

# CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO  
VOLUME 5, ISSUE APRIL 2012

## SPRING 2012 CCO NEWSLETTER

President's Message	1
Acronyms	2
CCO Election Results	2
Registrar's Report	3
Council Meeting Highlights	6
CCO Council Approves New Standard of Practice S-O19: Conflict of Interest in Commercial Ventures	7
Meet our Current Roster of Public Members	8
Public Members and CCO Council	10
A Message from CCO Public Member, Mme Lise Marin	11
Registry Update	12
A Message from the Advertising Committee	15
Policy Update	16
What's New?	17
Mandatory Continuing Education: End of the First Cycle	20
May 2012 CE Workshop: "An Opportunity to Connect"	22
June 2012 Record Keeping Workshop	22
Report from the Patient Relations Committee	23
HPRAC Reviews Mandatory Revocation Provisions Relating To Treatment Of Spouses By Health Care Professionals	23
Complaints Corner	24
Alphabetically and Philosophically: An Enduring Partnership	26
Your Feedback is Important!	28

## President's Message

Helen Keller once said, "Science may have found a cure for most evils; but it has found no remedy for the worst of them all - the apathy of human beings."

As my nine years on Council comes to a close, I recently wondered if chiropractors actually care about what goes on at CCO, and how it impacts on their lives. I must admit that I was surprised by the degree of apathy in our profession as evidenced by the anemic voter turnout in the recent Council elections, not to mention previous years' elections, which were only slightly better.

Guess what, dear colleague? First, you can and do make a difference; and second, there is no point being apathetic; ignoring the regulation of the profession is a fallacy.

Why? Because you already participate in self-regulation, whether you want to or not. The actions and professional behaviour of you, me and the rest of our colleagues, vis-à-vis, how chiropractors interact with other stakeholders (e.g., patients, other health care practitioners and government), actually drives the whole mechanism of self-regulation. For example, the numbers and types of complaints we receive at the Inquiries, Complaints and Reports Committee is not only dealt with by that committee as per statute, but that data is fed to the Quality Assurance Committee to help it develop improved standards of practice. Implementing those new standards will hopefully help guide our actions in order to decrease the number of complaints on a particular matter. It's a symbiotic cycle.

I urge you not to feed the illusion of apathy. You are already involved. So get more involved. Talk to your elected CCO representative. Let him/her know what issues are important to you and your patients so that those issues can be raised at the Council table. Perhaps you've thought of trying your hand at being a CCO peer reviewer. Send us an email. Maybe you've toyed with the notion of running for Council or a non-Council seat on a committee that interests you. That is pretty brave; go for it. I would like to thank all doctors who choose to do so; it's encouraging to see it happen. And it doesn't have to be directly CCO-related to positively affect chiropractic in the public interest. Help to resurrect your local chiropractic society. Start a journal club with a friend or two. Meet with your MPP. Write a case report. Just step even a tiny bit out of your comfort zone. Grow. Everybody wins: you, your patients and chiropractic.



Dr. Marshall Deltoff  
President  
May 2011 - April 2012

(CONT. ON PAGE 2)

Award-winning American author Bodie Thoene said, "Apathy is the glove into which evil slips its hand." Remember, we don't want our patients to be apathetic about their health; they are active participants. We don't want the general public or other stakeholders to be apathetic about chiropractic. You can't get away with just talking the talk; you gotta walk the walk. Therefore we must lead by example, and also not be apathetic about chiropractic.

Dante Alighieri, 13<sup>th</sup> century Italian poet and philosopher, powerfully summed up the fate of the apathetic: "The hottest places in hell are reserved for those who, in time of great moral crisis, maintain their neutrality."



Marshall Deltoff, DC, FCCR(C)



Dr. Peter Amlinger  
Vice President

## Acknowledgement of Dr. Marshall Deltoff

Over the past nine years, Dr. Marshall Deltoff has quietly and tirelessly fulfilled his duties at CCO. During his tenure, Dr. Deltoff served on many committees and he always acted with the public interest and the best interests of the profession top of mind. While many of us know Dr. Deltoff for his expertise in chiropractic radiology, his contribution to the regulation of our profession cannot be overlooked. The next time you have an opportunity to speak to Dr. Deltoff, be sure to thank him for his dedicated years of service at CCO. Dr. Deltoff will be formally recognized and acknowledged at CCO's annual general meeting on June 21, 2012.

# Acronyms

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

Acronym	Full Name
CCA	Canadian Chiropractic Association
CCO	College of Chiropractors of Ontario
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education Canada
CE	Continuing education
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
CRC	Chiropractic Review Committee
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSCO	Financial Services Commission of Ontario
GTA	Greater Toronto Area
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
MPP	Member of Provincial Parliament
NGO	Non-governmental organization
OCA	Ontario Chiropractic Association
OFSAA	Ontario Federation of School Athletic Associations
QA	Quality Assurance
RHPA	Regulated Health Professions Act, 1991
WSIB	Workplace Safety and Insurance Board

## CCO ELECTION RESULTS:

### Districts 1, 4 and 5

### Districts 1, 4 and 5 Election Results

The following chiropractors were elected to Council in the elections held in March 2012:

District 1 (Northern): **Dr. Bryan Wolfe**

District 4 (Central): **Dr. Patricia Tavares**

District 5 (Central West): **Dr. Dennis Mizel**

# Registrar's Report

## CCO ELECTIONS: WHY SHOULD YOU CARE?

### Good News and Bad News

I have a few comments and observations about the recent CCO elections for Council members in Districts 1, 4 and 5. There is good news and bad news. The good news is that:

- Elections were held in each of the three districts - at a minimum, this demonstrates an interest amongst the membership in serving on CCO Council. In the past, a number of elections were determined by acclamation;
- Candidates generally conducted themselves in a fair and respectful manner; and
- Some organizations allowed candidates an opportunity to express to the membership why they wanted to run for CCO Council.

There is, however, some bad news:

- Only 352 out of 1,476 potential voters exercised their right to vote in District 4; and
- There continued to be a number of spoiled ballots (despite CCO's communication about the importance of making sure your vote counts).

In District 4, the winning candidate won by eight votes, and there were 16 spoiled ballots (excluding late ballots). How were the ballots spoiled? Members didn't sign the outside envelope (so we couldn't cross-reference the signature to make sure it was actually the member casting the vote), members left the return portion of the envelope completely blank (so we couldn't determine who the member was and whether or not they were actually eligible to vote), members voted for more than one candidate (you need to vote for only one candidate on the ballot as reflected on the ballot itself and all information concerning the elections) and, in one instance, a member included a business card with the name of an individual on it instead of an actual ballot. In addition, to this day, CCO continues to receive ballots long past the deadline date.

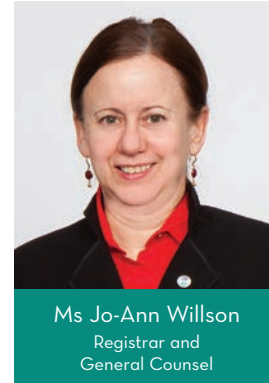
### Election Process Improvements

Despite these challenges, the March 2012 elections ran fairly smoothly. Every year, we make some changes to improve the election process. In the past, these improvements have included changes to the undertaking

from the candidates to ensure they have resigned from any organization with respect to which they may have a real or perceived conflict of interest, increasing the length of time people have to review and consider the biographical information from candidates, and posting more information about the process and candidates on CCO's website. That doesn't mean there isn't still room for further improvement, and we are open to ideas anyone may have about how to ensure elections are conducted in a fair and transparent manner. Next year, we may change the candidate undertaking again to emphasize the importance of all candidates maintaining confidentiality, including confidentiality with respect to who did or did not exercise their right to cast a vote. It is an act of misconduct to fail to comply with an undertaking to the College.

### Of Course You Should Care About CCO Elections!

Chiropractors in Ontario, like the other health regulatory colleges under the *Regulated Health Professions Act, 1991*, enjoy the privilege of self-regulation. The way that privilege is exercised is in part through the election of nine chiropractors to serve on the Council of the regulatory body, in conjunction with up to seven members of the public appointed by the provincial government (which also has a public interest mandate). There are many reminders about the privilege of self-regulation, and how that privilege has been eroded or, in some instances, taken away because the public has lost confidence in the self-regulation of a profession (see what happened with respect to medical doctors in England and lawyers in Ireland, for example). There are various alternatives to self-regulation, which generally include more government control over regulatory functions, including complaints, discipline and quality assurance or some sort of "supervisory body" to which all regulators are directly accountable.



Ms Jo-Ann Willson  
Registrar and  
General Counsel

## REGISTRAR'S REPORT (CON'T)

Some of you may have seen various references recently to the appointment by the Minister of Health and Long-Term Care of a Supervisor for the College of Denturists of Ontario. One of the items referenced in the review report prepared for the Minister is that Council elections were not conducted fully in accordance with that college's by-laws, there was a lack of support for Council's decision to declare an election invalid, the involvement of the President and Registrar in certain aspects of the election process raised the perception of potential conflict of interest, and the requirement to have five years' experience to run for Council was unfair. I have confidence that all colleges will continue to improve their election processes, and that members of each of the professions will recognize the importance of self-regulation and their fundamental participation in that privilege.

### Stay Tuned

Stay tuned for the results of CCO's internal elections to all committees, including the election of the Executive Officers, scheduled for April 25, 2012. Information will be posted on CCO's website: [www.cco.on.ca](http://www.cco.on.ca).



Dr. Patricia Tavares and Dr. Howard Kirsh on election day for District 4

## INFORMATION ABOUT COUNCIL

4

© COLL

# Meet Your New Council Member from District 4: Dr. Patricia Tavares



Dr. Patricia Tavares  
District 4

*"I ran for the CCO because I felt it was time to do my part in helping the profession maintain high standards in the public eye. Serving on the CCO Council is my duty and privilege, and I will work hard to serve in the public interest, drawing on all my experiences and skills."*

Dr. Patricia Tavares graduated from CMCC in 1995, and received an orthopedic fellowship designation in 2004. For 14 years, she maintained a family-based chiropractic practice in Bloor West Village in Toronto and, since turning her practice over to a "younger generation chiropractor", has been using her experiences to educate and inspire interns at CMCC.

Several years ago, Patricia's passion for healing led her to volunteer with the Health Mission

Outreach, an organization that provides practitioners to multi-disciplinary health clinics throughout the GTA for those who cannot afford care. More recently, she has become involved with Outreach Abroad (a CMCC venture), including a 10-day mission in April to the Dominican Republic.

On a personal note, Patricia's supportive husband and three sons ensure she "maintains a healthy balance" between family and professional life.

THANK YOU... TO ALL CANDIDATES FOR ALLOWING YOUR NAMES TO STAND FOR ELECTION TO CCO COUNCIL.

**COUNCIL MEMBER TERMS ~ As at April 24, 2012**

Name	District	Date First Elected/ Appointed	Date Re-elected/ Reappointed	Date of Expiry of Election/ Appointment of Current Term
<b>Elected Members</b>				
Dr. Peter Amlinger	5 (Central West)	April 2005	April 2008 April 2011	April 2014
Dr. Robbie Berman	3 (Central East)	April 2004	April 2007 April 2010	April 2013
Dr. Brian Gleberzon	4 (Central)	April 2007	April 2010	April 2013
Dr. Cliff Hardick	6 (Western)	May 2011	N/A	May 2014
Dr. James Laws	4 (Central)	April 2005	April 2008 April 2011	April 2014
Dr. Dennis Mizel	5 (Central West)	April 2006	April 2009 April 2012	April 2015
Dr. Gauri Shankar	2 (Eastern)	April 2010	N/A	April 2013
Dr. Patricia Tavares	4 (Central)	April 2012	N/A	April 2015
Dr. Bryan Wolfe	1 (Northern)	December 2008 (by-election)	April 2009 April 2012	April 2015
<b>Appointed Members</b>				
Mr. Shakil Akhter	Toronto	May 7, 2008	May 7, 2011	May 6, 2014
Ms Cristina De Caprio	Maple	May 4, 2011	N/A	May 4, 2014
Mr. Robert MacKay	Thunder Bay	April 2, 2006	April 2, 2009 April 2, 2012	April 1, 2015
Mme. Lise Marin	Timmins	April 1, 2006	April 1, 2009 April 1, 2012	March 31, 2015
Ms Judith McCutcheon	Unionville	August 12, 2009	N/A	August 12, 2012
Mr. Martin Ward	Orillia	January 1, 2005	January 1, 2008 December 31, 2010	December 31, 2013
Vacant				

# 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, other chiropractic organizations, other health regulatory colleges and FHRCO. Council also monitors legislative changes to ensure it is informed about recent developments that relate to CCO's mandate to regulate chiropractic in the public interest.

All Council meetings involve a report from every committee as well as the Treasurer, and consideration of the recommendations of each committee. Meeting items that appear not to be 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, such as representatives from the OCA, CCA, the MOHLTC and HPRAC. Attendees receive public information packages.

The public portion highlights of one Council meeting held since the last newsletter follow: February 14, 2012.

CCO Council meeting dates are posted on the website - [www.cco.on.ca](http://www.cco.on.ca) (under Tab 1).

## FEBRUARY 14, 2012

### Council noted/reviewed the following:

- Notice of Election and Election Guide for Districts 1, 4 and 5
- A presentation from Mr. Bob Davies, the architect, about plans for the new CCO office building
- Details about the program and venue for the May 12, 2012 CCO Workshop, "**An Opportunity to Connect**", for members

### Council approved the following:

- Minor wording amendments to Standard of Practice S-O14: Prevention of Sexual Abuse of a Patient
- Minor amendments to CCO Internal Policy: Policy to Avoid Abuse, Neglect and Harassment
- Amendments to Standard of Practice S-O19: Conflict of Interest in Commercial Ventures
- Minor amendments to G-O09: Code of Ethics

## COUNCIL MEETING DATES TO SEPTEMBER 2012

Date	Time	Event	Location
Thursday, June 21	6:00 p.m.	AGM	Gardiner Museum
Friday, June 22	8:30 a.m. - 4:30 p.m.	Council meeting	CCO
September 28-30	TBD	Council meeting and strategic planning	TBD

## CCO 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*

## CCO 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 Approves New Standard Of Practice S-019: Conflict Of Interest In Commercial Ventures



Dr. Peter Amlinger  
Vice President  
Chair, QA Committee

At its February 2012 meeting, CCO Council passed Standard of Practice S-019: Conflict of Interest in Commercial Ventures, a new standard developed for Council's consideration by the Quality Assurance Committee. It was given a lot of thought around the Council table and garnered a large volume of replies from members when the draft standard of practice was circulated for feedback.

The entire standard of practice can be reviewed on CCO's website but I would like to draw your attention to the following points:

- It may be an act of professional misconduct to fail to disclose a conflict of interest to a patient if one exists.
- A member is allowed to be involved in other business ventures such as owning a gym, ordering orthotics and selling products in addition to their professional chiropractic practice. A member must, however, always act with the patient's best interests at front of mind and in accordance with this standard of practice.
- Remember that how you communicate and disseminate information is equally as important as what you are communicating.

In all areas of patient interaction - whether it be disclosing a potential conflict or suggesting a person bring their spouse to their report of findings - the highest level of professionalism and respect for the patient's choices is of paramount importance. It is always good to remember: "how you do anything is how you do everything".

Another great compass point to guide your behavior is the following truth:

"It takes a life time to build one's character and reputation and an instant to destroy it."

The people we serve and the profession we comprise deserve the highest level of care and professional communication we can deliver. It is as simple as that.

## Intent of S-019

To describe for members what a conflict of interest is for the purposes of section 1(9) of the professional misconduct regulation.

To advise members that they may engage in commercial ventures in accordance with this standard of practice and all relevant CCO standards of practice.

To advise members that the interest of patients, especially those in a vulnerable state, must be protected above the commercial interests of the member.

To advise members that it is a potential conflict of interest to solicit patients for commercial ventures, such as self referral and selling of dispensing of products.

It is expected that a member's practice be conducted in a professional manner and that the focus of the practice be on the health care of the patients. The failure to disclose an act that is considered to be a conflict of interest may be considered to be disgraceful, dishonourable or unprofessional conduct. The failure to disclose an act that is considered to be a conflict of interest is not permitted in a chiropractic practice.

# Meet our Current Roster of Public Members

CCO's public members participate actively and at the highest levels of decision-making. As non-members of the chiropractic profession, they bring an objective, open and transparent viewpoint to the table. They also come from many different communities across Ontario and represent a variety of professional and vocational backgrounds.



Mr. Shakil Akhter,  
Toronto

## Re-appointed: May 2011

Shakil is presently in his second term as a CCO public member and has served on the Advertising Committee, Patient Relations Committee, Fitness to Practise Committee and the Inquiries, Complaints and Reports Committee. He brings extensive not-for-profit experience to CCO, having worked for the past 13 years as Administrator for an NGO, not-for-profit organization, charity and school that collectively undertake extensive national and international projects

*"What I bring to the table is the non-doctor perspective in the interests of the general public. That doesn't mean we don't keep our eye on the members' interests but it must be carefully balanced with the public interest."*



Ms Cristina De Caprio,  
Maple

## Appointed: May 2011

Formerly the Deputy Registrar of the College of Denturists of Ontario, Cristina is a lawyer with experience in professional regulation, family law, and wills and estates. She has also spent a portion of her career in the area of charities and not-for-profit law, including six years as Gift Planning Executive for the Juvenile Diabetes Research Foundation. In 2003, Cristina attained her certification as a Certified Fund Raising Executive.

*"Since I was appointed to CCO as a public member in May 2011, I have learned how chiropractic benefits Ontarians and am enjoying my service on Council and with various committees. I have great admiration for the tremendous dedication and professionalism of the members, staff and fellow Council members."*



Mr. Robert MacKay,  
Thunder Bay

## Re-appointed: April 2012

First appointed to Council in March 2006, Rob is enthusiastically beginning his seventh year of service at the CCO. Prior to coming to the College, he volunteered at numerous not-for-profit agencies with mandates ranging from research funding to direct client services, all in the health care area. Rob focuses his expertise on the College's public interest mandate and, over the years, has served on the Executive Committee, Quality Assurance Committee, Advertising Committee and notably adjudicating for the Discipline Committee.

*"One quickly realizes that 'regulating in the public interest' is more than a mandate; it's inherent in all our work."*



## MEET CCO'S PUBLIC MEMBERS (CON'T)



Mme Lise Marin,  
Timmins

### Re-appointed: April 2012

Recently re-appointed to another term as a CCO public member, Lise is a strong voice for the public interest in Ontario. She is thrilled to continue the work she started in 2006. Presently, she is member of the Executive Committee, Discipline Committee and Quality Assurance Committee. She looks forward to working cooperatively with all Council members and the dedicated staff under Ms Jo-Ann Willson's leadership. Lise has had extensive experience with the public having served many years on a school board and the Ontario Northland Transportation Commission, TVO/TFO. Lise is retired from Air Canada.

*"The best way Council members can go forward is by positively and respectfully working together to achieve a win-win situation for everyone, while keeping in mind the public interest."*



Ms Judith McCutcheon,  
Unionville

### Appointed: August 2009

An accounting teacher by profession, Judith was appointed to Council in 2009 and currently serves as the Chair of the Patient Relations Committee. In addition, Judith is a member of the Executive, Registration and Discipline Committees. She has extensive experience in non-profit governance, where she has been able to use her expertise in accounting.

*"I have been rewarded by the opportunity to learn how chiropractors are committed to improving the health and wellness of Ontarians."*



Mr. Martin Ward,  
Orillia

### Re-appointed: December 2010

Appointed to Council in 2005, Martin is a member of the Executive Committee and the Inquiries, Complaints and Reports Committee. He has also served on the Quality Assurance Committee and was involved in the development of the continuing education program. Martin was raised and educated in England, moving to Ontario in 1967 to pursue a career in education, which included positions as a secondary school principal in Stayner and Orillia. Currently, he is Treasurer of CCO.

*"It has been most interesting to learn about the full spectrum of chiropractic, and rewarding to help the profession in the task of self-regulation in the public interest."*

## INFORMATION ABOUT COUNCIL



CCO Council at its February 14, 2012 Meeting

**Front row (l to r):** Dr. Robbie Berman, Dr. Peter Amlinger, Dr. Marshall Deltoff, Ms Jo-Ann Willson, Mme Lise Marin, Dr. Bryan Wolfe **Back row:** Dr. Brian Gleberzon, Mr. Martin Ward, Dr. James Laws, Ms Cristina De Caprio, Dr. Cliff Hardick, Ms Judith McCutcheon, Dr. Gauri Shankar, Dr. Dennis Mizel, Mr. Robert MacKay, Mr. Shakil Akhter

## Public Members and CCO Council

The contribution of public members is essential in meeting the College's mandate to protecting the public interest.

CCO's 16-member governing Council is composed of nine chiropractors, each elected to represent a specific electoral district, and up to seven public members who represent 40% of Council. The inclusion of public members on Council is legislated by the government of Ontario (the Lieutenant Governor in Council).

Public members play an active role in making policy decisions at CCO. Specifically, they are charged with protecting the public interest and maintaining the public confidence in the self-governing status of the profession.

Every discipline panel charged with adjudicating allegations of professional misconduct or incompetence must include a minimum of two public members.

In addition to attending six Council meetings each year, public members also serve on at least one CCO committee, including the Executive Committee, the Quality Assurance Committee, Registration Committee, Fitness to Practise Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and the Patient Relations Committee. Meetings range from half a day

to several days and involve considerable preparation.

Public members also chair committees, participate in national meetings and provide their input to various stakeholder working groups.

### Extract from *Chiropractic Act, 1991* Council

6. (1) The Council shall be composed of,
- (a) nine persons who are members elected in accordance with the by-laws;
  - (b) at least six and no more than seven persons appointed by the Lieutenant Governor in Council who are not,
    - (i) members,
    - (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or
    - (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*, 1991, c. 21, s. 6 (1); 1998, c. 18, Sched. G, s. 26 (1); 2009, c. 26, s. 3.

# A Message From CCO Public Member, Mme Lise Marin:

## « Je Me Considère Très Privilégiée De Siéger Au Sein Du Conseil »

Bonjour tout le monde.

Le printemps est enfin arrivé, et déjà, les premiers signes du renouveau de la nature se font omniprésents. L'été sera bientôt des nôtres avec ses journées ensoleillées, chaudes et plus longues et qui nous permettront d'admirer la nature dans toute sa splendeur. Nous Canadiennes et Canadiens sommes vraiment privilégiés de pouvoir vivre dans un pays qui nous permet de profiter et de jouir des quatre saisons.

À titre de membre mandaté par le Gouvernement, je me considère très privilégiée de siéger au sein du Conseil et de participer activement à trois de ses comités, le comité exécutif, de discipline et d'assurance de qualité... ce qui implique également la contribution active des sept membres qui représentent le public. Les membres du public doivent veiller à ce que les décisions prises soient à l'intérêt de la population de l'Ontario. Tous les membres du Conseil élus par les chiropraticiennes et les chiropraticiens ou mandatés par le Gouvernement sommes responsables aux membres de l'Ordre de veiller et de contribuer à une gestion responsable et efficace des finances. À mon avis, les chiropraticiennes et chiropraticiens de l'Ordre font preuve d'un très grand professionnalisme. Les membres du Conseil élus par leurs pairs déploient énergie et efforts en vue d'améliorer la profession.

Depuis déjà six ans, j'ai eu le bonheur et la chance de siéger au Conseil des Chiropraticiennes et Chiropraticiens de l'Ontario. Je compare mon expérience au Conseil un peu comme le trajet d'une montagne russe » des hauts et des bas, parfois choquée, parfois emballée suite aux discussions et décisions prises. Mais, une fois engagée, il n'y a pas de « revenir ».

Si l'on regarde la société dans laquelle nous vivons, nous constatons qu'un très grand nombre de membres de diverses professions sont activement impliqués dans le processus politique à divers niveaux, municipal, scolaire, provincial et fédéral. C'est ainsi que ces professionnels

font valoir leurs talents, leurs connaissances et leur savoir-faire pour l'ensemble de la population. En même temps, cette participation est un reflet de leur profession auprès de tous. J'ose espérer que l'avenir verra un plus grand nombre de chiropraticiennes et de chiropraticiens impliqués dans le processus politique, ce qui aura comme effet de valoriser davantage la profession de chiropraticien. Ceci n'est pas une critique de ce qui se fait ou de ce qui ne se fait pas actuellement mais bien un vœu personnel que j'entretien.

Je termine avec cette prière de Reinhold Niebuhr.

Mon Dieu, donne moi la **sérénité** d'accepter les choses que je puis changer. le **courage** de changer les choses que je peux, et la **sagesse** d'en connaître la différence.



Mme Lise Marin



# Registry Update

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

## WELCOME NEW MEMBERS

CCO welcomes the following new members (registered from December 1, 2011 - March 20, 2012) and wishes them a long and successful career in chiropractic:

Andrew Bell  
Jacqueline D. Bond  
James J. Clow  
Adam Dunn  
Amanda L. Everaert  
Jacqueline Gonzalez  
Sarah L. Hatherly  
Tracy Ho

Sandeep K. Kalirah  
Clay A. Kosinko  
Jordana Levine  
Matthew L. McKeagan  
Kevin Marryshow  
Danielle J. Miller  
Kathryn E. Monaghan  
Melissa A. Morocco

Tyler L. Phillips  
Kateri A. Porto  
Shruti Sharma  
Ryan Stewart  
Sylvia Villani  
Leonard L.N. Wong

---

### Members suspended for non-payment of registration dues (March 1, 2012):

Shiv Bajaj  
Robert L. Beaton  
Gregory C. Cassan  
Blair Christink  
William H. Currier  
James A. Dawes  
Tyson E. Eidt  
Michael E. Fagan  
Sheldon J. Gana  
Ronald Gitelman  
Jeffrey J. Grondin

Jeffrey A. Hartman  
R. Joseph Hewitt  
Aras Ignatavicius  
Joel Isenberg  
Mahran Jahani-asl  
Christopher P. Jamieson  
Dorothy D. Kolios  
John W.H. Lam  
Richard Liem  
Chris W. MacLean  
Mark A. Mahonen  
John Malatesta  
Wayne F. Martichenko  
David J. Morgan  
Ronald G.K. Norman

Karen B.J. Palkovits-Stauber  
Xerses Patel  
Ankur Pathak  
Jason C. Pritchard  
Allan J. Puderer  
Sean M. Scott  
Wade J. Skinner  
Sheena Sohl  
Aaron J. Stauber  
Margaret Tavares  
Ankur Tayal  
Nam V. Tran  
J. Paul Weston

---

### Licenses revoked for non-payment of registration dues (March 1, 2012):

Adrian Anger  
Pardip K. Athwal  
JoAnne W. Bennett  
Mark L. Bergman  
Harvinder S. Bhella  
Melissa D. Borovay  
Tracy K. Bown  
Karyee K. Chow  
Marie-Eve Claveau  
Adam R. Coates  
Daniel P. Contogiannis

John G. Cowherd  
Daniel DiCristofaro  
Edward S. Dodd  
Thomas H.N. Dunderdale  
James P. Franko  
Randy Hallman  
Niels Henriksen  
Giselle L. Hideib  
Deanne Hill  
Michael J. Hockridge  
Robert N. Hoski  
Izmit Kulafowski  
Len L. Lall  
Michel A. Lalonde  
David C.K. Leung

John A. Luyk  
Joy C. Makohoniuk  
Timothy D. McClure  
Virginia J. Murray  
Nicola J. Oakley  
Eric Periard  
Suk-Khuan K. Pisano  
Frank Sturino  
Brian Tiu  
Dennis K. Tse  
Michael R. Wiles  
R. Glenn Yates

## RETIRED MEMBERS

Name	Date of Registration	Name	Date of Registration
Dr. Gary L. Adams	July 11, 1970	Dr. Daria P. Love	May 31, 1977
Dr. James W. Adams	May 30, 1978	Dr. Norman B. MacLeod	May 30, 1978
Dr. Zeljka J. Adzija	July 16, 2002	Dr. Leo J. MacNeil	July 10, 1971
Dr. E. Grant Armstrong	June 16, 1951	Dr. Gary A. Mangiacotte	July 31, 1984
Dr. Stephen J. Bafia	July 23, 2003	Dr. Anthony William Martin	June 7, 1974
Dr. Michael L. Beaton	July 10, 1965	Dr. Luke Mesaros	June 3, 1991
Dr. Donald M. Berry	July 10, 1968	Dr. W. Gunter Moeller	June 15, 1988
Dr. Rodney Brown	June 22, 1999	Dr. Yousef Meshki	December 13, 1978
Dr. Gregory R. Brunelle	September 14, 1992	Dr. John P. Mrozek	May 20, 1976
Dr. Brian S. Budgell	June 16, 1986	Dr. Donald S. Munro	May 23, 1975
Dr. Edward B. Butler	June 27, 1959	Dr. Dennis P. O'Hara	May 25, 1979
Dr. William Castor	September 2, 1966	Dr. Ronald A. Oswald	June 22, 1957
Dr. Lise M. Cloutier	July 10, 1995	Dr. Bruce A. Owers	June 17, 1961
Dr. John G. Cochrane	July 10, 1965	Dr. Shawn S. Palmer	July 22, 1996
Dr. Cameron B. Colquhoun	June 16, 1973	Dr. Jennifer N. Persaud	June 24, 1998
Dr. Gerald N. Crooks	June 23, 1956	Dr. Edward T. Pikula	May 30, 1975
Dr. Jayson D. Dellandrea	December 19, 2000	Dr. Suzanne L. Priddle-Luck	May 31, 1995
Dr. George DeWit	June 7, 1974	Dr. Aaron Provenzano	May 26, 1999
Dr. Joey Dimerman	June 12, 1987	Dr. Damon G. Racicot	May 26, 1998
Dr. Christopher J. Duchnicki	May 21, 2002	Dr. A. Warren Rahn	July 11, 1970
Dr. Susan E. Eldergill	August 8, 2001	Dr. David H. Reine	November 1, 2002
Dr. John H. Ewart	May 23, 1975	Dr. J. David Rennicks	June 22, 1957
Dr. Sharon Fung	September 5, 2003	Dr. Paul W. Robinson	June 22, 1963
Dr. E.L. Dianne Gibson	August 25, 1989	Dr. Albert R. Romkema	June 8, 1992
Dr. Paul C. Gilmore	June 17, 1961	Dr. David J. Rosebush	July 11, 1995
Dr. David W. Gohn	August 15, 1961	Dr. Cory Paul Ross	June 9, 1989
Dr. Marci J. Goldstein	September 17, 1997	Dr. Jacques D. Rusinek	June 15, 1992
Dr. Allan C. Gotlib	May 20, 1976	Dr. Leslie E. Scott	August 15, 1962
Dr. Stephen Greenberg	June 11, 1987	Dr. Joey M. Shulman	July 29, 1999
Dr. David B. Guest	May 11, 2004	Dr. H. Sandra Simpson	June 22, 1989
Dr. Heather Hagerman	May 28, 1998	Dr. Susan J. Sinclair	June 15, 1988
Dr. Joanne A. Haines	July 17, 2000	Dr. James W. Spring	May 20, 1976
Dr. Gary J. Hardy	June 14, 1982	Dr. Sarah J. Strano	July 25, 2003
Dr. Eric A. Harela	October 5, 1977	Dr. Robert J. Taylor	August 15, 1961
Dr. Sarah C. Hart	August 12, 1998	Dr. Roman T. Tchoryk	June 25, 1993
Dr. John W. Hawrylak	July 8, 1972	Dr. Richard M. Telford	February 1, 1968
Dr. E. Kitchener Hayman	May 29, 1980	Dr. Bree Tole	July 12, 1999
Dr. John C. Henderson	June 14, 1982	Dr. Leslie C. Trotter	August 1, 1991
Dr. Kathlynn M. Hoch	October 3, 1983	Dr. Paul Douglas Uchikata	May 31, 1977
Dr. Sunee Ping Jen Hu	July 10, 2002	Dr. David Paul Waalen	June 7, 1977
Dr. John C. Hui	June 17, 1987	Dr. Colin L. Wellum	June 25, 1955
Dr. Julie Iamarino	June 29, 1989	Dr. Neil Austin West	June 7, 1974
Dr. Frank S. Janowicz	June 9, 1989	Dr. Fred Wetzel	September 14, 1971
Dr. Barbara C. Jeans	August 17, 1987	Dr. Janice I. Wiles Driedger	May 20, 1976
Dr. Peter L. Kogon	July 19, 1969	Dr. Brian W. Wolfs	June 4, 1996
Dr. Anne-Marie Lake	July 23, 2002		
Dr. Linda Laufer	May 25, 1979		
Dr. David J. Levy	May 20, 1976		
Dr. Monica J. Lovas	December 17, 2002		

**CCO thanks all these members for their contributions to chiropractic and the regulation of chiropractic in the public interest.**

## IN MEMORIAM

Name	City	Date of Registration	Date of Death
Dr. Michael Danylyszyn	Toronto	July 12, 1973	November 14, 2011
Dr. William Nazar	Oakville	June 24, 1997	December 13, 2011
Dr. Kenneth Robinson	Barrie	July 7, 1976	December 24, 2011
Dr. James Crews	Hamilton	June 24, 1958	March 4, 2012
Dr. Peter Begg	Uxbridge	July 10, 1968	March 12, 2012
Dr. Jeffrey D. Beleutz	Oakville	August 2, 1994	March 15, 2012
Scott Robert Poulter	Thunder Bay	Student at CMCC	April 3, 2012

**CCO extends its condolences to the families of these members of the chiropractic community.**

## 2011 - 2012 CCO DIRECTORY

In an effort to reduce costs, increase efficiency and reduce waste, CCO is no longer publishing and distributing a hard copy of the directory to members. A digital version of the 2011/2012 directory is available at [www.cco.on.ca/english/about-cco/publications/](http://www.cco.on.ca/english/about-cco/publications/)

This directory is based on information as of June 30, 2011. Visit the CCO website for the most current information: [www.cco.on.ca/english/chiropractor-search/search/](http://www.cco.on.ca/english/chiropractor-search/search/)



## CCO Needs Your Current Contact Information

Have you recently moved? By law, it is your responsibility to provide CCO with a written notification of any address changes - work and/or home - within 30 days of your move.



# A Message from the Advertising Committee



Dr. Gauri Shankar,  
Chair

## WE'RE ON IT!

"It" refers to the Advertising Committee's current initiative in reviewing the effects of technology on advertising. Specifically, the Committee will be advising members about the use of evolving mediums such as websites, social media, Groupons and other electronic media in promoting their practices.

Charged with reviewing Standard of Practice S-O16: Advertising and other relevant CCO standards and guidelines, the Committee has been looking at the broad implications of today's "24/7" instant connectivity and what guidelines might be appropriate for members. The Committee has also sought independent legal counsel, researched what other health care regulatory colleges are advising their members and is considering a myriad of related and complex issues.

While there has not yet been formal communication about this, at the appropriate time, the Committee will be communicating its report to members.

## In the Interim...

Members are reminded that a 2010 Health Professions Appeal and Review Board (HPARB) decision states that "the distinction between a member's office and website may evolve as the use of the Internet by members and the public evolves, but that it falls to the College [of Chiropractors of Ontario] to develop guidelines and standards of practice appropriate to the chiropractor's context."

Beyond websites, members who promote their practices are also reminded that any type of promotion or advertising – regardless of format and delivery – should always follow the basic rules such as:

- Nothing false or misleading
- No inflated charges or exaggeration on savings
- No hidden costs
- All services being charged or discounted are part of the normal course of services rendered
- No "bait and switch" tactics.

Watch for information from CCO's Advertising Committee as it is available. The CCO website is always a good resource ([www.cco.on.ca](http://www.cco.on.ca)).

# Policy Update



Joel Friedman,  
Director, Policy and  
Research

The past year has been a busy one for CCO in terms of policy development. CCO has amended and passed a number of regulations, standards of practice, policies and guidelines that regulate the chiropractic profession in the public interest in a number of ways.

Substantive changes and new regulations and standards of practice are always circulated

to members and stakeholders for feedback, which is then reviewed by the appropriate committee and Council. Following review of feedback and additional amendments, these regulations and standards of practice are then voted on by Council.

Here is a summary of some of the new and amended CCO regulations, standards of practice, policies and guidelines. The most up-to-date documents can be found at [www.cco.on.ca](http://www.cco.on.ca).

## Regulation R-137/11: Registration

CCO's Registration Regulation was passed by the Ontario government on May 6, 2011, based on recommendations and consultation with CCO. This regulation outlines the requirements for members to become registered with CCO, move among different classes of registration and hold the proper professional liability protection. The regulation also includes a section on labour mobility, demonstrating CCO's commitment to eliminating unnecessary barriers to the movement of chiropractors across Canadian jurisdictions.

## Standard of Practice S-001: Chiropractic Scope of Practice

Standard of Practice S-001, which replaced two now-revoked standards of practice, was passed by Council in February 2011, based on recommendations from the Quality Assurance Committee. This standard regulates what is expected from members in practising within the scope of practice, utilizing diagnostic and therapeutic procedures within a chiropractic practice and responding to general health-related questions that may fall outside of the chiropractic scope of practice.

## Standard of Practice S-005: Chiropractic Adjustment or Manipulation

This standard (formerly titled "Spinal Adjustment/ Manipulation") outlines the expectations for members when performing the controlled act of "moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust". These expectations include a consideration of public safety, degree of skill in performing an adjustment or manipulation, appropriate continuing education, and proper diagnosis, informed consent and treatment protocols.

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

Council passed a number of amendments to Standard of Practice S-014 to create consistency with recent decisions of CCO's Discipline Committee and the Ontario Court of Appeal. The amendments outline the sexual abuse provisions of the *Regulated Health Professions Act, 1991*, emphasizing that a concurrent doctor/patient relationship and sexual relationship is strictly against the law no matter which relationship was established first. The amendments continue to provide what factors a panel may consider when establishing the existence of a doctor/patient relationship, what may constitute incidental or emergency treatment and other prohibitions relating to the sexual abuse of patients. Please read the December 2011 issue of *ChiroPractice* for a more fulsome description of amendments to these standards.

## Standard of Practice S-019: Conflict of Interest in Commercial Ventures

Council passed this new standard in February 2012 to provide guidance as to what constitutes a conflict of interest under the professional misconduct regulation. This standard includes a description of factors that cause a conflict of interest to exist and how members can avoid situations of practising while in conflict of interest by disclosing such interests to patients.

[Please also see "CCO Council Approves New Standard of Practice S-019: Conflict of Interest in Commercial Ventures" on page 7.]

## Standard of Practice S-020: Cooperation and Communication with CCO

Regulation of the chiropractic profession in the public interest is largely dependent on cooperation and

communication from members. This standard, passed by Council in December 2011, outlines CCO's expectations regarding member cooperation with CCO initiatives and communication concerning CCO events and proceedings. The public interest and patient safety are enhanced when members are cooperative and communicative with their regulatory college.

#### **Guidelines G-004: Documentation of a Chiropractic Visit and G-017: Ownership, Storage, Security and Destruction of Patient Health Records**

Record keeping is an essential part of a chiropractic practice, as it provides evidence of what transpired in a patient visit to a chiropractor. Both guidelines, passed by Council in February 2011, provide a complement to the record keeping standard of practice and further guidance on a number of regulatory record keeping issues, including ownership, storage, security and destruction of records, and maintaining electronic record keeping systems. These guidelines also provide guidance on developing agreements within a multi-chiropractor or multi-disciplinary practice on the ownership, maintenance,

distribution and access to records, in the case of a disruption or dissolution of a practice.

#### **Policy P-053: Returning to the General Class of Certificate of Registration**

Council passed this policy in December 2011, based on recommendations from the Registration Committee, to provide guidelines for the Registration Committee, consistent with the amended Registration Regulation, in addressing members applying to return to the General Class of Registration. The Registration Committee has been using this policy to ensure that applicants are treated in a fair, transparent and consistent manner while making certain that the public interest is protected. Please see the December 2011 issue of *ChiroPractice* for a more fulsome description of this policy.

As always, in the case of any inconsistency between a regulation, standard of practice, policy or guideline and legislation that affects chiropractic practice, the legislation governs.

Please visit [www.cco.on.ca](http://www.cco.on.ca) regularly for the most up-to-date CCO documents.

---

## WHAT'S NEW?

### INSURANCE ABUSE AND FRAUD IN HEALTH CARE SERVICES

Identity theft can impact health care practitioners in many ways. The insurance industry regulator, the Financial Services Commission of Ontario's (FSCO) new brochure builds on the government's Auto Insurance Anti-Fraud Task Force recent initiatives.

The brochure on ***Insurance Abuse and Fraud in Health Care Services: Everyone Has a Role to Play*** provides information on how health care practitioners can protect themselves and play a critical role in reducing abuse and fraud.

For more information, go to: [www.fsco.gov.on.ca](http://www.fsco.gov.on.ca)

### LICENCE SUSPENSION OF DIGITAL MOTION X-RAY SYSTEM (DMX-WORKS INC.)

On December 20, 2011, Health Canada suspended the medical device licence for the Digital Motion X-ray System manufactured by DMX-Works Inc. because it presents significant safety risks to patients and users. The licence suspension means that DMX-Works Inc. may no longer sell the device in Canada. Health Canada strongly recommends that health care professionals stop using the Digital Motion X-ray System immediately.

Several issues have been identified with the system, including compliance with the Canadian Radiation Emitting Devices Regulations (Schedule II, Part XII); instructions for use fail to provide information necessary for optimizing the radiation exposures to patients and minimizing exposures to operators and surrounding staff; and indications for use (e.g., headaches, blurred vision and a negative previous imaging test) do not justify the radiation exposure with this device.

To view the Health Canada notification letter (English and French) dated March 14, 2012, go to the CCO website ("What's New") at [www.cco.on.ca](http://www.cco.on.ca)

# Recent CCO Activities



**CCO Peer and Practice Assessor Workshop, January 28, 2012**

A day of listening, participating and learning



**CCO Staff on Election Day, March 28, 2012**

(l to r): Ms Tina Perryman, Manager, Inquiries, Complaints, Reports; Ms Danya Goodfellow, Administrative Assistant; Mr. Joel Friedman, Director, Policy and Research; and Ms Maria Simas, Registration Coordinator



# CFCREAB Board of Directors' Meeting, April 14, 2012, Winnipeg, Manitoba



(l to r): Dr. Keith Thomson, Immediate Past President, CFCREAB; Dr. André-Marie Gonthier, L'Université du Québec à Trois-Rivières; Dr. Robbie Berman, CCO Council Member



(l to r): Dr. Drew Potter, Chair, CCEC; Dr. Lisa Richard, Vice President, CFCREAB; Mr. Wayne Glover, Executive Director, CFCREAB

# Mandatory Continuing Education... End Of The First Cycle

All members who hold a General Class of Certificate of Registration must have completed the requirements to comply with Standard of Practice S-003: Professional Portfolio by June 30, 2012. Members who entered the General Class of Certificate of Registration or became registered with CCO for the first time mid-cycle (any time after June 30, 2012) are not required to comply with the self assessment and continuing education requirements in Cycle 1 (this will be indicated in the CE log for Cycle 1) - their first obligation will be in Cycle 2. Of course, all members are always encouraged to participate in self assessment and continuing education.

From now until June 30, 2012, members should be actively working towards finishing all of their requirements for Cycle 1. There have been, and continue to be, a variety of

opportunities for members to comply with the mandatory CE requirement, including attending the following:

- A CCO Council meeting
- CCO discipline hearings
- CCO's Record Keeping Workshop (the next one is scheduled for Tuesday, June 12, 2012 - see details on page 22 or visit the CCO website)
- "An Opportunity to Connect", the CCO workshop scheduled for Saturday, May 12, 2012 in Toronto (see page 22 for more details).

For up-to-date information on upcoming Council meetings, discipline hearings and CCO events, visit the website: [www.cco.on.ca](http://www.cco.on.ca)

## FRIENDLY REMINDERS ABOUT YOUR CE ACTIVITIES...

- CE activities should reflect the results of a member's self assessment, and peer and practice assessment, in addition to any CE activities related to professional interests, adding to a member's strength or changing a member's practice.
- Every member is required to participate in 40 hours of CE over a two-year period, as determined by CCO.
- In accumulating the 40 hours, CCO requires every member to:
  - participate in a minimum of 20 hours of structured CE activities (all 40 hours may be accumulated in structured activities)
  - record up to a maximum of 20 hours towards unstructured CE activities
  - record participation in CE activities in his/her professional portfolio
  - maintain in his/her professional portfolio materials gathered while fulfilling CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.).

- CE activities must relate to a member's clinical practice and/or professional activities, with the goal of enhancing a member's professional knowledge and skill.
- CCO does not currently approve or accredit CE courses. The program is largely self-directed and members are encouraged to take courses relevant to their clinical practice, professional activities and practice interests. Courses may be taken outside of Ontario.
- Members are not permitted to bank hours beyond the two-year period (i.e., transfer hours from one cycle to the next).
- The required 40 hours of CE is considered the minimum standard for the two-year cycle.

CCO encourages all members to regularly participate in additional CE activities.

### **Structured Activities (20 hours minimum)**

Structured activities are active/interactive learning programs that generally have structured agendas, specified learning objectives and interaction with other members of the profession or other professions. Structured activities include:



## FRIENDLY REMINDERS ABOUT YOUR CE ACTIVITIES (CON'T)

- attending courses, seminars, workshops, presentations, conferences
- participating in interactive Internet courses, seminars, workshops, conferences, webinars
- participating in correspondence courses
- participating in clinical rounds
- participating in computer-assisted learning.

### Unstructured Activities (20 hours maximum)

Unstructured activities are self-directed, independent learning activities and include:

- reading professional books, journals, articles, research papers
- viewing/reading/listening to professional audio/video, Internet materials
- reviewing CCO regulations, standards of practice, policies, guidelines and other CCO materials
- preparing/presenting professional presentations
- researching/writing/editing professional publications
- other (specify).

### Clinical and Professional CE Activities

CCO requires that every member participate in CE activities that relate directly to his/her clinical practice and/or professional activities. These activities may include, but are not limited to, subjects such as communication, assessment, diagnosis/clinical impression, diagnostic imaging, patient care, and specialty training.

As defined in the *RHPA*, 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 dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunctions or disorders arising from the structures or functions of the joints.

CCO recommends that every member participate in a minimum of five hours of CE that is comprised of activities that include interactive, hands-on learning related to spinal adjustment/manipulation.

### Reporting Your Mandatory Self Assessment

By now, all members should have completed their mandatory self assessment as part of complying with the new Continuing Education requirements. There is great value in taking the time to do this self assessment and the information learned in the process should be directing your continuing education efforts.

### Requirements and Reporting

Members are required to complete their current self assessment (Cycle 1) from January 1, 2010 - June 30, 2012 (note that Cycle 1 includes six bonus months as a "one-time" option) and report on their participation.

Members are required to report their CE compliance on the one-page CE Summary Log, which will be mailed to members with their 2013 registration renewal form. The Log and registration renewal for 2013 must be submitted together. See the "End of Cycle 1: Summary of Important Dates" chart for specific timeframes.

### Need a self assessment document?

In preparation for the start of the new CE cycle on January 1, 2010, downloadable and fillable copies of the self assessment were distributed (in late 2009) to all members in the CD-ROM material produced by the Quality Assurance Committee. A downloadable and fillable copy of the self assessment can also be found on the CCO website at [www.cco.on.ca](http://www.cco.on.ca) (under "Quality Assurance").

### Questions?

Most questions about the self assessment and Continuing Education requirements can be found on the CCO website or by reviewing the previously distributed CD-ROM. For further information, contact Dr. J. Bruce Walton, Director of Professional Practice at 416-922-6355, ext. 106 or Mr. Joel Friedman, Director, Policy and Research, 416-922-6355, ext. 104.

## END OF CYCLE 1: SUMMARY OF IMPORTANT DATES

Date	Action
June 30, 2012	CE Cycle 1 ends. All structured and unstructured hours are to be completed by this date. No materials are required to be submitted to CCO at this time.
July 1, 2012	CE Cycle 2 begins. All members are required to complete another self assessment, which will direct their continuing education efforts for the next 2-year cycle.
October 2012	CCO registration renewals will be mailed to members, including a one-page summary sheet (CE Summary Log) declaring CE compliance and including a brief summary of the activities and programs undertaken.
November 2012 – December 31, 2012	Registration renewals and CE Summary Logs will be received by CCO.
March 1, 2013	Members who have failed to comply with the CE requirements of Cycle 1 will be subject to further action by the QA Committee.

### MAY 2012 CE WORKSHOP:

#### “AN OPPORTUNITY TO CONNECT”

#### Join your colleagues and earn CE structured hours

CCO's six-hour seminar called “An Opportunity to Connect” is an excellent way to accumulate structured CE hours, hear directly from Council members and staff about current regulatory and other matters and, of course, catch up with colleagues and friends over breaks and lunch.

The workshop has been designed to enhance two-way discussion between CCO Council members and chiropractors from across Ontario. Presenters will be both CCO Council members and CCO staff. If you have questions about consent, QA initiatives, the discipline process, inter-professional initiatives and anything else related to regulating the profession in Ontario, you'll have plenty of opportunities to ask questions. Yes, CCO is here to listen!

**When?** Saturday, May 12, 2012 8:30 a.m. – 3:30 p.m.

**Where?** Donald Lamont Learning Centre, Law Society of Upper Canada, 130 Queen Street W, Toronto

**Cost?** \$75/member [cheques/money orders payable to: College of Chiropractors of Ontario]

**Book early! Space is limited. Put the date in your calendar, complete the registration form and send it to:**

Ms Rose Bustria, Administrative Assistant

College of Chiropractors of Ontario

130 Bloor Street West, Suite 902

Toronto, Ontario M5S 1N5

Email: [bustria@cco.on.ca](mailto:bustria@cco.on.ca) Fax: 416-925-9610

### JUNE 2012 RECORD KEEPING WORKSHOP:

#### RECORD KEEPING WORKSHOP: NEXT OFFERING

Mark your calendar: Tuesday, June 12, 2012 The Old Mill Inn, Toronto

**CCO Legislation and Ethics Examination**  
9:00 a.m. – 11:00 a.m.

**CCO Record Keeping Workshop**  
11:30 a.m. – 4:30 p.m.

Pertinent details, including a registration form, can be found at [www.cco.on.ca](http://www.cco.on.ca)

All CCO members are reminded that they must comply with all mandatory Quality Assurance initiatives if they hold a General Class of Certificate of Registration (i.e., active). This includes attending the mandatory record keeping workshop.

Note: if you are a member returning from another registration status (such as “inactive”) and have not yet attended a record keeping workshop, you should make plans to attend within the first year of registering in the General Class. If you have already attended a mandatory record keeping workshop, you are not required to attend another workshop. However, you may find attendance a second time a helpful refresher and you may count this toward your structured CE requirements, which is due at the end of June 30, 2012!

Check CCO's website for updated information: [www.cco.on.ca](http://www.cco.on.ca)

# Report From The Patient Relations Committee



Judith McCutcheon,  
Chair

## Partnership of Care Translation

The Patient Relations Committee has translated the *Partnership of Care* document (Patient's Charter of Rights and Responsibilities) into the following languages: Arabic, Chinese, German, Italian, Punjabi, Spanish, Tagalog and Vietnamese. These languages are among the most popular spoken languages in Ontario according to census data.

*Partnership of Care* is a document targeted toward the public that identifies the rights and responsibilities of both the patient and the chiropractor in the pursuit of optimal health and well-being.

Please visit: <http://cco.on.ca/english/About-CCO/Publications/> to download a copy of *Partnership of Care* in different languages. Members are encouraged to distribute this document to patients in their language of preference to ensure they understand the rights and responsibilities of both patients and chiropractors in receiving chiropractic care.



## HPRAC Reviews Mandatory Revocation Provisions Relating To Treatment Of Spouses By Health Care Professionals

The Ministry of Health and Long-Term Care (MOHLTC) has asked the Health Professions Regulatory Advisory Council (HPRAC) to advise on the mandatory revocation provisions of the *Regulated Health Professions Act, 1991 (RHPA)* as they relate to the treatment of spouses by health care professionals.

HPRAC is the organization that advises the MOHLTC on a variety of professional regulatory issues, such as whether unregulated health professions should become regulated, expansions of professions' scopes of practice and changes to quality assurance and patient relations programs.

HPRAC's review and analysis of this issue relates ONLY to the issue of mandatory revocation in the context of treating spouses and does not include any other areas of the sexual abuse provisions of the *RHPA*.

HPRAC conducted stakeholder consultation from October 2011 – January 2012. A number of regulatory bodies (including CCO), professional associations and individuals made submissions on this topic. HPRAC is now reviewing these submissions and preparing a recommendation to the MOHLTC. The MOHLTC has stated that it requires HPRAC's advice on this issue by June 1, 2012. All HPRAC reports remain confidential until released by the MOHLTC. The release of an HPRAC report and any follow-up action are at the discretion of the Minister of Health and Long-Term Care.

Please visit the following link for more information: <http://www.hprac.org/en/projects/spousaltreatment.asp>.

# ICRC Corner



Dr. Brian Gleberzon  
Chair, ICRC

## Issues for Your Consideration

Deliberations by the ICRC are bound by the four corners of the complaint, meaning the Committee is only able to discuss the allegations by complainants that they specifically raise. While some allegations are quite serious (such as allegations that a member is engaging in sexual

activity with a patient or that a member is committing fraud), some issues are of lesser importance; allegations that, even if shown to be true, are not the type of issues that would be appropriate for a referral to a discipline hearing. In addition, some issues not raised in the original complaint itself, are only discovered during the investigation process by the Committee; however, since these issues were not raised in the actual complaint, they cannot be dealt with by the ICRC. Nevertheless, the issues may be important ones.

This brief commentary will focus on these types of various issues – issues that have surfaced during the deliberations of the ICRC that are troublesome or problematic but not of a nature that they would warrant the type of punitive action available to a discipline panel.

## You are responsible for everything that leaves your office with your signature

Third-party payors such as an insurance company conduct internal audits by randomly asking policy holders if an invoice submitted by a chiropractor is accurate. Policy holders are asked if all of the services billed for by the member were actually rendered. Oftentimes during such an audit, the policy holder (the patient) claims that either some (or all) the services billed for were not rendered or they were not rendered on the date indicated. The financial officer of the insurance company then submits a letter of complaint to the ICRC, alleging the member has committed fraud, and the ICRC commences its deliberation, which may include appointing an investigator

to gather more information. Upon receiving notification that they are being accused of fraud, the member often claims that they are only an employee of the practice that submitted the claim and have nothing to do with office's administrative details.

It may, in fact, be true that the member did not actively commit fraud and that the clinic that employs them submitted fraudulent claims. It is possible that the member has lost control of his/her e-signature. It is possible that the administrative staff assembles and distributes all reports and communications requested by patients or other parties. But be that as it may, a member cannot hide behind these excuses. **CCO is aware of some of the challenges when the owner of a clinic is not a member of a regulated health profession.** However, as a professional, a member is ultimately responsible for every document that leaves his/her office that bears his/her signature. At a minimum, a member ought to review ALL documents that bear his/her signature prior to them leaving the office, be they claims, communications or reports.

## Payment per visit

Chiropractors in Ontario are permitted to request that patients pre-pay (or pay in advance) for future treatments, and a chiropractor may offer a discounted fee to patients who wish to pay in this manner, pursuant to Guideline G-008: Business Practices. However, even if a chiropractor offers “block fees” or “payment plans”, he/she must clearly provide a “pay-as-you-go” option to all patients, and that payment option must be clearly visible on the doctor's office.

## Complying with Standard of Practice S-002: Record Keeping

Members must keep records in compliance with the record keeping standard of practice, and CCO has developed a mandatory record keeping workshop to further assist members understand the components of a patient's clinical records. However, the standard itself does not provide the components of what constitutes a robust history, physical assessment, differential diagnosis and so on.

In order to assist members create as fulsome a record as possible, members are referred to the self-assessment

## ICRC CORNER (CON'T)

document. The self-assessment document contains specific and complete details of the questions that should be asked during the patient interview (history), the physical assessment procedures that are permitted to be used by Ontario chiropractors, components of a diagnosis, as well as information related to consent, report of findings

and care planning.

The self-assessment document can be found on the CCO website at:

[www.cco.on.ca/site\\_documents/Self-Assessment%20Questionnaire.pdf](http://www.cco.on.ca/site_documents/Self-Assessment%20Questionnaire.pdf)



Dr. Lezlee Detzler  
Non-Council Committee  
Member  
ICRC

## Acknowledgement of Dr. Lezlee Detzler

**By Dr. Brian Gleberzon, Chair, ICRC**

A very special acknowledgement of appreciation goes to Dr. Lezlee Detzler whose nine-year term as a non-Council committee member of the Inquiries, Complaints and Reports Committee has unfortunately come to an end as of April 2012. Dr. Detzler brought with her a wealth of knowledge and clinical experience, and this expertise, sense of fairness and judgment were invaluable during the Committee's deliberations. I'm sure I speak for all previous members of the ICRC in expressing appreciation to Dr. Detzler. We can all attest to her wisdom and work ethic, both of which enhanced the successful functioning of the Committee. Thank you, Lezlee!

### ICRC Mandate

- To respond to complaints in a manner consistent with CCO's legislative mandate under the *RHPA*
- To review reports of investigations carried out pursuant to Ss. 75(a) of the *RHPA*, and to make decisions concerning the referral of specified allegations of professional misconduct to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration



# Alphabetically and Philosophically: An Enduring Partnership

Dr. Dan Higginson and Dr. Cal Keil clearly recall how they met at the Canadian Memorial Chiropractic College (CMCC) in the mid 1980s. Project and study groups were frequently assigned alphabetically, and “H” and “K” usually ended up together. That’s where the two chiropractors collaborated on assignments, discovered common interests and philosophies, and decided to start up a clinic after graduation. Twenty-four years later, Dan and Cal continue to enjoy, on many levels, a thriving and rewarding partnership.

Reflecting on his career choice, Dan had researched various health care-related professions after he graduated from the University of Toronto and chose to pursue chiropractic. “It intrigued me because of what you do with your head and hands, and fulfilled everything I was looking for in a profession. It helps people out and that’s important to me.”

Cal’s undergraduate degree at the University of Waterloo was health-focused and he also looked at various professions before deciding on chiropractic. “It was most intriguing with its health benefits for people. I talked with many chiropractors and they got me motivated!”

Dan and Cal actively participate in chiropractic organizations, including the Waterloo Regional Chiropractic Society and the Ontario Chiropractic Association. For three years, Dan served on the Chiropractic Review Committee (CRC) as a practice inspector/committee member. Cal is an independent examiner for the Wellness Centre at St. Mary’s Hospital as part of a multi-disciplinary assessment team evaluating motor vehicle accident and WSIB cases.

Both chiropractors generously donate their expertise and time to numerous athletic and community groups, including all varsity athletes at the University of Waterloo. Cal is often found coaching boys’ and girls’ elite basketball teams, serving as assistant coach for the Wilfrid Laurier University women’s basketball team or volunteering at Ontario Federation of School Athletic Associations (OFSAA)



Dr. Cal Keil and Dr. Dan Higginson

boys’ basketball championships. Dan has volunteered at international curling events, the Ontario Summer games (as has Cal) and the Scott Tournament of Hearts.

## Setting up a Chiropractic Practice

In 1988, Dan and Cal graduated from CMCC and chose Waterloo as the place to establish Beechwood Chiropractic Clinic. Originally housed in a plaza, the clinic was moved in 2000 to a building that Dan and Cal demolished and rebuilt as new. The clinic draws patients from a significant area around Kitchener/Waterloo, Cambridge and outlying farm-based areas. In 1989, Dan and Cal purchased a rural practice in Linwood, where they provide services for several Mennonite orders and rural communities. The staff team at both clinics includes a third chiropractor, Dr. Jennifer Moore, who originally joined the team as a locum and “thankfully has stayed on”.

Looking back on their careers, both chiropractors point to the important relationships they have built up in the communities in which they work. “As chiropractors, we see a lot of acceptance from other health professionals and we enjoy trust and respect from them and our patients,” says Cal.



### Patients First

Beechwood Clinic has a strong focus on patients and their needs. “While the general practice around us has changed, we haven’t changed in our approach,” notes Dan. “We are still open six days a week and the number of patients we see is premised on being able to spend the necessary time with each one of them in order to provide the service they want.”

Then there are times described by Dan and Cal that require creative thinking such as at the Linwood clinic. It’s common to find horses and buggies pulling up to the front door because “95% of the patients are Mennonites” and when patients are not able to get to the clinic by horse and buggy, Dan, Cal and Jennifer make house calls. It’s not uncommon to be treating patients by candlelight or “forgetting” there is no electricity for a particular modality!

Dan and Cal continue to be passionate about their profession and focus on ensuring that their patients’ interests will continue to be a hallmark of their practice.

“To paraphrase something said to me by an experienced member of our local chiropractic society early on in my career, ‘What is good for chiropractic is good for the chiropractor, however, what’s good for the chiropractor is not always the best for chiropractic.’ This simple thought keeps it all in perspective and TIC before TOR will benefit us all. What we have been able to develop professionally is in great debt to the personal support that we have had from family and especially spouses. Anyone who has been through the schooling and stress of starting a practice can attest to the need of a supportive spouse.” [Dan]

“I have been married since 1984 to Diane and we have three children. My 24-year old daughter, Cassie, is a college graduate, Chris, my 20-year old son is in his second year of university and my youngest, Jamie, is 19 and in his final year of high school. When Dan and I started in Waterloo, we were surprised with the diverse philosophies and methods of practice in the Waterloo Region. We were very pleased with the education and techniques we gleaned while at CMCC, so to us chiropractic was very straight forward. Over the years, I have seen and heard many



Beechwood Clinic in Waterloo

passionate and dedicated chiropractors, and I continue to enjoy my journey as a chiropractor. At this point in my career, one concept that continues to challenge me is that of a ‘principled chiropractor’. I am not certain if I am a ‘principled chiropractor’ but am certain that I am a chiropractor with principles.” [Cal]

**Have a human interest story to share? Let us know!**

# Your Feedback is Important!

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

E-mail: **cco.info@cco.on.ca**

Fax: **416-925-9610**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*ChiroPractice* is published by the College of Chiropractors of Ontario. CCO welcomes comments and suggestions from readers. Materials published in *ChiroPractice* may be reprinted without permission if credit is given.

**Publication Number: 039010-4-99**



College of  
Chiropractors  
of Ontario

L'Ordre des  
Chiropraticiens  
de l'Ontario

130 Bloor St. West  
Suite 902  
Toronto ON M5S 1N5

Tel: 416-922-6355  
Fax: 416-925-9610  
Toll free: 1-877-577-4772  
E-mail: cco.info@cco.on.ca  
www.cco.on.ca