully engage in advocating for our beloved profession. We need to increase utilization; we know what chiropractic can do and it shouldn’t be such a well-kept secret. For sure that is in the public interest. But CCO is not the vehicle (read: stakeholder) through which this can or should be achieved. Proper engagement with each stakeholder is

doable and essential. CCO is here for you; we will always hear what you have to say. Again, we are all part of the chiropractic family. But we may not be able to act on what you say in the way you had hoped. Do not take that personally. If it is not congruent with our statutory mandate, then we simply cannot take any action that could potentially jeopardize self-regulation. These decisions just have to be at CCO’s singular discretion. If we can all understand this, and everyone tries their best to do their job, we will, together, achieve astonishing results. Perhaps the best summary of the unity with diversity that we must work toward comes from chiropractic icon Dr. Joseph Janse, longtime president of National College, and founder of the Council on Chiropractic Education. His favourite quote came from Rudyard Kipling: “Here’s to the men and women of my own breed; good or bitter bad as though they may be; at least they hear the things I hear, and see the things I see”. In conclusion, I thank you for the trust and confidence you have in me; I am honored to be your President this year; please always feel free to contact me with any comments or questions. I wish you all health and success.



Marshall Deltoff, DC, FCCR(C)



Drs. Marshall Deltoff, Brian Gleberzon and Bryan Wolfe participating in CCO’s Strategic Planning Day, January 25, 2011.

Message du nouveau président



Dr. Marshall Deltoff
président
mai 2011 - avril 2012

C'est avec beaucoup d'humilité que je m'adresse à vous aujourd'hui pour la première fois en tant que président de votre Ordre. J'aime cette profession profondément et passionnément, comme vous tous j'en suis sûr, et je suis convaincu que l'année à venir sera caractérisée par la croissance et que nous réussirons à offrir une meilleure

santé naturellement à l'ensemble des Ontariens et Ontariennes. Ce sera une année de communication accrue et de construction de ponts avec les parties prenantes intéressées. Nous bénéficions d'une équipe phénoménale dotée d'une énergie extraordinaire autour de votre Conseil, et ce talent sera mis en œuvre de façon optimale pour réaliser notre mandat.

Notre mandat est unique dans le milieu de la chiropratique. Il consiste à réglementer la profession dans l'intérêt public, et en fait, à protéger l'intérêt public. C'est le mandat conféré par la loi. Si ce mandat semble, à première vue, diamétralement opposé à toute fonction de défense des intérêts de la profession, ceci n'est pas entièrement vrai à mon avis. Il existe, de toute évidence, une zone d'intersection, puisque l'intérêt du public (en tout cas la portion du public qui a recours à des soins chiropratiques) exige d'établir et de maintenir une profession chiropratique très forte. Ceci implique de nombreux facteurs, notamment par exemple, une mise en œuvre optimale de notre champ d'activité défini par la loi, grâce à l'accès à l'ensemble des outils, des institutions et des ressources dont a besoin un praticien de soins primaires au 21^e siècle pour prendre soin correctement de ses patients. Si l'on veut favoriser la reconnaissance, la crédibilité et l'utilisation de notre profession au sein du système de santé de l'Ontario, il est essentiel d'accroître la sensibilisation du public, la sensibilisation des médias et la sensibilisation politique à propos de ce que font les chiropraticiens, aussi bien en termes de diagnostic que de traitement thérapeutique. Certains aspects de cette mission incombent à l'OCO; d'autres relèvent du mandat d'autres organismes.

Le pouvoir exclusif alloué à l'OCO par la législation s'accompagne d'un certain nombre d'obligations. Si d'autres organisations sont libres de définir qui elles sont, ce qu'elles soutiennent et les causes qu'elles choisissent de défendre, nous à l'OCO, en tant qu'organisme désigné par le gouvernement, nous n'avons pas, par définition, cette liberté. Au contraire, l'OCO a été créé pour donner aux chiropraticiens le privilège de l'autoréglementation dans l'intérêt public. Nous ne pouvons pas définir qui nous sommes, nous ne pouvons pas fixer les paramètres au moyen desquels nous sommes définis ou dans le cadre desquels nous fonctionnons; c'est la contrepartie du pouvoir unique et singulier dont l'OCO et lui seul est investi par la loi. Tous ensemble, l'OCO, vous et l'ensemble de vos collègues et toutes les parties prenantes, doivent fournir des efforts inlassables au quotidien pour prouver au gouvernement et au public que nous méritons de continuer à jouir de ce privilège de l'autoréglementation.

Des voix se sont souvent fait entendre, à la fois celles de particuliers et celles d'autres organisations, pour dire que l'OCO « ne nous écoute pas », « ne tient pas compte de notre avis », ou « ne prend pas au sérieux ce que nous disons » ou encore « ne nous traite pas avec le respect qui nous est dû ». Comprenez que les docteurs à l'OCO, moi inclus, ne sont pas meilleurs que vous. Nous sommes vos pairs, vos collègues, vos camarades de classe et vos amis. Vous nous avez fait confiance pour vous représenter lorsque nous siégeons avec les représentants du public nommés par le gouvernement pour collaborer afin de réglementer la profession dans l'intérêt public. Même si chaque chiropraticien veut voir la discipline progresser et avancer, l'OCO ne peut jamais adopter une position où il risquerait d'être perçu comme jouant un double rôle, ou, pire encore, comme intervenant clairement pour défendre la profession. Cela reviendrait à prouver au gouvernement que l'autoréglementation ne fonctionne pas pour les chiropraticiens en Ontario. J'encourage chacun d'entre vous, mes chers collègues, amis, enseignants et étudiants, à prendre en charge la défense de notre profession bien-aimée.

INCOMING PRESIDENT'S MESSAGE (CONT.)

Nous devons accroître le recours à la profession; nous savons en quoi consistent les soins chiropratiques; cela ne devrait pas être un secret aussi bien gardé. De toute évidence, l'intérêt du public est en jeu. Mais l'OCO n'est pas le véhicule (lire : la partie prenante) par lequel cette tâche peut ou doit être accomplie. Il faut se mobiliser auprès de chaque partie prenante, c'est faisable et c'est essentiel. L'OCO est là pour vous; nous serons toujours à votre écoute. Encore une fois, nous faisons tous partie de la famille des chiropraticiens. Mais nous ne sommes pas nécessairement en mesure d'intervenir comme vous l'auriez espéré. Ne le prenez pas personnellement. Si cela n'est pas conforme à notre mandat, nous ne pouvons tout simplement pas prendre des mesures qui risqueraient de remettre en cause l'autoréglementation. Ces décisions doivent être prises à la seule discrétion de l'OCO. Si nous pouvons tous comprendre cela et que chacun fait de son mieux pour faire son travail, nous obtiendrons, ensemble, de formidables résultats. La phrase qui résume peut-être le

mieux l'unité et la diversité auxquelles nous devons aspirer a été prononcée par le chantre de la chiropratique, le Dr Joseph Janse, qui a été pendant longtemps président de College National de la Chiropratique et qui a fondé le Council on Chiropractic Education. Il aimait à citer Rudyard Kipling : « *Les hommes de mon propre sang. Ils peuvent être très mauvais, mais au moins ils entendent les choses que j'entends et voient les choses que je vois* ». En conclusion, je vous remercie pour la confiance que vous m'accordez; je suis honoré d'être votre président cette année; n'hésitez pas à communiquer avec moi si vous avez des commentaires ou des questions. Je vous souhaite, à tous et toutes, santé et succès.



Marshall Deltoff, DC, FCCR(C)



Participants in the Strategic Planning Session
of CFCREAB, St. John's, Newfoundland, March 25, 2011

Outgoing President's Message



Dr. Peter Amlinger
President
June 2009 - May 2011

At the CCO, our mission is to be 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.

Of course, under our mandate we must regulate the profession in a manner consistent with the *RHPA* and the objectives it sets out for all regulated health professions.

Two of the objectives set out for the colleges are:

- To develop, establish and maintain standards and programs to promote the ability of members to respond to changes in practice, environments, advances in technology and other emerging issues.
- Any other objectives relating to human healthcare the Council considers desirable.

In carrying out our mandate, we must respect the diversity within the profession and consider the different styles of chiropractic practice that are available to the people of Ontario. The diversity within the profession is well represented by our nine elected chiropractors. Our six public appointed members bring a diversity of viewpoints to our Council table based upon their culture, experience with chiropractic and their educational and professional backgrounds. This heterogeneous mix of skills, qualities and opinions gives our Council a very deep toolbox with which to carry out our duties and lead the profession and public.

True leadership is evidenced by taking paths and making informed decisions that are based upon what is right and best for the public and the profession and not necessarily, what is popular. The stream of least resistance often leads to mediocrity and failure.

As Theodore M. Hesburgh said: "*The very essence of leadership is that you have to have vision. You can't blow an uncertain trumpet.*"

The vision of the College of Chiropractors of Ontario is to ensure that the public of our province receives highly competent, ethical and professional chiropractic care, wherever healthcare is delivered. We believe in the principle of informed choice in all healthcare matters. We lead by respecting the diversity within the profession while striving for unity.

We expect this high level of performance from all of our members, regardless of practice style. We expect our membership to practice within our scope of practice. We are privileged to have a scope that is narrow in its focus but broad in its application.

Recently, you may have seen a piece on the CBC's *The National* regarding, among other things, the CCO's proposed Scope of Practice Standard (S-001). It is interesting to me that this drew the focus of the national media. What you need to know is that CCO regularly reviews ALL of its standards and revises them as Council feels necessary. We do this to ensure the public interest is protected and that you, the members of CCO, are clearly guided as to how to behave as you serve this public.

That is why this standard was developed by our Quality Assurance Committee and reviewed by our full Council before it was circulated for feedback to a large audience of stakeholders. This is the standard process ALL regulated health professions are expected to follow.

I would like to clarify two points - your Council is not comprised of some "new board" as was mentioned in the CBC report. In fact, our board is well seasoned. There was also a statement made in the interview that could misguide our membership. It was stated that we have no responsibility in dealing with infectious diseases. I would like to clarify. The truth is that we have a Standard of Practice, S-004, which sets out our DUTY to report a variety of infectious diseases. Failure to report could lead to a finding of professional misconduct against a member. Another quality of leadership is communicating accurate information to your community.

I would say that another quality of mature leadership is transparency.

OUTGOING PRESIDENT'S MESSAGE (CONT.)

All of the processes at CCO are transparent unless the *RHPA* deems that they must be carried out in a confidential manner. Our development of standards of practice is fully transparent as we circulate proposed standards to all members, other chiropractic organizations and fellow regulators for feedback. We also post proposed standards on our website. On the other hand, the work of the Inquiries, Complaints and Reports Committee is done in strict confidence, as set out in the *RHPA*.

I observe the expression of these leadership principles at CCO every day. Good leadership inspires. Just as these leadership principles apply to organizations, they also apply to us as individuals.

If you communicate the vision of health and healing available to people through high quality chiropractic care, you will lead people back to health. If you communicate on chiropractic and general health principles in an accurate, ethical and professional manner, respecting the individual's right to choose, you will inspire and lead people to take an active role in their health. If you communicate and behave in a transparent fashion, putting the needs of your community, your patients and your profession first, you will lead your community to a higher level of health and well-being.

Remember, leadership should also be fun. As Elaine Agather said: *"The leadership instinct you are born with is the backbone. You develop the funny bone and the wishbone that go with it."*

The fruit of leadership is the opportunity to serve. We are blessed to be able to serve the people of Ontario through this wonderful, drugless healing art called chiropractic. With this opportunity comes great responsibility.

I am grateful for the opportunity to serve, you, the membership, my colleagues as well as the people of Ontario in my role as your CCO president.

Thank you.



Peter Amlinger, DC



Dr. Peter Amlinger in the CMCC Simulation Lab during the CCO Peer and Practice Assessment Workshop, held at CMCC, January 29, 2011.

Message du président sortant



Dr. Peter Amlinger
président
juin 2009 - mai 2011

L'OCO, en tant qu'organisme autogéré de la profession des chiropraticiens, a pour mission d'améliorer la santé et le bien-être des résidents de l'Ontario, en informant le public et en garantissant des soins de chiropraxie prodigués de façon compétente et éthique.

Évidemment, dans le cadre de notre mandat, nous devons réguler la profession de manière cohérente avec la Loi de 1991 sur les professions de la santé réglementées et les objectifs qu'elle définit pour toutes les professions de la santé réglementées.

Voici deux des objectifs définis pour les ordres :

- Élaborer, établir et entretenir des normes et des programmes visant à promouvoir la capacité des membres à répondre aux évolutions de la pratique, des environnements, des avancées technologiques et autres problèmes émergents.
- Tous les autres objectifs liés aux soins de santé que le Conseil considère comme souhaitables.

En exécutant notre mandat, nous devons respecter la diversité au sein de la profession et prendre en compte les différents styles de pratique de la chiropraxie mis à disposition des habitants de l'Ontario. La diversité au sein de la profession est bien représentée par nos neuf chiropraticiens élus. Nos six membres nommés du public apportent une diversité de points de vue à la table de notre conseil, grâce à leur culture, l'expérience de la chiropraxie, ainsi que leur formation et leurs expériences professionnelles. Ce mélange hétérogène de compétences, de qualités et d'opinions donne à notre Conseil toute une série d'outils à utiliser pour remplir nos devoirs et diriger la profession et le public.

Le leadership est illustré par l'engagement et la prise de décisions éclairée qui sont basés sur l'intérêt du public et de la profession, et pas forcément ce qui est populaire. La voie consistant à assurer une résistance la plus faible possible conduit souvent à la médiocrité et à l'échec.

Comme l'a dit Théodore M. Hesburgh : « *L'essence même du leadership est la nécessité d'être visionnaire. Il ne s'agit pas de vanter des mérites incertains.* »

La vision de l'Ordre des chiropraticiens de l'Ontario est de veiller à ce que le public de notre province bénéficie de soins de chiropraxie par des professionnels compétents et respectueux de l'éthique, quel que soit le soin prodigué. Nous croyons au principe du choix éclairé sur toutes les questions de santé. Nous assurons le respect de la diversité au sein de la profession tout en recherchant l'unité.

Nous attendons ce niveau élevé de performance de la part de tous nos membres, quel que soit le style de pratique. Nous souhaitons que nos membres exercent leur pratique dans le cadre de notre influence. Nous avons le privilège d'avoir une influence précise de par son objectif, mais large de par son application.

Vous avez peut-être vu récemment, dans *The National* sur CBC, un sujet sur, entre autres, la proposition de norme sur le champ d'activité de l'OCO (S-001). Je trouve intéressant que ce sujet ait attiré l'attention des médias nationaux. Vous devez savoir que l'OCO examine régulièrement TOUTES ses normes et les révisé si le Conseil le juge nécessaire. Nous agissons ainsi dans l'intérêt de la protection du public et pour que vous, membres de l'OCO, soyez clairement guidés quant au comportement à adopter pour servir ce public.

C'est pourquoi cette norme a été élaborée par notre Comité d'assurance qualité et examiné par l'ensemble de notre Conseil avant d'être communiquée à un large panel d'intéressés afin de recueillir leurs commentaires. Il s'agit de la procédure standard que doivent suivre TOUTES les professions de la santé réglementées.

J'aimerais clarifier deux points : votre Conseil n'est pas constitué d'un « nouveau panel » comme ceci a été mentionné dans le rapport de CBC. En réalité, notre conseil est expérimenté. Une autre déclaration a été faite lors de l'entrevue, qui pourrait être mal interprétée par nos membres. Il a été dit que nous n'avions aucune responsabilité dans le traitement des maladies infectieuses. J'aimerais clarifier ce point. La vérité, c'est que nous disposons d'une norme de pratique, la S-004, qui définit notre DEVOIR de signaler un certain nombre de maladies

OUTGOING PRESIDENT'S MESSAGE (CONT.)

infectieuses. Le non-respect de cette obligation pourrait entraîner une déclaration de faute professionnelle à l'encontre d'un membre. Une autre qualité du leadership consiste à communiquer des renseignements précis à votre communauté.

J'ajouterais la transparence aux caractéristiques d'un bon leadership.

Toutes les procédures de l'OCO sont transparentes, à moins que la Loi sur les professions de la santé réglementées estime qu'elles doivent être réalisées de façon confidentielle. L'élaboration de nos normes de pratique est entièrement transparente : nous communiquons les propositions à tous les membres, à d'autres associations de chiropraticiens et aux organismes de réglementation afin de recueillir leurs commentaires. Nous publions également les propositions de normes sur notre site Web. Par ailleurs, le travail du Comité des demandes d'information, dépôts de plaintes et rapports est effectué dans la plus grande confidentialité, tel qu'indiqué par la Loi sur les professions de la santé réglementées.

J'observe l'expression de ces principes de leadership au sein de l'OCO au quotidien. Un bon leadership est source d'inspiration. Tout comme ces principes s'appliquent aux organisations, ils s'appliquent à nous en tant qu'individus.

Si vous communiquez la vision de la santé et de la guérison dont peut bénéficier la population en prodiguant des soins de chiropraxie de grande qualité, vous l'aidez à retrouver la santé. Si vous communiquez sur les principes de chiropraxie et de santé générale de façon précise, éthique et professionnelle, en respectant le droit de l'individu à choisir, vous serez source d'inspiration pour

la population et l'amènerez à jouer un rôle actif pour leur santé. Si vous communiquez et vous comportez de façon transparente, en donnant la priorité aux besoins de votre communauté, vos patients et votre profession, vous contribuerez à l'amélioration de la santé et du bien-être de votre communauté.

N'oubliez pas, le leadership a également un côté amusant. Comme l'a dit Elaine Agather : « *L'instinct de leadership avec lequel vous êtes né est l'élément central. Il faut développer le côté amusant qui va avec.* »

Le fruit du leadership est l'opportunité de servir. Nous avons l'honneur de pouvoir servir la population de l'Ontario grâce à cet art de la guérison merveilleux et sans médicaments appelé la chiropraxie. Cet honneur s'accompagne d'une grande responsabilité.

Je suis reconnaissant d'avoir l'honneur d'être à votre service, à celui des membres, de mes collègues ainsi que des Ontariens, grâce à mon rôle de président de l'OCO.

Merci.



Peter Amlinger, DC

Registrar's Report

"YOU'VE GOT TO LOVE THE ONE YOU'RE WITH!"



Ms Jo-Ann Willson
Registrar and
General Counsel

I learn so much from my interactions with colleagues in the health regulatory world. Recently, another Registrar said the following about Presidents: "You've got to love the one you're with!" I thought it was fantastic, and I totally agree with the comment. Every Executive Director, in every organization, will tell you that his/her relationship with the President is key to the successful functioning of the organization. There are differing roles and responsibilities, but both have to work in tandem while understanding their distinctive roles.

Some of you may know that CCO's premises have a hallway which is referred to as the "Presidents' Hallway". Every President of CCO and the former BDC has his (not hers at this point) photo taken and a quote or comment is installed underneath the photo to capture a highlight of each President's term. The first President, Dr. Harry A. Yates, Chair, BDC, August 1952 - September 1961, has the following comment:

"Dr. Yates was the first Chair of the BDC, chiropractic's first independent regulatory board charged with the responsibility of governing in the public interest. The Board

held its first meeting on November 1, 1952. Dr. Yates was chair when the Board published its first regulations in 1955 and when it instructed member Dr. Harold Beasley to draft a new Chiropractic Act, with regulations, and present it to the Minister of Health."

To this day, CCO annually presents the Dr. Harold Beasley award to a chiropractic student who understands the important role of chiropractic self-regulation.

I am aware that chiropractic is a relatively young profession, in that of the 3,878 currently active members, 2,157 (more than 55%) are 40 years old or younger. Many of you won't know former Presidents personally, but you will no doubt hear their names as you learn throughout your career about the history and leadership of chiropractic self-regulation.

As I walk down the hallway, I am somewhat astonished to realize I have worked with 11 Presidents since I was first hired in 1993 by the President at the time, Dr. Ted Burge. They have all been different in many respects. However, what they have all had in common is a passion for the profession of chiropractic, an enhanced understanding of the importance of recognizing and protecting the public interest, and an appreciation of the privilege of self-regulation. I am grateful to all of them for their unique contributions to CCO, the profession, and importantly, the public in Ontario.

Dear Jo-Ann Willson:

I would like to express my sincere thanks to you and CCO's Awards Committee for choosing me as the 2010 recipient of the Harold Beasley Award for Excellence in Jurisprudence. Admittedly, it was a very pleasant surprise when my name was announced by Mr. Joel Friedman at the graduation ceremony for the Class of 2010 from the Canadian Memorial Chiropractic College. This is a very eventful and exciting time in my life. In addition to a number of other major life developments, I am also planning of opening my own practice in Milton, Ontario later this year. Needless to say, the remission of my first year licensure fees will be of great help in this regard.

Again, thank you for your generosity and I look forward to using this award as a jumpstart to a long and illustrious career in Ontario.

Sincerely,

Ahmad Jawid Rostayee
CMCC Class of 2010



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Press Release

For Immediate Release: Toronto, Ontario – Tuesday, April 26, 2011 – The Federation of Health Regulatory Colleges of Ontario (FHRCO) announced today the election of its Officers:

- Ms. Jo-Ann Willson, College of Chiropractors of Ontario – President
- Ms. Linda Gough, College of Medical Radiation Technologists of Ontario – Vice-President
- Mr. Brian O’Riordan, College of Audiologists and Speech-Language Pathologists of Ontario – Treasurer

In addition, the following comprise the new Executive Committee:

- Ms. Anne Coghlan, College of Nurses of Ontario – Past President
- Mr. David McDonald, College of Dental Technologists of Ontario – Member
- Ms. Kathy Wilkie, College of Medical Laboratory Technologists of Ontario – Member

The Federation continues to advance its mandate to be a representative body for Ontario’s health regulatory Colleges and serve as a vital resource to its members, government, and the public.

Members of the Federation want the public to know **WE CARE ABOUT YOUR CARE**. Regulatory Colleges have the statutory mandate to protect the public interest; to this end, the Federation website, www.regulatedhealthprofessions.on.ca, provides information for the public to be better informed consumers of the healthcare system.

The Federation represents the 21 health regulatory Colleges in Ontario – more than 250,000 health care professionals – and the five Transitional Councils for new Colleges that are working toward regulation of their professions. The collaborative efforts of the Federation relate to regulation, administration, education, and health care in a manner that enhances the work of the Colleges, collectively and individually, in regulating health professions in the interest of the public. The Federation focuses on policy and legislative matters related to an effective health professions regulatory system in Ontario.

For more information, please contact:

Beth Ann Kenny, Executive Coordinator
Phone: 416-493-4076
Email: bakenny@regulatedhealthprofessions.on.ca
Website: www.regulatedhealthprofessions.on.ca

Putting the Patient First



Dr. Brian Gleberzon
Chair, Inquiries, Complaints
& Reports Committee

When David Sackett first proposed the concept of Evidence-Based Medicine (EBM) in the late 1990s, he envisioned it to rest upon three equally sturdy pillars: (i) the use of the best available evidence, (ii) the accrued clinical experience of the practitioner and (iii) patient preference¹. Virtually every author in all walks of healthcare has subsequently echoed those fundamental triadic pillars, even as EBM has evolved to encompass current Clinical Practice Guidelines (CPGs), literature syntheses (meta-analyses, and

systematic and narrative reviews) and a “Best Practices” approach²⁻⁴. That said, there remains a segment of the profession that does not centrally position the “patient” in a patient-based evidence-based care approach. This often leads to complaints to the CCO.

Chief among these complaints is when a practitioner refuses to accept a patient into his or her office if the patient does not bring a spouse or significant other to an “educational seminar” Report of Findings (ROF). Some chiropractors require this attendance as a pre-condition of becoming the doctor’s patient, even after the doctor may have interacted with the patient in some form (perhaps during a public display or while providing a complimentary consultation) and has informed the patient that he or she has a neuromusculoskeletal (NMS) problem requiring treatment that would be amenable to chiropractic care. Practitioners who engage in this type of office policy opine that the time, money and commitment required for a prolonged care plan requires the participation of the entire family, and the practitioner wants to ensure that the patient’s spouse or significant other is “on the team” and will not interfere as the patient begins treatment. While it may be advantageous to have the patient’s partner “on board” with respect to the care plan, it is understandable that the patient may adamantly refuse this pre-condition and be quite angered if the doctor refuses to yield.

Patient-centered care mandates that the patient is entitled to ultimately determine whether or not he or she will enter practice – not the doctor or the patient’s significant other, just the patient. The patient is the one

who consents to care and it can be quite belittling to obligate him or her to bring in someone else during a ROF to make a “joint-decision”. This may even conflict with certain cultural mores, whereby a person typically shields his or her significant other from “bad news”. Adding more fuel to this fire, the practitioner may not only refuse to accept the patient into their practice, but they may not provide the patient with a viable alternative unless specifically requested to do so. In other words, they do not provide the patient with a list of other chiropractors or healthcare providers in the immediate vicinity who would be willing to accept the patient into their practice. Not only is this tantamount to patient abandonment, it leaves the patient wondering: how can the practitioner profess, on one hand, to be concerned with a patient’s wellbeing but, on the other hand, refuse them care based on non-adherence to such a superfluous office policy?

The CCO is sensitive to respecting a practitioner’s right to develop and subsequently require patients to adhere to various office policies and procedures. These include requiring advanced notification of a visit cancellation (lest the patient be invoiced for a missed appointment), requiring the patient to inform the doctor of any relevant change to the patient’s health status or to notify the office staff in the event the patient moves to a new home. That said, such policies ought not – and must not – trample the most fundamental aspect of patient-centered care: the patient’s right to choose.

References

1. Sackett DL. Evidence-Based Medicine. *Spine* 1999;23(10):1085-1086 (Editorial)
2. Triano JJ. What constitutes evidence for Best Practices? *J Manipulative Physio Ther* 2008;31:637-643
3. Haynes B et al. Clinical expertise in the era of evidence-based medicine and patient choice. *ACP Journal Club* 2002;Mar-Apr; 136-A11
4. Hawk C, Schneider M, Doherty P et al. Best practices recommendations for chiropractic care for older adults: Results of a consensus process. *J Manipulative Physio Ther* 2010;33:464-473

Get it in Writing!

There are innumerable practice opportunities for graduates to pursue upon graduation; even chiropractors who have been in practice for several years often change their practice activities. No matter the business venture a chiropractor engages in – be it sole proprietorship, associateship, employee or locum – it is vital that the terms and conditions of the business relationship between any parties be clearly delineated, specified and written down. When two people enter into a business venture – essentially the beginning of a journey – it is all sunlight, happiness and woodland creatures. However, upon dissolution of the enterprise, things can become abruptly unpleasant, with all parties wanting to sever ties as quickly as possible. In order to do so, both parties need explicit language that helps them sever these ties professionally, without confusion and with minimal emotion. With an “exit strategy” in place or, in other words, a road map that provides instruction on how the parties can extricate themselves from each other, the transition can be a smooth one. In its absence, confusion ensues.

Unfortunately, in the absence of contractual language, members tend to launch complaints against each other to the CCO, in hopes that the ICRC will resolve their difficulties and any monetary issues as well as enforce agreements of purchases and sale and clauses that do not exist. In almost all instances, the licensing body lacks the statutory authority to enforce contracts, and of course there is no avenue for the parties to seek relief in other venues (e.g., the civil courts) if no contract exists.

One of the most important clauses that *must* be delineated in any contractual agreement is the distribution of records in the event the parties separate. All members need access to each and every patient file for whom they are the doctor of record. This obligates the chiropractor to ensure they have contractual language that allows them some type of access to their patients’ files -- be it the actual file, a copy of it or reasonable access to it. Even if the patient is not under active continued care by the doctor of record and the patient’s file is stored elsewhere, the practitioner may need access to it for any number of reasons, including the writing of a chiropractic-legal report, responding to a patient’s complaint, an insurance audit or for a quality assurance peer review.

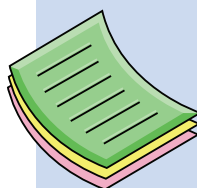
This principle applies to locum doctors as well. Even though the locum doctor only provides care in another practitioner’s office for a finite period, it is possible that the locum doctor may need access to a patient’s file for the aforementioned reason.

Lastly, this issue is a real problem if the doctor is employed at a facility owned by a person who is not governed under the *RHPA*. Such owners have no statutory obligations to adhere to the legal requirements of privacy, confidentiality, record storage or guardianship, whereas a chiropractor does and it is an act of professional misconduct to breach any or all of these regulations. The ICRC has had “to take no further action” with respect to complaints filed by members or patients against an owner of a facility (such as a rehabilitation centre) who refused to release a patient’s file to the patient or to the treating chiropractor upon request.

Without some contractual language to rely upon, a chiropractor has no means to seek a remedy in the civil courts and exposes themselves to any number of issues of professional liability. In other words, when entering into any professional activity with another party, a verbal or handshake agreement is insufficient. Play it safe; get it in writing.



Dr. Brian Gleberzon
Chair, Inquiries, Complaints
& Reports Committee



CCO hosts at least two record keeping workshops per year, one in the fall and one in the spring.

Details of dates, times and locations can be found on the CCO website www.cco.on.ca.

“Third Party Independent Chiropractic Evaluations”



Dr. Dennis Mizel

Chiropractors are permitted to perform many types of third party evaluations in their professional capacity, including independent chiropractic evaluations and examinations. Evaluations of this nature may be requested by a third party and require a report to be prepared and provided to the third party. These evaluations often include a review of clinical data and the answering of questions concerning diagnoses, impairment, functional capabilities, causal linkage and plan of care or management.

Definitions and Standard of Practice S-018

An independent chiropractic examiner (ICE) is defined as a chiropractor performing any evaluation and/or a third-party report at the request of a third party (any person or organization other than the treating chiropractor or patient). An ICE is not the treating chiropractor of the patient, and like all members of CCO, has a primary duty to serve and protect the public interest. ICEs must maintain a reasonably balanced practice and not solely perform third party independent chiropractic evaluations.

The purpose of Standard of Practice S-018 is to clarify the expectations of the CCO regarding:

- chiropractors' roles in conducting evaluations, examination and reports for third parties
- providing guidance to members that take on the role of independent chiropractic examiner
- ensuring that ICEs have the appropriate education, skill and training to perform the specific type of evaluation requested
- making certain that CCO members clearly communicate their role to patients being assessed

The Standard outlines the role and conduct of ICEs. An ICE must take necessary care to act in a professional and caring manner, adhere to professional cooperation with the treating chiropractor, allow ample opportunity for the patient to share relevant information, and answer any questions to the best of his or her abilities. The ICE must also obtain consent to every evaluation as outlined in Standard of Practice S-013: Consent. Consent to any examination must be: fully informed; voluntarily given; related to the patient's condition and circumstances; not obtained through fraud or misrepresentation; and evidenced in a written form signed by the patient or otherwise documented in the patient record.

Physical Examinations

During a physical examination, an ICE must inform the patient that physical symptoms may be elicited or aggravated due to the nature of the functional evaluations, which may challenge the patient's physiological limits. However, the ICE will take great care to avoid causing undue harm.

An ICE shall ensure that a chaperone is present during the examination of a patient being assessed when requested by that patient. If an ICE chooses to have a chaperone present on his/her behalf, the ICE shall notify the patient that a chaperone will be present for his/her examination in a timely manner before the patient's appointment with the ICE.

Privacy

An ICE must not disclose personal health information as defined by the *Personal Health Information Protection Act, 2004*, to a third party without proper consent from the patient, unless required by law. If limited consent affects the preparation of a report, the ICE is required to include a notation that certain personal health information has been excluded from the report due to limited consent.

Reports

When preparing a report, an ICE must provide their professional opinion in an accurate, impartial and objective manner that is substantiated by fact and sound clinical judgment and defensible through the identification of objectives related to the issues under dispute. The reports must include relevant qualifications, extent of evaluation, source and purpose of the evaluation conclusion, and recommendations as requested regarding diagnoses, impairment, functional capabilities, causal linkage and plan of care/management. An ICE has an obligation to create a file and maintain proper records as outlined in Standard of Practice S-OO2: Record Keeping. An ICE shall, when in the best interest of the patient and if permitted by law, take measures to ensure that the treating chiropractor and patient receive copies of the original report prepared by the ICE.

Education

Finally, an ICE must have necessary and relevant education, training, experience, and expertise to offer an opinion regarding the issue in dispute. It is important that an ICE remain current with his or her training. All ICEs are required to participate in ongoing continuing education.

All parties involved in this type of independent chiropractic evaluation, examination, file review, or preparation of a third party report should recognize that the process may be inherently adversarial in nature. Since an ICE does not develop an ongoing doctor-patient relationship with the patient being assessed, this may result in a more impersonal and stressful experience for that patient. It goes without saying that an ICE shall treat the patient being assessed with dignity and respect as befits his/her status as a professional healthcare provider.

Commentary

To be proactive and prevent complaints in the first place, it is suggested that ICEs allow claimants to express their concerns fully and include significant medical information in the assessment report. It is most helpful to document clearly the historical data provided by the claimant. Factual errors/misinformation contained in the assessment report can lead to dissatisfaction on the claimant's behalf.

Since this may be the first assessment for the claimant by an ICE, consider providing a brief verbal outline at the beginning of your assessment as to what the process will entail. You may wish to consider administering

an exit survey to accurately capture the claimant's experience immediately after the completion of the assessment.

As globalization continues to expand, our ability to communicate effectively across cultures becomes ever more important. Your degree of sensitivity to ethnicity issues can make a difference in your encounter with the claimant. We must remember that cultural groups may hold different perceptions, feelings and expectations than you do.

Complaints to the College raised by claimants have included the following:

- abusiveness, rudeness, disrespect on the part of the evaluator, including harsh "bedside manner", perceived ridicule on the claimant's condition/situation
- evaluator refused to accept written and/or oral information from the claimant
- inappropriate touching on the part of the evaluator, including questionable requests for the removal of clothing
- physical harm caused by the evaluator when performing physical examination
- not permitting a family member to be present during the examination
- evaluator not competent to perform a particular assessment (i.e., evaluator does not possess the required credentials and/or does not have experience or understand the condition being assessed)

The Peer and Practice Assessment Program Workshop: A Recap



Dr. J. Bruce Walton
Consultant, QA Committee

On January 29, 2011, the CCO Peer Assessors assembled at the Canadian Memorial Chiropractic College for their annual Peer and Practice Assessment Program training workshop. This workshop is essential in keeping the Peer Assessors up-to-date on changes and

developments in the Peer and Practice Assessment Program. As well, the Peer Assessors bring valuable experience and feedback to the Quality Assurance Committee. It is through sessions like these that the Peer and Practice Assessment Program evolves, grows and continues to be a valuable part of meeting the CCO mandate of serving the public interest.

In addition to the Peer Assessors, a number of public and elected CCO Council Members attended as observers. Everyone was divided into small groups and rotated through a number of task sessions. Each group was given a thorough tour and demonstration of the simulation labs. Group members were given the opportunity to listen to changing heart and respiratory sounds, palpate changing pulses and watch as the simulation mannequins went into seizure. Perhaps the most exciting portion of the experience was a chance to try “thrusting” into the table and getting immediate, quantitative feedback on the performance.

Feedback was overwhelmingly positive; everyone appreciated seeing the state-of-the-art teaching tools. The CCO, public and members will undoubtedly be well-served by the information both disseminated and gathered during this event.

A recap of the PA presentation follows:

Review of Record Keeping Standards

Revisions were made to several standards. Changes of note include:

- all relevant diagnostic tests, images and reports are part of the patient health record
- destruction of patient health records must be done in a secure fashion
- procedures regarding providing original patient health records, including diagnostic images, are now in place
- members may charge patients a reasonable fee to cover costs of copying patient records
- personal health information on mobile devices must be encrypted

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

Emphasis was put on professional and caring communication, complying with Standards S-002: *Record Keeping*, and S-013: *Consent*, privacy legislations and ensuring reports are accurate, relevant and impartial. Additions have also been made to the Peer and Practice Assessment Program checklist to ensure this is covered in all future peer assessments.

The Future of the Peer and Practice Assessment Program

The main goals of these small group sessions were to review the Peer and Practice Assessment Program to date and brainstorm ideas on improving and evolving the Program.



CMCC's Simulation Lab (Mme Lise Marin, public member in background)



Discussion Group



Peer and Practice Assessment Workshop



Thank you CCO Peer Assessors!

January 29, 2011

Delegation from Ministry of Health Singapore



Meeting and Tour
November 17, 2010



Election Update CONGRATULATIONS!

ELECTION IN DISTRICTS 4 AND 5

Congratulations to Dr. Peter Amlinger (District 5) and Dr. James Laws (District 4) who were elected by acclamation.



Dr. Peter Amlinger



Dr. James Laws

ELECTION IN DISTRICT 6

CCO opened nominations on January 21, 2011 with two candidates vying for one spot on CCO's Council: Dr. Clifford Hardick and Dr. Douglas Pooley.

Congratulations to Dr. Clifford Hardick on his election to CCO Council.

"I am honoured to serve on the College of Chiropractors of Ontario. Chiropractic adjustments transformed my health as a young boy and this profession has been good to me - this is my time to give back. You have my commitment to always do my very best for the chiropractic profession and the public we serve." - Dr. Clifford Hardick

CCO thanks Dr. Douglas Pooley for his significant contributions to CCO Council and for allowing his name to stand for election.

"Congratulations to Dr. Hardick on his recent election to the CCO council. I am confident that he will bring sound judgement and maturity to his role in protecting the public's interest on behalf of our profession." - Dr. Douglas Pooley

CCO welcomes Ms Cristina De Caprio as a new public member.

The unofficial election results for District 6 (Western) are as follows:

Description	Total
Dr. Clifford Hardick	109
Dr. Douglas Pooley	102
Total Votes Cast	211
Spoiled Ballots (excluding late ballots)	7

Candidate Elected: Dr. Clifford Hardick

CCO Committee Composition

Effective May 5, 2011

COUNCIL MEMBERS

Elected Members

Dr. Marshall Deltoff, *President*
Dr. Peter Amlinger, *Vice President*
Dr. Robbie Berman
Dr. Brian Gleberzon
Dr. Clifford Hardick
Dr. James Laws
Dr. Dennis Mizel
Dr. Gauri Shankar
Dr. Bryan Wolfe

Appointed Members

Mr. Martin Ward, *Treasurer*
Mr. Shakil Akhter
Ms Cristina De Caprio
Mr. Robert MacKay
Mme Lise Marin
Ms Judith McCutcheon
Ms Elham (Ellie) Moaveni

STATUTORY COMMITTEES UNDER THE RHPA, 1991

Executive

Dr. Marshall Deltoff, *Chair*
Dr. Peter Amlinger, *Vice Chair*
Mr. Martin Ward, *Treasurer*
Dr. Robbie Berman
Dr. Brian Gleberzon
Mme Lise Marin
Ms Judith McCutcheon
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Staff Member

Ms Rose Bustria
Mr. Joel Friedman
Ms Dayna Goodfellow
Ms Christine McKeown
Ms Tina Perryman
Ms Maria Simas
Ms Anda Vopni
Ms Jo-Ann Willson

Consultant

Dr. J. Bruce Walton

Inquiries, Complaints & Reports

Dr. Brian Gleberzon, *Chair*
Mr. Shakil Akhter, *alternate*
Dr. Lezlee Detzler, *non-Council*
Dr. Gauri Shankar
Mr. Martin Ward
Ms Christine McKeown, *staff support*
Ms Tina Perryman, *staff support*

Discipline¹

Dr. Bryan Wolfe, *Chair*
Dr. Michaela Cadeau, *non-Council*
Dr. Clifford Hardick
Dr. Heather Jones, *non-Council*
Mme Lise Marin
Ms Judith McCutcheon
Ms Jo-Ann Willson, *staff support*

Fitness to Practise

Dr. Dennis Mizel, *Chair*
Mr. Shakil Akhter
Dr. Peter Amlinger
Ms Jo-Ann Willson, *staff support*

Patient Relations

Ms Judith McCutcheon, *Chair*
Mr. Shakil Akhter
Dr. Lisa Cadotte, *non-Council*
Dr. Dennis Mizel
Dr. Calvin Neely, *non-Council*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Quality Assurance

Dr. Peter Amlinger, *Chair*
Dr. Heather Jones, *non-Council*
Dr. James Laws
Mr. Robert MacKay
Mme Lise Marin
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Registration

Dr. Robbie Berman, *Chair*
Dr. James Laws
Ms Judith McCutcheon
Ms Cristina De Caprio
Mr. Joel Friedman, *staff support*
Ms Maria Simas, *staff support*
Ms Jo-Ann Willson, *staff support*

NON-STATUTORY COMMITTEE

Advertising

Dr. Gauri Shankar, *Chair*
Dr. Clifford Hardick
Mr. Robert MacKay
Dr. Lawrence McCarthy, *non-Council*
Mr. Joel Friedman, *staff support*

1. All members of Council are potentially members of a Discipline panel.

Title

Phone Extension

Administrative Assistant	101
Director, Policy & Research	104
Administrative Assistant	109
Inquiries, Complaints & Reports Officer	110
Manager, Inquiries, Complaints & Reports	103
Registration Coordinator	113
Financial Officer	105
Registrar and General Counsel	111

Consultant, Quality Assurance Committee

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Registry Update

WELCOME NEW MEMBERS

CCO welcomes the following new members (registered between August 3, 2010 - May 1, 2011) and wishes them a long a successful career in chiropractic:

David L. Ablack
Kenneth Abreu
Devon L. Ackroyd
Abid Amiri
Vanessa A. Ashworth
Lianna Bahry
Melissa J. Baird
Shiv Bajaj
Adam Ball
Ayden Banibashar
Chad Barber
Peter W. Bassit
Michelle Beattie
Greg C. Bell
Duriell Bernard
Shalini E. Bhat
Adam G. Blair
Chandan S. Brar
Kristin E. Burr
Mark T. Butkus
Julie P. Callan-Near
Edward D.J. Cambridge
Stephanie Canestraro
Giuseppe V. Caruana
Erika E. Castonguay
Kenneth Chan
James Chiew
Maria T. Commisso
Allyson D. Cousineau
Whitney D. Cranfield
Beth Crozman
Tyler Damen
Emily L. Danson
Pedro M. Da Silva
Luciano DiLoreto
Hema J. Doobay
Kelly A. Doyle
Crystal Draper
Marjorie Drolet
Lindsay D. Drew
Gerard N. Dumol
Tyler Dunford
Steven Dunn
Julia R. Fabiano
Jennifer A. Fawcett
Kristy L. Fennema

Jennifer R. Fergusson
Kathryn Fraser
Peter Fraser
Elvin Frempong-Manso
Kirk Furlong
Cole Futterer
Kevin Y. Gao
Evan A. Georgievski
Leah M. Gibeault
Candace E. Giles
Melissa Givelos
Stacy J. Goldstein
Neil C. Gomer
Mahsa Gordanpour
Christopher J. Gordon-Tennant
Stephanie Gould
Courtney E. Gray
Alison Green
Caroline M. Gross
Vasko Grujovski
Gita S. Gupta
Justin B. Guy
Navaz Habib
Stephanie A. Harris
Carina M. Honga
Jodey L. Hudson
Tiffany A.C. Huggins
Laurie Hung
Sajjad Iqbal
Jason S. Izraelski
Alykhan A. Jamal
Yuancheng Tony Jian
Randi-Lee Joy
Gian K. Kaillon
Guru P. Kandasamy
Michelle Kang
Peter Kapogianes
Anil Kaushal
Maria Kheiri
Atoosa Khosh-Ghalb
Christopher D. Klachan
Krista Klawitter
Phillip W. Knapp
Silvia Kwon
Brittany S. Labatte
John D. LaBrie

Mazy Lam
Shawn A. Lambrou
Erik C. Lamprea
Frances L. Leblanc
Natalie Leib
Ashleah M. Linden
Tyler J. Linn
Laura E. Liu
Evelyn Lock
Ana K. Luburic
Alan Luck
Ricky Ma
Andrea M. MacAulay
Sarah E. Macchi
Michelle E. MacDonald
Ranjith Mahendranathan
Danielle Marr
Angela A. Martin
Brandon Martinuzzi
Raquel Dr. Marques
Erica D. Mattia
Tom McChesney
Brendan McLaughlin
Brandon A. McMechan
Matthew A. McGrath
Paul Merlino
Natalie K. Messmer
Christopher L. Meyers
Ryan Millar
Tegan L. Miller
Aisha Mohammad
Sayma Mohammad
Farah Moledina
Sara L. Molnar
Andrea A. Nalli
Jullin Negahban
Natalie Nesterenko
Allen Ng
Frank Nhan
Eric Nielson
Antonio A. Ottaviano
Ryan Pagnaelli
Domenico Pantano
Justin Pascual
Jennifer Payne
Callum J. Peever

WELCOME NEW MEMBERS (CONT.)

Andrea Perricone
Vanessa Petrini
Pierre-Denis Plante
Donato M. Policastro
Mara S. Popescu
Michael Popovic
Jason Porr
Bryan Porter
Adam A. Pye
Jairus Quesnele
Aveshnee Rakkar
Karandeep S. Riar
Adam Roberts
Benjamin P. Roffey
Ahmad Rostayee
Ryan A. Rullitis
Erika L. Sabourin

Jorge Santizo
Stefanie Scaini Catallo
Solmaz Sefidgar Zanjari
Elisabeth N. Serbinski
Sohil Shafiei
Kris A. Sheppard
Ryan Shum
Sarah V. Simison
Tarrah T. Sloan
Christopher Small
Jeffrey Smeaton
Tejinderpaul Sohi
Ranjit S. Sohol
Amynah Somani
Ashleigh Stableforth
Jason Steevensz
Kristen D.J. Stirke

Keira Swenson
Sana Tahir
Nathalie Taraban-Lagois
Ankur Tayal
Anthony J. Testa
Raelene Thorne
Riel Torres
Kandice M. Tota
Kailin D. Walton
Caroline M. Watson
Adam W. Weinberg
Sheldon Winter
Heather Wong
Jessica J. Wong
Sarah L. Ytsma

SUSPENSIONS Effective May 31, 2011. 2011 (non-payment of registration dues)

Mirjam Baechler
Angelo N. Cerchie
Alethea Cham
Kathleen J. Dilkas
Glory A. Eidt
Jenna M. Eidt
Edward Frame
Bruce D. Fuhrman
George H. Gibson
Joseph A. Grespan
Glen W. Heaps

Rudy N. Heiser
Leslie L. Horowitz
Julie Houle
Samuel C. Johnson
Heather Mary-Anne Johnston
Gillian M. Lacroix
Tara McKinney
Marjory E. McLean
Henry Neudorf
Kimberly Nicely Dawes
Thomas R. Offen

Ronald J. Pikula
Glen G. Roberts
Kristine N. Salmon
Neera Sharma
Kristin H. Shepherd
Antonio Taverniti
Paul T. Thurlow
Eric S.J. Tremblay
Essien O. Udokang
Norman W. Vail
Robert G. Young

Council Meeting Highlights

CCO Council meetings are open to the public, although Council occasionally goes in camera to discuss matters relating to finances or legal advice. Council's practice is to start the agenda with in-camera items to minimize any inconvenience to guests.

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

All Council meetings involve a report from every committee as well as the Treasurer, and a consideration of the recommendations of each committee. Meeting items that appear not to be contested are included on a consent agenda as a mechanism for ensuring time efficiency. Any Council member wishing discussion of a consent agenda item may move the item to the main agenda. CCO has regular attendees at its Council meetings, representatives from the OCA and CAC, and frequently, a representative from the MOHLTC and HPRAC. Attendees receive public information packages.

The public portion highlights of five meetings held since the last newsletter follow: September 21 and December 3, 2010, and February 8 and May 4/5, 2011.

CCO Council meeting dates are posted on the website - www.cco.on.ca (under Tab 1).

SEPTEMBER 21, 2010

Council approved the following:

- take a leadership role, in principle, through a CCA initiative to support the opportunity for chiropractic in Nunavut
- amendments to By-law 9: Remuneration
- amendments to Policy I-012: Policies and Procedures for the Reimbursement of Reasonable Expenses and for Submitting Per Diem Expense Claims for committee members
- amendment to By-law 13: Fees (\$200 increase in annual general membership to \$1,050, with phase-in to \$950 in 2011 and \$1,050 in 2012)

- phase-in of fees for new graduates (applicable application and certificate fee is payable in the year they register; second year dues are 50% of the annual dues; and third year dues are the full amount)
- amendments to Guideline G-005: Guidelines for the Member and Staff of a Chiropractic Office (previously titled "Guidelines for the Office Staff of a Chiropractic Office")
- amendments to the 2011 CCO Registration Renewal form
- for distribution to members and stakeholders for feedback:
 - Standard of Practice S-001: Chiropractic Scope of Practice
 - Guideline G-017: Ownership, Storage, Security and Destruction of Patient Health Records
 - Guideline G-004: Definition of a Chiropractic Visit (now titled "Documentation of a Chiropractic Visit")

Council noted/reviewed the following:

- the York-Peel Chiropractic Society's celebrations for the anniversary of the discovery of chiropractic
- submission to the Minister of Health on June 25, 2010: "Strengthening the Links: Maximizing the Contributions of Chiropractic Care to Patients in Ontario"
- letter of appreciation to Ms Barbara Sullivan, former Chair of HPRAC, for her service
- thank you letter from CMCC for CCO's support in assisting with the development of CMCC's simulation lab
- letter of appreciation from Ahmad Jawid Rostayee, the 2010 Dr. Beasley Award recipient

Other activities:

- acknowledgement to all who contributed to the "Tee it up for Chiropractic Research" initiative, expected to become an annual event
- CCO's hosting of the FHRCO meeting on October 6, 2010

Council Meeting Highlights (CONT.)

DECEMBER 21, 2010

Council approved the following:

- for distribution to members and stakeholders for feedback:
 - Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient
 - Policy P-050: Supervision and Direction of Chiropractors in Training and revocation of Policy P-050: Student Field Placement Temporary Policy

Council noted/reviewed the following:

- various pieces of information on plans to introduce chiropractic to Nunavut
- Ms Barbara Sullivan's letter to Ms Willson at FHRCO in appreciation of the support shown upon her departure as Chair of HPRAC
- Mr. Peter Waite's notification about the submission of "Evidence-based Guidelines for the Chiropractic Treatment of Adults with Headache" for approval
- the Notice of Appeal to Divisional Court for Judicial Review (College of Nurses of Ontario and Esther Trozzi, The Ontario Human Rights Commission and The Human Rights Tribunal of Ontario)
- standard of Practice S-018: Third Party Independent Chiropractic Evaluations: the presence of a chaperone at an evaluation either selected by the patient or provided upon request from the patient
- draft Policy P-051: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors: suitability of members to be peer assessors, terms of service and a phase-in period for new peer assessors
- Standard of Practice S-001: Scope of Practice: acknowledgement of the work done by the Quality Assurance Committee (chaired by Dr. James Laws)
- draft Registration Regulation, with input from the Registration Committee (chaired by Dr. Marshall Deltoff) and Mr. Joel Friedman working with MOHLTC on proposed wording changes

Other activities:

- CCO and CMCC hosted a delegation from the Ministry of Health of Singapore, which included a tour of CMCC

FEBRUARY 8, 2011

Council approved the following:

- for distribution to members: "Maintaining Professional Boundaries" document
- Standard of Practice S-001: Chiropractic Scope of Practice and the revocation of Standard of Practice S-010: Techniques, Technologies, Devices and Procedures and Standard of Practice S-015: Immunization/Vaccination
- Standard of Practice S-018: Third Party Independent Evaluations
- Guideline G-004: Documentation of a Chiropractic Visit and the revocation of Guideline G-004: Definition of a Chiropractic Visit
- Guideline G-017: Ownership, Storage, Security and Destruction of Patient Health Records
- Policy P-051: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors

Council noted/reviewed the following:

- plans for a formal unveiling of the CCO plaque at CMCC
- Dr. Dennis Mizel's report on his presentation on third party Independent Chiropractic Evaluations to a group of 50-60 doctors
- recent Federation activities: The Federation's success in obtaining intervenor status in the College of Nurses of Ontario matter involving the Ontario Human Rights Tribunal; a meeting with Minister Deb Matthews; and an invitation to meet with Ms Suzanne McGurn, Acting ADM
- presentations from two architectural firms, including corporate overviews and recent projects regarding development of 29 Pleasant Blvd.
- election materials for Districts 4, 5 and 6.
- Notice of FHRCO's annual meeting on April 20, 2011
- feedback from members on Standard of Practice S-001: Scope of Practice
- new Legislation & Ethics examination, developed by the Registration Committee (chaired by Dr. Marshall Deltoff). CCO public member, Ms Judith McCutcheon, was recognized for her significant contribution to the Committee's discussions

Council Meeting Highlights

(CONT.)

Other activities:

- report on the successful and well-received January 29, 2011 peer assessor workshop held at CMCC

MAY 4/5, 2011

Council approved the following:

- for distribution to members and stakeholders for feedback:
 - Standard of Practice S-O20: Cooperation and Communication with CCO
 - Standard of Practice S-O19: Conflict of Interest in Commercial Ventures

Council noted/reviewed the following:

- MOHLTC's consultation process with stakeholders to identify barriers and facilitators to best practice guidance in the care of low back pain
- transfer of the Accessible Parking Permit program to the Ministry of Government Services
- the appointment of Mr. Thomas Corcoran as Chair of HPRAC and his upcoming visit to CCO to meet with staff
- CCO's commitment to developing and facilitating two full-day seminars, workshops or similar programs (one in the fall and one in the spring) for members
- report from Dr. Dennis Mizel on CFCREAB's March 24 - 26, 2011 strategic planning and board of directors' meetings in St. John's, Newfoundland
- confirmation from CMCC about the installation of the CCO plaque in time for the Homecoming weekend
- details about a survey of CMCC members and other chiropractors
- Dr. Gerry Clum's presentation to the York-Peel Society, including acknowledgement of its generosity in providing audio tapes of the event
- report from Dr. Brian Gleberzon on the April 6 - 9, 2011 World Federation of Chiropractic conference held in Rio de Janeiro, Brazil

- letter from Ms Jo-Ann Willson to Honourable Jean Augustine, Fairness Commissioner, about the consultative process for the "Continuous Improvement of Registration Practices by Members of the Federation of Health Regulatory Colleges of Ontario" document
- standard of Practice S-O16: Advertising: members' websites as a form of advertising, the use of group coupons and the appropriate use of professional and personal social media by members to ensure their patients' confidentiality
- correspondence from Ms Marilyn Wang to the Chair of HPRAC regarding the anticipated referral of the following items to HPRAC: potential regulation of Physician Assistants and possible alternatives to the mandatory revocation provisions re: sexual abuse

Other activities:

- Council's Orientation and Elections meeting on May 5:
 - presentation by Ms Jo-Ann Willson on CCO's legislative mandate, committee structure and strategic planning and other initiatives, as well as the duties and responsibilities of CCO directors
 - presentation by Mr. Richard Steinecke, CCO's legal counsel, on confidentiality requirements for Council members in the legal context of executing their duties
 - election of officers and striking of committees

Strategic Planning 2010

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



CCO Council - October, 2010

Your Feedback is Important!

Please e-mail or fax to us your thoughts/comments about the materials in the May 2011 newsletter or any topic you would like addressed in a future communiqué.

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