

# CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO  
VOLUME 5, ISSUE **SEPTEMBER 2012**

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## President's Message

***"Some people lament the diversity of the profession. I celebrate it!"***

It seems as though everywhere we turn these days, we read or hear something about evidence informed health care. While I appreciate the importance of research to substantiate the benefits of chiropractic care, we must be careful to never diminish the relevance of practitioner experience and patient choice. We must keep "top of mind" the clinical entity that sets our profession apart from others and remain focused on the uniqueness of chiropractic.

I know that the people of Ontario consult with us for many different health issues. However, I offer that we don't "treat" the issue but rather we care for the human being with the issue and, therefore, the question to ask is: What should the people of Ontario expect when they consult a chiropractor?

Our chiropractic scope of practice, as embedded in legislation, should give us clarity and guide all that we do in our offices. It states that "the practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, **primarily by adjustment**, of, (a) dysfunctions or disorders arising from **the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system**; and (b) dysfunctions or disorders arising from the structures or functions of the joints."

If you read DD Palmer's 1910 writings, there is a striking similarity to his vision of chiropractic.

When consulting chiropractors, people should expect to have the function of their spine and nervous system analyzed. They should expect a chiropractic diagnosis and a suitable chiropractic plan of care. Of course, consideration should be given to serious or crisis situations that require immediate consultation with another health professional or those conditions that may need to be co-managed by a team of health professionals, each with their own area of expertise.

The Association of College Presidents understood this when all college presidents agreed to a document that outlined the essence of chiropractic. It addressed the innate recuperative powers of the body, the subluxation and the adjustment. The oath I swore when I graduated from CMCC over 27 years ago addressed the same



Dr. Peter Amlinger  
President  
May 2012 - April 2013

(CONT. ON PAGE 2)

internal healing power of the body, which I pledged to release, using my hands

What defines us as chiropractors historically, legally and by the oath we all swore upon at graduation is our ability to assist people in expressing more of their innate recuperative powers by removing subluxations through the chiropractic adjustment.

I will acknowledge there is a great diversity across the profession as to how to best accomplish this noble objective. And, I remind all of us that CCO does not distinguish members based on where they are on the continuums relating to the philosophy, science and art of chiropractic. All members of the CCO are expected to comply with all legislation, standards of practice and policies, and our quality assurance program does include a diverse group of peer and practice assessors. The public should reasonably expect to receive the same level of competent, ethical chiropractic care regardless of the chiropractic office they enter anywhere in Ontario.

While some in our profession lament this diversity, I celebrate it.

A primary example is the spectrum of chiropractic adjusting techniques. From tonal to structural technique systems, from low velocity to high velocity techniques, there is a broad range of chiropractic adjusting techniques that we should all study in depth and master. The result of accepting this diversity is the possibility of building oneself a large toolbox so that any person who presents to your office in need of adjustment can be safely, precisely and effectively adjusted. I personally receive referrals from chiropractors in situations where the patient will benefit from my range of expertise and I also refer patients to other chiropractors who use different techniques than I use if a patient would benefit from their expertise.

Perhaps in the interests of the people we serve, it is time for our profession to accept the diversity of chiropractic adjusting techniques. We can do that and, at the same time, focus on how each of us delivers optimum patient-centred care within the scope of our authority and within the broader framework of an ever-improving and cost-effective health care system in Ontario.

On further reflection, wouldn't it be beneficial to develop a body of research (which may, in fact, already exist) that describes the spectrum of neurophysiological indicators that may be present when a person is living subluxated? We could then measure our adjusting technique based upon its ability to identify the presence of subluxation and safely adjust the subluxation as indicated by a reduction in the physiological parameters we have used to indicate

the presence of the clinical entity we are responsible for locating and removing.

As I stated earlier, we need research. We need research that substantiates our clinical concepts and proves the efficacy of our clinical intervention, based upon a change in function and improved quality of life.

In the 1920s, BJ Palmer set out to do research and his inspiration was to prove that chiropractic was either correct in its principle or incorrect. One hundred and seventeen years of sick people getting well through chiropractic care is a level of evidence that we can all be proud of.

BJ said "we must embrace with passion the unique powers of the chiropractic science. If we do not, others will and pervert it in the process."

If you have been following the messaging being put forward by the Honourable Deb Matthews, the Minister of Health and Long-Term Care, you will find my comments are consistent with her messaging and the contents of Ontario's Health Care Action Plan. The Minister consistently messages that the public of Ontario is entitled to access health care providers who are practising to the full extent of their scope of practice, and that the care they receive is patient-centred and produces the best results in a safe and efficient manner.

There is a growing interest in analyzing what unique aspects each profession brings to the health care table. Ontario's Health Care Action Plan is also focused on prevention and health promotion, and I point out that these principles have been a cornerstone of chiropractic care since 1895.

Providing high quality and ethical chiropractic care to the people of Ontario is clearly in the public interest. Elsewhere in this newsletter, you will read about a number of new standards of practice and initiatives that CCO has developed to help focus chiropractors on our scope of practice as defined in legislation. We must always remember that our scope is narrow in its focus but broad in its application.

As we use our scope of practice to guide our journey towards mastering chiropractic, there are millions of winners: the men, women and children of Ontario.



Peter Amlinger, DC

# Message du Président

## « Certaines personnes déplorent la diversité de la profession. Je la célèbre! »

Ces jours-ci, il semble que l'on entende partout parler de soins de santé fondés sur des données probantes ou que l'on lise quelque chose à ce sujet. Quoique j'apprécie l'importance de la recherche visant à prouver les avantages des soins chiropratiques, nous devons faire attention de ne jamais diminuer la pertinence de l'expérience des praticiens et du choix des patients. Nous devons principalement garder à l'esprit l'entité clinique qui distingue notre profession des autres et demeurer axés sur le caractère unique de la chiropractie.

Je sais que les Ontariens nous consultent pour de nombreux troubles de santé différents. J'avance toutefois que nous ne « traitons » pas le problème, mais que nous prenons plutôt soin de l'être humain qui a le problème. La question à poser est donc la suivante : à quoi les Ontariens devraient-ils s'attendre lorsqu'ils consultent un chiropraticien?

Notre champ d'activité chiropratique, tel qu'il est décrit par la loi, devrait nous éclairer et nous guider dans tout ce que nous faisons dans nos cabinets. La loi stipule ce qui suit : L'exercice de la chiropractie consiste dans l'évaluation des états pathologiques relatifs à la colonne vertébrale, au système nerveux et aux articulations, et dans le diagnostic, la prévention et le traitement, **essentiellement par des manipulations**, des maux suivants : a) les dysfonctions ou troubles découlant **des structures ou des fonctions de la colonne vertébrale et découlant des effets de ces dysfonctions ou troubles sur le système nerveux**; b) les dysfonctions ou troubles découlant des structures ou des fonctions des articulations.

Si vous avez lu les écrits de D.D. Palmer de 1910, il existe une similarité incroyable avec sa vision de la chiropractie.

Lorsque les gens consultent un chiropraticien, ils devraient s'attendre à ce que la fonction de leur colonne vertébrale et de leur système nerveux soit analysée. Ils devraient s'attendre à recevoir un diagnostic chiropratique et un plan de soins chiropratiques pertinent. Il faut bien sûr tenir compte des situations graves et urgentes qui doivent être traitées en consultation immédiate avec un autre professionnel de la santé ou des conditions qui pourraient devoir être gérées en concertation avec une équipe de professionnels de la santé ayant chacun leur domaine d'expertise.

L'Association of College Presidents a compris ce concept lorsque tous les présidents de collège ont accepté un document qui exposait l'essence de la chiropractie. Ce dernier traitait des pouvoirs de récupération innés du corps, de la subluxation et des manipulations. Le serment que j'ai fait lorsque j'ai obtenu mon diplôme du CMCC il y a plus de 27 ans portait sur le même pouvoir de guérison interne du corps, que j'ai promis de transmettre avec mes mains.

Ce qui nous définit en tant que chiropraticiens sur le plan historique et juridique et selon le serment que nous prêtons lorsque nous recevons notre diplôme est notre capacité d'aider les gens à utiliser leurs pouvoirs de récupération innés en éliminant les subluxations grâce aux manipulations chiropratiques.

Je reconnais qu'il existe une grande diversité au sein de la profession sur la façon d'atteindre ce noble objectif de la meilleure façon possible. Je vous rappelle aussi que l'Ordre des Chiropraticiens de l'Ontario ne fait pas de distinction entre ses membres quant à leur opinion sur la philosophie, la science et l'art de la chiropractie. Tous les membres de l'Ordre des Chiropraticiens de l'Ontario sont tenus de respecter l'ensemble des lois, des normes de pratique et des lignes de conduite; notre programme d'assurance de la qualité comprend d'ailleurs un groupe diversifié de pairs et d'évaluateurs de l'exercice de la profession. Dans la mesure du raisonnable, le public devrait s'attendre à recevoir le même niveau de soins chiropratiques compétents et éthiques, peu importe le cabinet de chiropractie qu'il consulte en Ontario.

Certaines personnes de notre profession déplorent cette diversité, mais moi je la célèbre.

Un premier exemple est la diversité des techniques de manipulation chiropratique. Depuis les techniques tonales à structurelles et depuis les techniques à faible vélocité aux techniques à grande vélocité, il existe une vaste gamme de techniques de manipulation chiropratique que

nous devrions tous étudier en profondeur et maîtriser. L'acceptation de cette diversité vous donne la possibilité de vous bâtir une importante boîte d'outils permettant que toute personne qui se présente à votre cabinet ayant besoin de manipulations puisse en recevoir un qui est sans risque, précis et efficace. Je vois personnellement des patients qui m'ont été recommandés par d'autres chiropraticiens parce que je peux les aider grâce à mes connaissances et je recommande aussi des patients à d'autres chiropraticiens qui utilisent d'autres techniques que les miennes si celles-ci s'avèrent plus appropriées pour un patient.

Possiblement dans l'intérêt des gens auxquels nous offrons nos services, il est temps que les membres de notre profession acceptent la diversité des techniques de manipulation chiropratique. Nous pouvons y arriver tout en nous concentrant sur la façon dont chacun d'entre nous fournit des soins optimaux axés sur le patient dans la mesure de sa capacité et dans le cadre de la structure plus vaste d'un réseau de santé efficient en évolution constante en Ontario.

Par ailleurs, ne serait-il pas avantageux de mettre en place un organisme de recherche (qui, en fait, existe peut-être déjà) qui décrit l'ensemble varié des indicateurs neuropsychologiques qui peuvent être présents lorsqu'une personne vit avec une subluxation? Nous pourrions ensuite évaluer notre technique de manipulation en fonction de sa capacité à déterminer la présence d'une subluxation et ajuster cette dernière sans risque tel qu'il est indiqué par une réduction des paramètres psychologiques que nous avons utilisés pour déterminer la présence de l'entité clinique que nous sommes responsables de trouver et d'éliminer.

Comme je l'ai indiqué plus tôt, nous avons besoin de recherche. Nous avons besoin d'une recherche qui appuie nos concepts cliniques et prouve l'efficacité de notre intervention clinique, et ce, grâce à un changement fonctionnel et à une qualité de vie améliorée.

Dans les années 1920, BJ Palmer a effectué de la recherche et son objectif était de prouver que la chiropractie est en principe correcte ou incorrecte. Cent dix-sept ans de personnes malades dont la santé a été améliorée grâce aux soins chiropratiques constituent un niveau de preuve dont nous pouvons tous être fiers.

M. Palmer a affirmé que nous devons accueillir avec passion les pouvoirs uniques de la science chiropratique. Selon lui, si nous ne le faisons pas, d'autres le feront et en détourneront le cours.

Si vous avez suivi le message mis de l'avant par Deb Matthews, ministre de la Santé et des Soins de longue durée, vous constaterez que mes commentaires rejoignent son message et le contenu du Plan d'action de l'Ontario en matière de soins de santé. La ministre indique constamment que les citoyens de l'Ontario sont en droit de pouvoir accéder à des fournisseurs de soins de santé qui exercent toutes les fonctions de leur champ d'activité. Elle indique aussi que les soins qu'ils reçoivent sont axés sur le patient et produisent les meilleurs résultats de façon sécuritaire et efficiente.

Il existe un intérêt croissant pour l'analyse des aspects uniques que chaque profession apporte aux soins de santé. Le Plan d'action de l'Ontario en matière de soins de santé est aussi axé sur la prévention et la promotion de la santé. Je souligne d'ailleurs que ces principes ont été la pierre angulaire des soins chiropratiques depuis 1895.

La prestation de soins chiropratiques éthiques et de qualité supérieure aux Ontariens est de toute évidence dans l'intérêt public. Ailleurs dans le présent bulletin, vous pourrez lire de l'information sur de nouvelles normes de pratique et des initiatives que l'Ordre des Chiropraticiens de l'Ontario a mises en place pour aider les chiropraticiens à se concentrer sur leur champ d'activité tel qu'il est défini dans la loi. Nous ne devons jamais oublier que le centre d'intérêt de notre profession est limité, mais vaste dans son application.

L'utilisation de notre champ d'activité pour nous diriger vers la maîtrise de la chiropractie fera des millions de gagnants : les hommes, les femmes et les enfants de l'Ontario.



Peter Amlinger, DC

# Registrar's Report

## Ontario's Health Care Action Plan



Ms Jo-Ann Willson  
Registrar and  
General Counsel

Many of you will have read Ontario's Health Care Action Plan, announced by the Honourable Minister Matthews in January 2012, and delivered in presentations across various cities throughout Ontario.

Members of Ontario's health care community, including regulators

such as CCO, are well advised to be familiar with the vision the government has for the delivery of health care in the province. Certain words and phrases are critical.

### Better Quality

Quote from Ontario's Health Care Action Plan:

*"The next step in rebuilding Ontario's health care system was to focus on the quality of care people receive. We're ensuring care is patient-centred, driven by outcomes and based on evidence."*

If you have ever wondered about the fundamental importance of CCO's quality assurance program, take a look at the government's references to focusing on the quality of health care people receive. CCO's role includes taking all reasonable steps to ensure the people of Ontario receive safe, effective and ethical chiropractic care. With the extensive (and required) references in CCO publications to complaints and discipline matters, it is easy to overlook the robust nature of CCO's QA program, and the success of a number of QA initiatives including the peer and practice assessment program, mandatory record keeping workshops and development of comprehensive standards of practice.

The vast majority of the approximately 4,200 active members in Ontario provide quality chiropractic care to their patients. CCO is grateful to the number of people who have helped to make the QA program a success, including, of course, a hard-working and diligent group of peer assessors. To date, 2,600 members have been peer assessed, and plans are in place to have the full membership assessed in the next few years.

### Keeping Ontario Healthy

Quote from Ontario's Health Care Action Plan:

*"Helping people stay healthy must be our primary goal and it requires partnership. As a government, we're increasingly putting our efforts into promoting healthy habits and behaviours, supporting lifestyle changes and better management of chronic conditions..."*

The government's sentiment to help people stay healthy and to promote healthy habits and behaviours will resonate with CCO members and the public.

Recently, CCO developed and approved a new standard of practice, S-001: Chiropractic Scope of Practice, with the aim of ensuring members and the public are thoroughly familiar with the chiropractic scope of practice, and the controlled acts authorized to chiropractors under the *Chiropractic Act, 1991*. The scope of chiropractic practice is broad, and includes the authority (and responsibility) to communicate a diagnosis consistent with the *Act*. CCO members, like all other health care professionals, have a role to play in facilitating the goal of helping Ontarians stay healthy.

### The Right Care ... At the Right Time ... And in the Right Place

This phrase has been repeated and highlighted by government in a number of forums, emphasizing a commitment to ensuring patients receive timely access to the most appropriate care in the most appropriate place, including ensuring care is provided by the most appropriate health care professional. CCO is continuing to work on various initiatives with stakeholders and government to facilitate patients receiving the benefit of members' access to 21<sup>st</sup> century diagnostics wherever health care is delivered. We will keep you posted on these initiatives as they progress.

I expect a review of Ontario's Health Care Action Plan will be part of the analysis and refinement of CCO's strategic objectives at the strategic planning session scheduled for late September 2012. It will be important to keep top of mind the role of the regulator as distinguishable from other stakeholders including advocacy groups.

CCO's statutory role is to protect the public interest through the registration of members and the development of standards of practice, as well as to have a complaints

# Acronyms

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

## REGISTRAR'S REPORT (CONT.)

and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *RHPA*.

It is impossible to do justice to Ontario's Health Care Action Plan in these few words. I commend you to review and reflect on the document in its entirety. For the full text of Ontario's Health Care Action Plan, go to:

[http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change/docs/rep\\_healthychange.pdf](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf)

## 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.

Acronym	Full Name
ADR	Alternate Dispute Resolution
BDC	Board of Directors of Chiropractic
CAC	Chiropractic Awareness Council
CCA	Canadian Chiropractic Association
CCEB	Canadian Chiropractic Examining Board
CCO	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CE	Continuing Education
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
CSCE	Canadian Society of Chiropractic Evaluators
DC	Doctor of Chiropractic
FHRCO	Federation of Health Regulatory Colleges of Ontario
FTP	Fitness to Practise
F&V	Frivolous and Vexatious
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
OCA	Ontario Chiropractic Association
QA	Quality Assurance
RHPA	<i>Regulated Health Professions Act, 1991</i>
SCERP	Specified Continuing Education and Remediation Program
SOPs	Standards of Practice
UQTR	Université du Québec à Trois-Rivières
US	United States

# Minister of Health Speaks at CCO 2011 Annual General Meeting – June 21, 2012



The Honourable Deb Matthews, Minister of Health and Long-Term Care, addresses CCO Council, staff and guests.

## **Managing the Future of Health Care in Ontario**

At its annual general meeting in June, CCO welcomed The Honourable Deb Matthews, Minister of Health and Long-Term Care, as a guest speaker. Prior to the official business of the meeting, the Minister addressed Council members, guests and staff.

The Minister talked about the important role of the health care regulatory colleges in Ontario in protecting the public interest, and noted the role of regulators as distinguishable from professional associations or advocacy groups. Minister Matthews provided an overview of the government's initiatives in managing the future direction of the health care system in Ontario so that it can provide the necessary level of patient-centred care for Ontarians. The Minister was pleased to report that chiropractors are increasingly assuming roles in integrated health teams, and helping to improve the alignment of care providers



Mr. Brian O'Riordan, Vice President, FHRCO brings greetings on behalf of FHRCO to CCO.



Dr. Marshall Deltoff, former CCO President, greets The Honourable Deb Matthews.

to patient needs and delivering evidenced-based and cost-effective care.

After her presentation, the Minister took the time to individually meet and chat briefly with all attendees, namely Council members, staff and guests.

## **Building Public Confidence**

Minister Matthews' remarks about the important role of health regulatory colleges in Ontario were particularly timely.

The theme of CCO's 2011 Annual Report is "Building Public Confidence", which highlights the need for constant vigilance in ensuring that the public interest is first and foremost in guiding everything the CCO does through its mission statement and strategic objectives. Public confidence in the delivery of health care - as well as the regulation of the health professions - is precarious and should be both earned and maintained.



The Minister took the time to meet all attendees.

# Building on a Solid Foundation: A New Home for CCO

In its annual report for 2009, CCO reported on its purchase of a lot in Toronto (29 Pleasant Blvd.) as a potential location of CCO's future home. Since then, members have received periodic updates about activities as the final project moves forward under Council's active oversight.

"Members should know that no final decision has been made to date," says CCO President, Dr. Peter Amlinger. "We continue to review and discuss all of the opportunities that are available to us because, first and foremost, we must ensure that CCO continues to operate in a fiscally responsible manner and the public of Ontario is protected."

Current initiatives include examining all of the options available to CCO in deciding on the next steps. Certainly, building on the lot at 29 Pleasant Blvd. is one option but other options are being fully examined to ensure that CCO is able to uphold its mandate. Experienced real estate professionals, construction and costing specialists, architects, lawyers and accountants are just some of the experts that are providing Council with information and knowledge to

support its decision-making. Other health regulatory colleges have also provided useful input on their experience with similar projects.

Council will continue to exercise its due diligence and fiscal responsibility. Stay tuned!

*Dr. Peter Amlinger, President*

*Dr. Dennis Mizel, Vice President*

*Mr. Robert MacKay, Treasurer*

## CCO STRATEGIC OBJECTIVE 4:

*Continue to regulate in a fiscally responsible manner: Statutory mandate met and priorities set and appropriately resourced (human and financial).*



2011-2012 CCO Council

# Council Election Results

At its meeting on April 25, 2012, Council elections were held and the following individuals were elected or acclaimed as officers and committee members.



**Executive Committee**  
**Dr. Peter Amlinger, President**

- Dr. Dennis Mizel, Vice President
- Mr. Robert MacKay, Treasurer
- Dr. Cliff Hardick
- Dr. Gauri Shankar
- Mme Lise Marin
- Ms Judith McCutcheon

## Officers

- President:** Dr. Peter Amlinger  
**Vice President:** Dr. Dennis Mizel  
**Treasurer:** Mr. Robert MacKay



**Discipline Committee**  
**Dr. Bryan Wolfe, Chair**

- Dr. Patricia Tavares
- Mr. Robert MacKay
- Ms Cristina De Caprio
- Dr. Angela Barrow, Non-Council committee member
- Dr. Michaela Cadeau, Non-Council committee member



**Inquiries, Complaints and Reports Committee**  
**Dr. Gauri Shankar, Chair**

- Dr. Brian Gleberzon
- Mr. Martin Ward
- Mr. Shakil Akhter, Alternate public member
- Dr. Erica Mattia, Non-Council committee member



**Fitness to Practise Committee**  
**Dr. Dennis Mizel, Chair**

- Dr. Patricia Tavares
- Mr. Shakil Akhter



**Patient Relations Committee**  
**Ms Judith McCutcheon, Chair**

- Dr. Brian Gleberzon
- Mr. Shakil Akhter
- Dr. Lisa Cadotte, Non-Council committee member
- Dr. Doug Pooley, Non-Council committee member



**Quality Assurance Committee**  
**Dr. Robbie Berman, Chair**

- Dr. James Laws
- Mr. Martin Ward
- Ms Cristina De Caprio
- Dr. Heather Jones, Non-Council committee member



**Registration Committee**  
**Dr. James Laws, Chair**

- Dr. Robbie Berman
- Ms Judith McCutcheon
- Ms Cristina De Caprio, Alternate public member

**Non-Statutory Committee**



**Advertising Committee**  
**Dr. Cliff Hardick, Chair**

- Dr. Bryan Wolfe
- Mr. Shakil Akhter
- Dr. Larry McCarthy, Non-Council committee member



## INFORMATION ABOUT COUNCIL

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

### COUNCIL MEMBER TERMS ~ As at August 3, 2012 <sup>1</sup>

Name	District	Date First Elected/Appointed	Date Re-elected/ Re-appointed	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. Pat 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	August 12, 2012	August 11, 2015
Mr. Martin Ward	Orillia	January 1, 2005	January 1, 2008 December 31, 2010	December 31, 2013
Vacant				

<sup>1</sup> Please advise Ms Rose Bustria a.s.a.p. if you aware of aware of any discrepancies.

# Council Meeting Highlights

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

At all meetings, Council reviews information from the 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 and occasionally government representatives. Attendees receive comprehensive public information packages.

The public portion highlights of one Council meeting held since the last newsletter follow.

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

## JUNE 22, 2012

### Council noted/reviewed the following:

- Welcomed newly elected Council member (District 4), Dr. Patricia Tavares
- Plans for the September 28-30, 2012 Council meeting and strategic planning session
- Positive feedback from the May 2012 Opportunity to Connect workshop for members
- Upcoming activities and action steps in drafting a business case for the development of a new home for CCO.

### Council approved the following:

- Minor wording amendments to Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone (wording consistency in the "Informed Consent" section with other standards)
- Minor revisions to P-029: Chiropractic Specialties for consistency with the specialties recognized by the CFCREAB.

## Council Meeting Dates to November 2012

Date	Time	Event	Location
Friday, September 28	1:00 - 5:00 pm	Council Meeting	Niagara-on-the-Lake
Friday, November 30	8:30 am - 4:30 pm	Council Meeting	CCO

# Meet CCO's New Non-Council Members

At the April 2012 Council elections meeting, three non-Council positions were filled by Dr. Angela Barrow, Dr. Erica Mattia and Dr. Doug Pooley. Congratulations to these individuals as they assume their new roles! They join Dr. Michaela Cadeau (Discipline Committee), Dr. Lisa Cadotte (Patient Relations Committee), Dr. Heather Jones (Quality Assurance Committee) and Dr. Larry McCarthy (Advertising Committee) as the four other CCO non-Council committee members.



**Angela Barrow**  
Discipline Committee  
Chiropractor since 2000  
Belwood

A graduate of New York Chiropractic College, Angela practised as a locum doctor throughout Ontario in the first year and a half of her career. She then began her own practice in Milton, working side-by-side with her father, Dr. James Barrow, for the next 10 years. She has since sold her practice in Milton and runs a home-based practice in Belwood, Ontario.

A strong advocate of spinal correction and family wellness, Dr. Barrow attends several seminars every year to expand her understanding of the diversity within her profession. In addition, she is committed to eliminating the root causes of poverty for children around the globe and co-leads monthly webinars for women and students in chiropractic.

*"I am very passionate about chiropractic and look forward to serving as a non-Council member on the Discipline Committee, protecting the public interest in Ontario and helping chiropractors understand their roles and responsibilities."*



**Erica Mattia**  
Inquiries, Complaints  
and Reports Committee  
Chiropractor since 2010  
St. Catharines

For the past 2 years, Erica has spent time working as a sole proprietor as well as in a multi-disciplinary clinic. She also participates in volunteer work locally and enjoys teaching about healthy lifestyles. In her spare time, Erica enjoys her yoga practice and travelling.

*"I am honoured and excited to be a part of the CCO's Inquiries, Complaints and Reports Committee. It is important to me to have the public trust and appreciation of our profession and I am grateful to be able to play a role in regulating that."*



**Doug Pooley**  
Patient Relations  
Committee  
Chiropractor since 1978  
St. Thomas

A graduate of the Canadian Memorial Chiropractic College, Doug has been in practice for 34 years and previously served for one term on CCO Council. He has lectured nationally and internationally and written articles on chiropractic and chiropractic practice. In his spare time, Doug serves as a board member for Big Brothers, Big Sisters and on the Honours and Awards Committee for the City of St. Thomas. The other "loves" of his life are his wife, Patti, his children, Nick and Tara, his bulldog, Dexter, and his motorcycle, Bob.

*"As a non-Council member, I appreciate the opportunity to work with my fellow chiropractors, the public members and the CCO staff team to ensure that the public of Ontario is well protected. My passion for chiropractic continues to be very strong and I feel privileged to participate in the self-regulation of our profession."*

**CCO thanks all members who submitted their names and expressed an interest in participating in the self-regulation of the chiropractic profession.**

# Call for Applications to Serve as a Non-Council Member of CCO

**CCO is currently seeking applications for future positions starting in April 2013 as non-Council members of CCO.**

**Information about the role and criteria follows.**

Every year, a number of Ontario chiropractors take time from their busy practices to make a commitment to help the CCO deliver on its mandate of responsible self-regulation. As any of your colleagues who have served as non-Council members of any of the CCO committees will attest, the experience is very rewarding and fulfilling.

The selection of non-Council members is done through a fair and transparent process that is guided by By-law 12: Appointment of Non-Council Members. The by-law stipulates that the selection process carefully assesses geographic representation, member experience, type of practice, race and ethnic origin, etc.

If you are interested in submitting your name, following are some questions and answers that should assist in your initial decision-making. You can, of course, contact CCO for more information. We certainly hope you'll consider!

## **How do I know if I am eligible to be appointed to a CCO committee?**

### **You are eligible if you meet the following criteria:**

- You have filed a signed Application & Eligibility Form for Non-Council Committee Appointment with CCO's Registrar.
- You are a member of CCO.
- You are applying for selection in the electoral district in which your designated address on the public register is located.
- You are not in default of any fees or other monies owing to the CCO, or in default of returning or completing any prescribed forms.
- You are not currently the subject of any disciplinary or incapacity proceeding.
- Three years have elapsed since you have been found guilty of an offence under the Criminal Code of Canada or complied with any penalty.
- You do not have any terms, conditions or limitations placed on your Certificate of Registration, other than ones that are applicable to all members holding that class of certificate.
- Three years have elapsed since you were disqualified from sitting on Council because of a breach of the CCO's Code of Conduct for Council members or of the conflict of interest by-law.

- During the previous two years, you have not been a director or other member of the board of directors, governing council, or other governing body, or an officer or appointed official of the Canadian Chiropractic Association, a national or provincial chiropractic specialty association or similar organization.
- You are not, and have not been, engaged as a chiropractic consultant to a third party chiropractic benefits provider during the previous three years.
- A period of at least two years has elapsed since you were last employed by the CCO as a salaried employee.

For additional guidance, note the extract below from By-law 12: Appointment of Non-Council Members.

### **Extract from By-law 12: Appointment of Non-Council Members**

- (a) The member has his/her primary practice of chiropractic located in Ontario, or if the member is not engaged in the practice of chiropractic, has his/her primary residence located in Ontario;
- (b) The member is not in default of payment of any fees prescribed by by-law or any fine or order for costs to the College imposed by a college committee or court of law;
- (c) The member is not in default in completing and returning any form required by the College;
- (d) The member is not subject of any disciplinary or incapacity proceeding;

### ***How much time is involved?***

Your time commitment varies by committee. Some committees, like the ICRC, meet about once a month and others, like Patient Relations, may only meet three or four times a year.

### ***Am I compensated for the time away from my practice?***

The 2012 rate, in accordance with By-law 9, is \$400 per full-day meeting with \$200 for preparation time and \$200 for a half-day meeting with \$100 preparation time. Other reasonable expenses, such as travel, accommodation and meals directly related to CCO business, are reimbursed.

For more information, refer to By-law 9: Remuneration and Internal Policy I-012: Policies and Procedures for the Reimbursement of Reasonable Expenses and for Submitting Per Diem and Expenses Claims for Committee Members, which are posted on the CCO website.

### ***How long is my commitment?***

The term is approximately one year, the same as Council members' appointments to committees.

### ***If I am interested, what do I do?***

The process is quite straightforward. Please submit a resume and covering letter, stating your intention and reasons for wanting to serve on a CCO committee, to the attention of the CCO Registrar and General Counsel, Ms Jo-Ann Willson. Elections to committees are generally conducted in April of each year, so please submit your resume and covering letter before April to receive consideration for election to a committee for that year. No date for the April 2013 Council meeting and elections has been set yet.

### ***How does the selection process work?***

As the application forms are received at the CCO, they are reviewed to confirm that all the eligibility criteria are met. CCO Council then votes on which applicant will serve on each committee. The process is the same for electing Council members to committees.

### ***May I choose which committee I sit on?***

Yes, you may choose which committee you are interested in sitting on, with the exception of the Executive Committee and the Fitness to Practise Committee. Your options include the Quality Assurance Committee, the Inquiries, Complaints and Reports Committee, the Patient Relations Committee, the Discipline Committee and the Advertising Committee. Please visit [www.cco.on.ca](http://www.cco.on.ca) for more information about CCO committees.

### ***If selected, when do I start?***

You start with the first committee meeting in 2013, usually within the first month or so of the beginning of the year. You may also be asked to attend special education or orientation sessions.

### ***Who do I call if I still have questions?***

**Mr. Joel Friedman,  
Director Policy and Research  
416-922-6355, ext. 104  
[jfriedman@cco.on.ca](mailto:jfriedman@cco.on.ca)**

#### **12.9 A member is eligible for appointment to a committee if, on the date of the appointment:**

- (e) A finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding three years;
- (f) The member is not an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, CAC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the Commission on Accreditation of the Federation;
- (g) The member is not an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;
- (h) The member has not been disqualified from the Council or a committee of the Council in the previous three years;
- (i) The member is not a member of Council or of a committee of the College of any other health profession; and
- (j) The member has not been a member of the College's staff at any time within the preceding three years.

# 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 April 1 - September 5, 2012) and wishes them a long and successful career in chiropractic.

Sean Y. Abdulla	Irfan Dossa	Kevin Ka Wai Lee	David Revivo
Brianna Albright	Kylie P. Draper	Mathew K.L. Lee	Sarah E. Rood
Sabine Anani	Candice M. Duff	Paul Y.M. Lee	Adrian Rossi
Justin E. Arseneau	Jennifer M. Durocher	Joel L. Leger	Craig M.A. Rowat
Bernadette S.L. Artymko	Sean A. Eastman	Mehvish Mamoon	Michele A. Rumeo
Demetrios Assimakopoulos	Marleigh S. Edwards	Katelyn A. McGhie	Salar Sardari
Erin K. Auclair	Jonas V. Eyford	Wendell S. MacKenzie	Jarod E. Selby
Heather L. Bailey	Andrew C. Fagan	John MacPhee	Andre H. Senechal
Lesley S. Belanger	Brad S. Ferguson	Gita Madadi	Krista L. Sestokas
Natalie C. Bernicky	Valerie O. Fletcher	Heather M. Majury	Uravi Shah
Gillian Birsa	Lauren C.M. Freeburn	Eliinilaa Manaharan	Larisa V. Shevchuk
Matthew A. Booth	Maria T. Gatti	Michael W. McGarr	Leann M.R. Shrum
Jeff G. Bowman	Nicole J. Gauthier	Michael E. Merner	Maninderjit Singh
Matthew J. Bradbury	Diana J. Gazalka	Darren L. Miller	Meredith J.H. Smith
Crystal C. Briand	Rajvinder S. Gidda	Harmony Miraliakbari	Chelsey R. Spano
Julia A. Callaghan	Anthony J. Gillespie	Andrew R. Moore	Derek S. Spence
Jason N. Camilleri	Eitan Glazas	Jonathan E. Morrow	Oi Man (Kitty) Tam
Celia J. Campoli	Thurkka Gnanalingam	Kelly J. Nagribianko	Gregory L. Tollefson
Sherryann Carlton	Vijay Gopalakrishnan	Luigi Nalli	Navdeep Toor
Rachel S. Carson	Christopher L. Greenwood	Thanongsay Nanthasit	Jeremie Tremblay
David W. Chambers	Geoffrey M. Hicks	Rashaad Nauth-Ali	Kathy D. Trenholm
Anthony Chan	Cole J. Higgs	Samara Nicholson	Athanasios T. Tsaoussis
Clarise Chan	Kristen E. Hoekstra	Elizabeth L. Osterer	Michelle Verrilli
Laura N. Chesher	Alan Hong	Michael D. Palmer	Julia Viscomi
Kevin G.W. Cheung	Sarah J. Hopkins	Ryan J. Parr	Hayley A. Walkden
Matthew L. Chiavaroli	Albert Huang	Danny D. Phan	Sherilee A. Walker
Daniel D. Chirico	Lauren E. Jackson	Kirsten A. Plume	Brad D. Wall
Isabel Chochorek	Lindsay A. Johnston	Matthew S. Pocrnic	Jeffery L. Werden
Anita Chopra	Lauren E. Karatanevski	Ashley Posa	Scott White
Wayne S. Christie	Daniel P. Kay	Matthew A. Posa	Amanda L. Willson
Karen L. Chrobak	Debra M. Kay	Christina C. Princiotta	Erin N. Woitzik
Amanda D. Church	Amrita Kharkar	Colin A. Rafferty	Jeffrey J.W. Wong
Heather Ciasnocha	Naomi D. Kupferstein	Alima C. Rahman	Amy Yee
Corey D. Cipolla	Wai Ying Alice Kwong	Arturas Ramanauskas	Zaid Yousif
Erin S. Clatworthy	Ayaz A. Ladak	Lindsey Rebeiro	Linda K. Zach
Jeffrey P. Collison	Lucas W.J. Laframboise	Paulina E. Reiban	
Jonathan A. Diplock	Daniella LaFratta	Denisa Reiz	
Joel B. Dixon	Joyce G.B. Lee	Krista M. Revenberg	

## IN MEMORIAM

Name	City	Date of Registration	Date of Death
Dr. Wayne Paul Foster	Richmond Hill	May 24, 1979	September 8, 2011
Dr. Thomas A. Dickson	North Carolina	July 11, 1970	October 1, 2011
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. Ted Koss	Oshawa	June 13, 1986	January 20, 2012
Dr. Herbert J. Vear	Pickering	June 29, 1949	February 2, 2012
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
Dr. Earl Tetrault	North Bay	June 25, 1955	April 21, 2012
Dr. Stephen West	Sault Ste. Marie	June 17, 1950	April 27, 2012
Dr. John C. D. Hope	Etobicoke	September 22, 1956	May 27, 2012
Dr. John H. Neale	Oshawa	June 29, 1949	June 27, 2012
Dr. Matthew K. Rosenberg	Toronto	August 11, 2006	July 2, 2012
Dr. Ronald A. Ingard	Penetanguishene	February 1, 1968	July 10, 2012
Dr. Arthur James McIntosh	Port Hope	September 1, 1959	September 5, 2012

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

# Remembering Dr. Stephen West, Former President, BDC

## 1929-2012

**CCO extends its condolences to Dr. West's family and friends.**

Dr. Stephen West passed away in Sault Ste. Marie, Ontario on Friday, April 27, 2012 at the age of 83. He leaves behind his wife of 62 years, Daphne, as well as his children and grandchildren.

A former radio personality who worked for CHUM Broadcasting in Toronto, Dr. West left Toronto to become a third-generation chiropractor after graduating from CMCC in 1950. This was the beginning of a long career as a highly respected chiropractor in Sault Ste. Marie.

In December 1965, Dr. West was appointed by the Minister of Health to the Board of Directors of Chiropractic (BDC). He was subsequently appointed as the Board's Vice-Chair in 1970 and served in that capacity until 1974 when he was appointed Chair upon the death of Dr. Harold Beasley, the former Chair. Closer to the end of his career, Dr. West served on the Examination Committee where he oversaw the Principles of Practice Module during the annual Ontario board exams.

Dr. West's care and dedication to his patients continued until his retirement in 2000, almost 50 years after it began.



*"During his ten-year term as Chair, Dr. West chaired numerous meetings of the board and other chiropractic delegates with senior Ministry of Health officials in an effort to attain new and better legislation for Ontario chiropractors for the benefit of the public. He also presided when the Board composition changed to four chiropractors and one government-appointed public member from five chiropractors."*

# Winner of the 2012 Harold Beasley Award for Excellence in Jurisprudence: DR. DEBRA KAY



Mr. Joel Friedman, CCO, presenting the 2012 award to Dr. Kay.

CCO extends its congratulations to **Dr. Debra Kay**, the recipient of the 2012 Harold Beasley Award for Excellence in Jurisprudence.

The award was established in 1995 to honour the memory of Dr. Harold Beasley, a former Chair of the BDC. The award is granted to a student at an accredited chiropractic educational institution in North America who intends to practise in Ontario. The successful applicant has his/her fees for registration with CCO waived for the first year.

## CCO DIRECTORY

In an effort to reduce costs, CCO is no longer publishing and distributing a hard copy of the directory to members. A digital version of the 2012/2013 directory will soon be available at [www.cco.on.ca/english/about-cco/publications/](http://www.cco.on.ca/english/about-cco/publications/)

This directory will be based on information as of June 30, 2012. 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/)





# Council Approves Change to By-Law 11: Committee Composition

*By: Dr. Bryan Wolfe, Chair, Discipline Committee*

At its June meeting, Council discussed a recommendation from the CCO Discipline Committee to increase the number of non-Council professional members on the Committee. The goal is to make the process of composing panels more streamlined and easier, particularly in the case of contested hearings that could have the potential to extend over several days or weeks. Effectively, this would enhance planning and build capacity around the discipline process at CCO and is reflective of a trend among other health regulatory colleges in Ontario.

Council considered all aspects of the recommendation, including the notion of having more professional members of the CCO available and becoming more involved in the regulation of their profession, and what the financial ramifications would be for CCO. Having chiropractors with previous relevant experience in serving on hearings - including experience on Council or as non-Council members on CCO committees - would be very desirable.

In the end, Council approved a motion that the Discipline Committee and the Fitness to Practise Committee shall be composed of every member of Council and one or more members of the CCO if Council so wishes.

## Interested in serving on the Discipline Committee specifically?

Members who are interested in being considered to serve on the Discipline Committee should communicate their interest as soon as possible to Ms Jo-Ann Willson, CCO Registrar and General Counsel. Keep in mind that CCO is obligated to adhere to the requirements and criteria set out in the appointment of the non-Council committee members' by-law (e.g., different geographic locations, multi-lingual skills, race and ethnic origin, gender, etc.).

Please consider putting your name forward. Your participation in the self-regulation of your profession is essential.



Dr. Bryan Wolfe  
Chair  
Discipline Committee

## The Work of the Inquiries, Complaints and Reports Committee

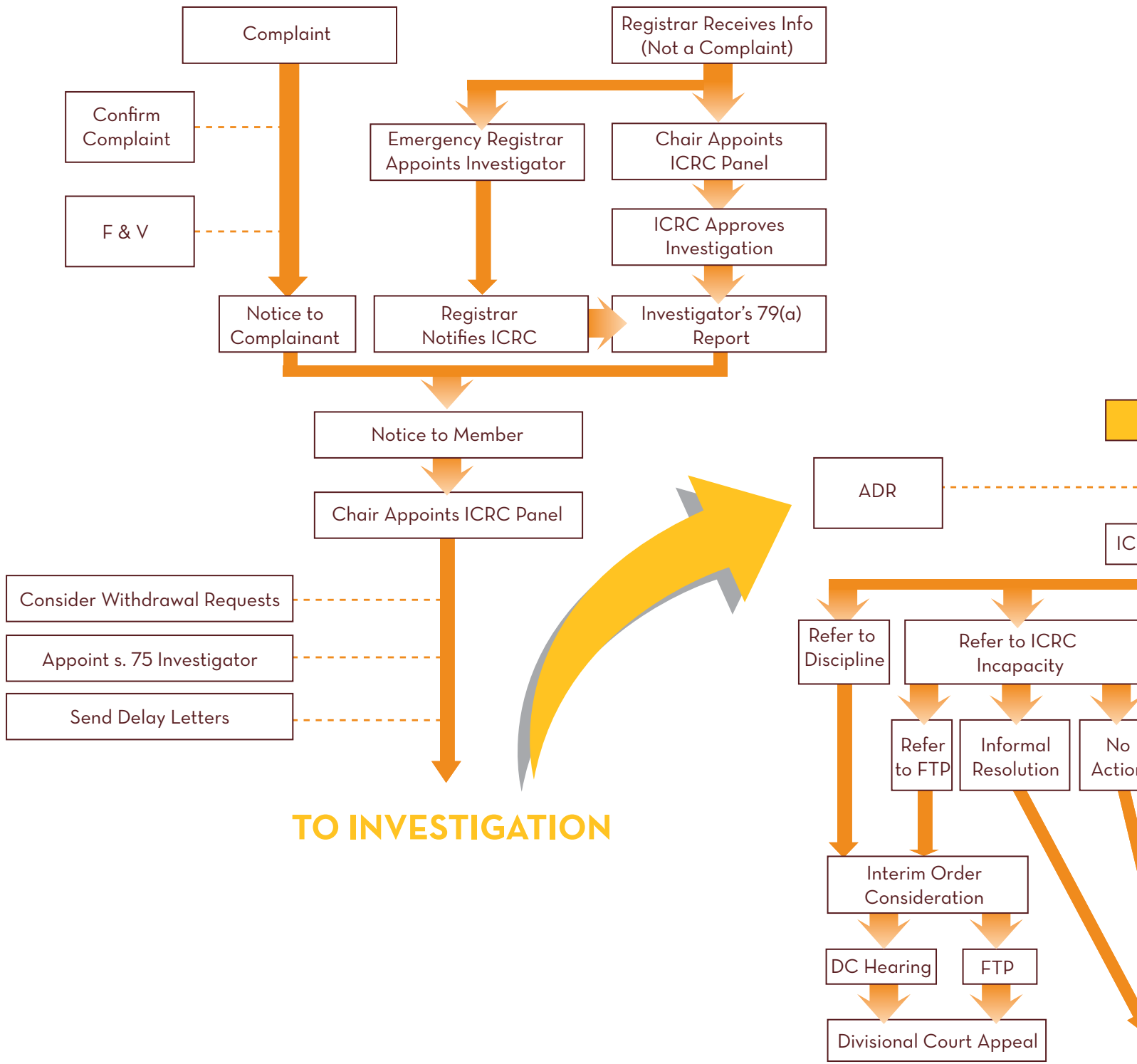
One important responsibility of the CCO is to respond to concerns and to investigate complaints from members of the public about chiropractors registered to practise in Ontario.

The *Regulated Health Professions Act (RHPA)* sets out the complaints process, including that the chiropractor will be told that a complaint has been received and given an opportunity to respond.

When the pertinent information has been obtained from the member, the documents are submitted for review by the Inquiries, Complaints and Reports Committee (ICRC).

The ICRC is made up of chiropractors and government-appointed public members. The Committee directs each investigation, considers the member's response to the complaint, and considers all relevant records and documents. When all the information has been reviewed, the ICRC will decide to do one of the following:

- Take no further action.
- Remind, counsel or caution the member in writing if the ICRC believes they would benefit from advice or direction on their future conduct.
- Require the member to appear before a panel of the ICRC to be cautioned. At that appearance, the ICRC will discuss with the member the steps it believes they must take to avoid future difficulties.
- Direct the member to participate in training or educational programs to improve his/her practice.
- Refer the member to a panel of the ICRC if there are concerns about the member's health that may be affecting his/her ability to practise.
- Refer specified allegations about the member to the Discipline Committee.
- Decide not to investigate because the complaint is frivolous, vexatious, made in bad faith or is an abuse of process.

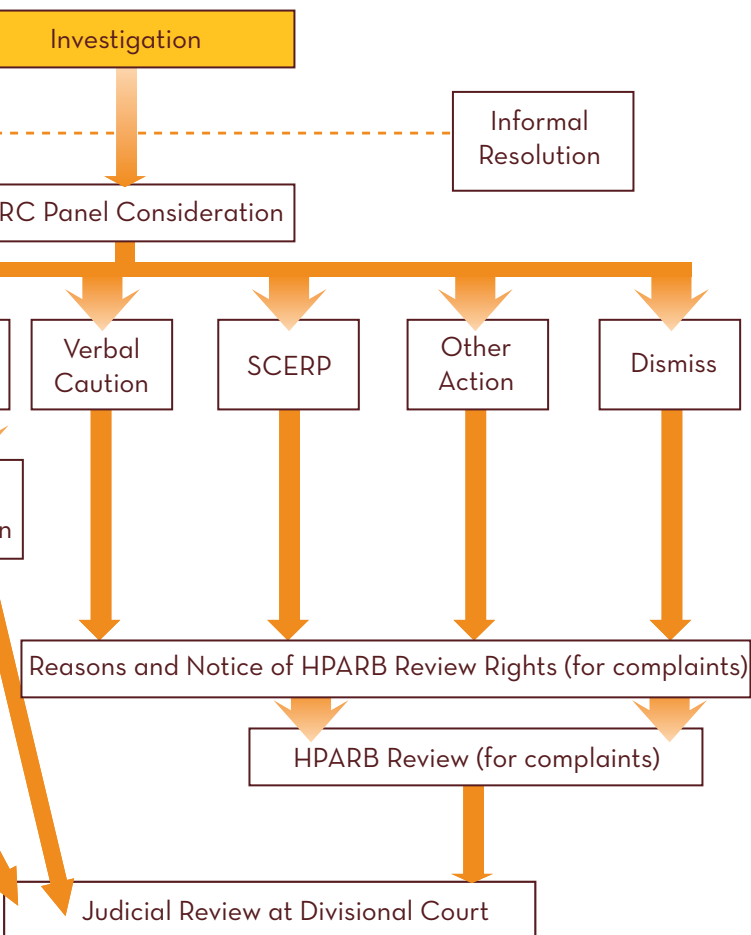


**TO INVESTIGATION**



# Glossary

ADR	Alternate dispute resolution between complainant and member
Appeal	Court review of a tribunal decision provided for in statute
79(a) Report	Registrar provides copy of an investigator's report to the ICRC
Complaint	Documented concern of improper conduct of a member made to CCO
Confirm Complaint	Process of asking complainant to agree to summary of concerns
Delay Letters	Letter from CCO to parties explaining why investigation is not completed
Dismiss	ICRC decision to take no action on complaint
Divisional Court	Three-person court that reviews tribunal decisions
HPARB	Health Professions Appeal and Review Board
ICRC	Inquiries, Complaints and Reports Committee
Incapacity	An illness that requires restrictions on member to protect the public
Informal Resolution	Where member and CCO agree on disposition of concern
Judicial Review	Court review of a tribunal decision not provided for in statute
FTP	Fitness to Practise Committee that decides incapacity issues
F&V	Frivolous and vexatious (i.e., a complaint with obviously no merit)
Other Action	ICRC decision of an educational nature (e.g., negotiated undertaking)
SCERP	Specified Continuing Education and Remediation Program
Verbal Caution	ICRC requires member to meet with ICRC to discuss concerns
Withdrawal	Where complainant asks to stop investigation of the complaint



# Registration Committee Report



Dr. James Laws  
Chair  
Registration Committee

Greetings colleagues and friends. There is **new** information about the registration renewal process for January 1, 2013 and your responsibilities. Please read on.

Firstly, congratulations and welcome to all the new members of CCO who have just recently registered. Secondly, thank you to all members for taking an active interest in the activities of CCO, your professional regulatory college. Thank you for providing ethical, skilled and quality professional health care to residents in the province of Ontario. Please record the time you devote to reading the CCO newsletter as “unstructured” activity in Cycle 2 of your required CE in your Professional Portfolio.

## 2013 Registration Renewal

Please open your registration renewal package, which you will receive in October, as soon as possible, as soon as you receive it. There are NEW requirements this year to complete your registration renewal on January 1, 2013. You **must** complete and return the Continuing Education and Professional Portfolio Log (the Log) in order to renew your registration and continue to practise chiropractic in Ontario. There was Ontario legislation that mandated this monitoring of CE activity by CCO and you have known – or should have known – about this since January 2010.

If you are short of accumulating the required number of CE hours – 40 – or of completing the Self Assessment, please contact CCO immediately at 416-922-6355 to take corrective action. It is best to contact Mr. Joel Friedman (ext. 104) or Dr. J. Bruce Walton (ext. 106).

If you have completed the requirements, have the Log ready to send in before January 1, 2013. Congratulations and thank you for doing your part to assure the public of the commitment to continuing quality improvement by the chiropractic profession in Ontario.

## Did you know....?

Some former members of CCO who did not renew their registration are surprised to find that in a search of the CCO website, their status will be listed as “suspended” or “revoked” or “revoked for non-payment of dues”.

Whenever you decide to give up your general “active” class of registration, please contact Ms Maria Simas at the CCO (416-922-6355, ext. 113) and she will be able to send you the appropriate forms to move to the “inactive” or “retired” classes of membership, or to resign your membership and have it recorded as “resigned” on the CCO website.

## Information for Preceptors and Potential Preceptors

Some CCO members are acting as preceptors for chiropractic students and giving of their time and talent to help in the education of future chiropractors. Thank you for your dedication. It has come to our attention that we should remind all preceptors or potential preceptors who supervise chiropractic students of their obligations to CCO.

Firstly, please check with your professional liability and malpractice protection provider to ensure that you, as the preceptor and the student as your preceptee, are covered. Is there a separate application form and/or confirmation for this coverage? Also, please check CCO Policy P-050: Supervision and Direction of Chiropractors in Training, and CCO By-law 16: Professional Liability Insurance to ensure that you are in compliance. Thank you for your compliance and your support of chiropractic education.

## Feedback

The CCO Registration Committee has a mandate that covers all issues related to registration, renewal, changing classes of registration as well as standards, guidelines and policies that govern registration procedures. If you have any comments or feedback, please feel free to contact me as the Chair of the Registration Committee and/or the appropriate CCO staff: the Registrar and General Counsel, the Registration Co-ordinator or the Director, Policy and Research.

## ...the public we serve...

Every day, all over Ontario, all over Canada and all over the world, chiropractors perform wonderful service and great deeds in their professional, personal and community activities. Almost all of this goes unnoticed by their colleagues and the public we serve. In the Monday, August 13 edition of *The Globe and Mail*, the cover picture and story was about the Olympics and the closing ceremonies. Featured in the picture were trampolinists Karen Cockburn and Rosie MacLennan (the only Canadian Gold Medal Olympic champion of the 2012 Games). The caption did not identify who the person was carrying Rosie on his shoulders. That would be Dr. Joshua Binstock of Richmond Hill who is a Canadian Olympian in beach volleyball, a chiropractor and a member of CCO. If you can't have a gold medal around your neck, it is not so bad to have a gold medallist around your neck. Congratulations to Dr. Joshua Binstock and all the other chiropractors who supported our Olympic athletes and were not on the front page of *The Globe and Mail*. Congratulations also to all CCO members who are a credit to the chiropractic profession in everything that they do.

Dr. Joshua Binstock, a chiropractor from Richmond Hill, carries gold medalist Rosie MacLennan (right) in celebrating the 2012 Games.



Photo credit: The Canadian Press/Sean Kilpatrick

# Quality Assurance Committee

CCO is looking for peer and practice assessors who can assist the CCO with its peer and practice assessment program, which was developed by the QA Committee to enhance members' learning opportunities and to ensure their compliance with CCO's regulations, standards of practice, policies and guidelines that are set out in the *Regulated Health Professions Act, 1991*.

Peer and practice assessors reflect the diversity of the members, electoral districts and practice environments. At CCO, the peer and practice assessment program is overseen by Dr. J. Bruce Walton, Director of Professional Practice.

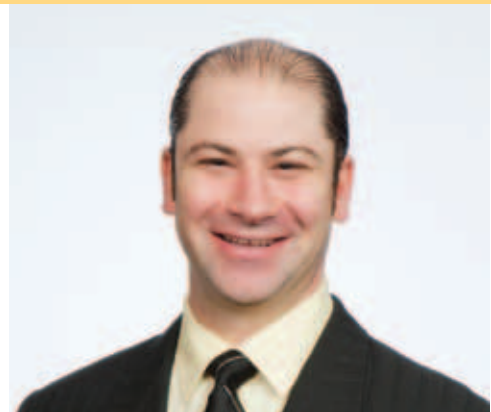
The role of peer and practice assessors is to visit and review members' practices when they have been randomly chosen to be peer assessed. The review includes visiting the member's practice, reviewing specified documents such as the member's Professional Portfolio Log and a sampling of patient files, and completing and submitting a written report to CCO describing key observations and findings. Training is provided by CCO.

## CALL FOR PEER AND PRACTICE ASSESSORS

### How to Apply

Members interested in becoming a peer and practice assessor may apply to CCO by **November 9, 2012** by submitting a Professional Portfolio and a covering letter outlining the reason(s) they are interested in being appointed as a peer and practice assessor. Expressions of interest can be forwarded to: Dr. J. Bruce Walton, Director of Professional Practice, CCO, 130 Bloor Street West, Suite 902, Toronto, ON M5S 1N5.

I T ' S  
Y O U R  
T U R N



I call out to the profession as the Quality Assurance Committee is looking to bring on additional Peer Assessors. Many of you ask me how I got involved when you see me at chiropractic events or seminars. Well, the simple fact is I just ran for a CCO election because I was not happy with what I thought was going on and I felt I could make a difference. Guess what --- I won! It is hard to believe I have been involved with CCO for 8 · years

and let me tell you that it was more than I bargained for but it is addicting, very satisfying and I feel I have contributed lots over the years. Being involved has given me the privilege to meet many great people including every day chiropractors, government, leaders in the profession across the country and the Ontario public who we serve. Now as I enter my final year at CCO, I call out to you to get involved.

**(CONT. NEXT PAGE)**

## IT'S YOUR TURN (CONT.)

I am currently serving as the Chair of the Quality Assurance Committee and it is the QA committee that is responsible to oversee many initiatives in order to assure the Ontario government and the Ontario public that we chiropractors continue to provide high quality care and keep our knowledge up to date. The Ontario government mandates, through legislation, most of the requirements that all regulatory bodies must implement for its members and then it is up to us at CCO to create the appropriate programs pertinent to chiropractic. At QA we have uniquely designed programs like self assessment, continuing education, and peer and practice assessments that were created to be very practical and help you in daily practice. Our Peer and Practice Assessment program has been recognized by the government and other regulatory bodies as one of the best. The QA committee and outstanding peer assessors have continuously improved the process over many years. Peer assessors are the ambassadors for the CCO, going out in the field to individual practitioners' offices, evaluating and assisting practitioners, and are doing a tremendous job implementing a program that has been ultra successful. Although, when members are first informed that they have been randomly selected to undergo an assessment, the member has reported being scared, nervous or tentative, upon completion of the process much of the feedback we receive is positive about the program especially related to how helpful the peer assessor was in assisting the member and suggesting ways to help improve parts of his/her practice. To these great ambassadors I say THANK YOU. We will continue to need your help to complete the first cycle of assessments for the entire profession. To those of you who have been assessed, many of you submit helpful feedback and ask how you can actually become a peer assessor.

Now this is the reason I am writing this article: QA needs more peer assessors. Peer and Practice Assessment is an ongoing program and QA requires new peer assessors to help move the program to the next level. We are looking for CCO members from all districts, with

all types of experience, different practice styles, and a desire to get involved. If you have already applied we have your information on file but it is best to review CCO's website: Policy P-051: Procedures for Appointing, Re-Appointing, Discharging and Thanking Peer Assessors to see that all the required materials are forwarded to CCO (including an up-to-date professional portfolio). If you haven't already and you want to apply, forward your information as listed in Policy P-051 to CCO, Attn: Quality Assurance Committee/care of Dr. J. Bruce Walton, Director of Professional Practice. QA will be reviewing this info in the early fall so make sure to get your info in if you want to be considered as a new Peer and Practice Assessor.

So what does the job entail and how will you know if you have been chosen? Much is explained in Policy P-051 and the QA Regulation (both are on CCO's website) but in brief, you must provide us with a completed Professional Portfolio (everyone was required to complete one in the previous CE cycle), a letter indicating why you want to become a peer assessor, and you must comply with all the other requirements listed under policy P-051. If you want to find out more you can call CCO and discuss particulars with Dr. Bruce Walton or if you know a peer assessor I am sure that person would be happy to discuss his/her experience. Overall the program has been quite a success and the current peer assessors still seem extremely excited and motivated even though they have been involved in the program for quite a while. When something is still exciting years later, that to me indicates success. This is your profession, remember all elected Council members and all peer assessors are just chiropractors who decided to get involved so for those of you who feel you may not be qualified or ready I can only say I WAS JUST LIKE YOU! This is your profession: please get involved; your profession needs your help.

*Sincerely,*

**Dr. Robbie Berman**

***District 3 elected member since 2004***

CONGRATULATIONS to  
Dr. Allan Gotlib (CCO President, 1999 -  
2001) on receiving the Order of Canada.



## CE CORNER

I have always really believed in CE and the new two-year CE cycle for chiropractors is very appropriate. A lot of things happen in people's lives and spreading it over two years gives us flexibility, especially with being able to choose structured and unstructured programs from various sources. Through CE, we are more accountable in the health care field and it forces us to stay current.

Although I would love to travel to attend programs, it is very expensive and time-consuming given how far I live from larger centres. It would be a challenge to accumulate all 40 hours as structured hours and so I am pretty much limited to webinars, videos, online products and presentations, and other activities such as reading journals and papers. I have found excellent and helpful programs for chiropractors through the Canadian Memorial Chiropractic College (CMCC) and various other chiropractor-related organizations that offer extensive learning, resource and reference tools. Some professional associations' sites also offer research papers with free subscriptions.

*"It is very important for us to be current and on top of research and techniques. By simply being more creative up north where there may not be as many opportunities, I'm making it happen! My patients have benefited and that's what CE for us is all about. I have no doubts."*

Personally, I think that the CE program is good for all of us and I do CE on my own. I regularly travel to different places to take courses and programs - sometimes I also take my staff and every time I do this, I get a return on that investment. I don't see CE as an expense at all and it helps me to serve my patients at a higher level.

Before CE became mandatory, I was already getting my hours through four main sources:

- Seminars in Toronto and occasionally travelling to the US
- Internet-based learning on topics such as practice management and communications strategies on how to be more effective with patients
- A subscription that delivers three one-hour CDs each month that are specifically related to chiropractic (philosophy, science and politics). Add it up and that's three hours a month right there!
- Publications.

*"I am amazed at how much CE I am doing and what made it easier for me is that I believe we can always learn more. The more I learn, the more I realize what I didn't know... That's what fuels my interest."*

## Dr. JoLayne Advent

### Sioux Lookout



## Dr. Ian Quist

### Lion's Head





# Cycle 1: Finished!

While some members may find it more challenging to source CE in certain parts of Ontario, three chiropractors who live in smaller and more remote communities were pleased to share their CE experiences during Cycle I.

## Dr. Dominique Charbonneau

### Hawkesbury



Several years ago, I attended a CCO Record Keeping workshop in Ottawa. When Dr. Frazer Smith, one of the presenters, asked the audience whether CE was compulsory, I said “yes” because it is part of the Professional Portfolio, which is compulsory. I still remember this and have been doing CE for many years.

For people like me outside of cities and in rural practices, it can be a financial burden to travel and attend programs in larger centres like Toronto. Because I did not have high speed Internet for many years, I had to find other ways of obtaining my CE. About six years ago, I received an invitation from CMCC’s Continuing Education Department to attend Winter Radiology, a six-hour CE course being offered in Ottawa, a short hour drive for me. I have been attending each year, obtaining a good amount of structured hours. I have also been attending some other two-day seminars offered by CMCC and other learning opportunities through chiropractic-related conferences.

When my class celebrated its 25th anniversary in 2011, our chiropractic college held a homecoming week and a wide-ranging complimentary program of CE was made available to us. That week, I accumulated 16 hours!

*“We have to be the best at locating, analysing and correcting vertebral subluxations and how we can be the best is through a lifetime commitment to learning. CE courses help me achieve that objective and enable me to develop a greater vision for the impact that chiropractic care has on every aspect of the patient experience from health, to performance, to potential and to longevity.”*



Dr. J. Bruce Walton  
Director of  
Professional Practice

# Self Assessment and Continuing Education

CCO's Quality Assurance (QA) Committee oversees the Self Assessment and Continuing Education Program for CCO. This provides a very brief overview of the program and the requirements with which all members must comply. More details may be found by referring to Standard of Practice S-003: Professional Portfolio. For further information and various forms, please refer to the Quality Assurance section of CCO's website: [www.cco.on.ca](http://www.cco.on.ca) under "Members of CCO". There you will find copies of the following:

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

(CONT. NEXT PAGE)

## Summary of important dates to note in the CE cycle:

### Cycle Start/End Dates

Cycle	Starts	Ends
1	July 1, 2010	June 30, 2012
2	July 1, 2012	June 30, 2014
3	July 1, 2014	June 30, 2016
4	July 1, 2016	June 30, 2018
5	July 1, 2018	June 30, 2020

Date	Action Item
June 30	<b>CE Cycle Ends</b> All structured and unstructured hours are to be completed by this date. <b>No materials are required to be submitted to CCO at this time</b>
July 1	<b>Next CE Cycle Begins</b> All members are required to complete another Self Assessment, which will help direct their continuing education efforts for the next 2-year cycle
October	<b>CCO Registration Renewals will be Mailed to Members</b> , including a one-page summary sheet (CE Summary Log) declaring CE compliance and including a brief summary of the activities and programs undertaken
November - December 31 March 1	<b>Registration Renewals and CE Summary Logs will be Received by CCO</b> <b>Members who have failed to comply with the CE requirements of Cycle 1 will be subject to further action by the QA Committee</b>
June 30 (Two years from the previous July 1)	<b>See above and it all starts over</b>

## (SELF ASSESSMENT CONT.)

### Any questions should be directed to either:

Dr. J. Bruce Walton, Director of Professional Practice, CCO  
bwalton@cco.on.ca or 416-922-6355, ext. 106

or

Mr. Joel Friedman, Director, Policy and Research, CCO  
jfriedman@cco.on.ca or 416-922-6355, ext. 104

### Requirements and Reporting

Members are required to complete a Self Assessment at the start of each CE cycle. The areas for improvement identified in the self assessment, in addition to the peer and practice assessment and other professional and practice interests, will direct the CE activities for the cycle.

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

- Minimum 20 hours structured activities
- Minimum 20 hours unstructured activities

Members who are licensed in the General Class of Registration for the entire duration of a CE cycle are required to comply with this program. If you register or enter the General Class of Registration any time during a cycle (that is, after July 1 of the beginning of a cycle), you are exempt from reporting during that cycle. However, all members are encouraged to engage in regular CE activities.

Members will report on their CE activities with registration renewal of the year for which a cycle ends.

Members will report their CE compliance on the one-page CE Summary Log (**this Log will be mailed to members with their registration renewal form**). This form will be submitted with the registration renewal.

# Advertising Committee: A Reminder!

In today's "24/7" world of instant connectivity and rapid advancements in technology, the Advertising Committee reminds members to note a few things:

- Members are encouraged to submit proposed advertisements to the Advertising Committee for review prior to publication. Please submit proposed advertisements to [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca) or fax to 416-925-9610.
- Members are reminded that all advertisements must comply with Standard of Practice S-O16: Advertising. Please review Guideline G-O16: Advertising for further guidance on how advertisements can comply with the standard.
- A member's website is considered an extension of the member's office and, with the exception of banner advertising, is not considered an advertisement in accordance with the standard. However, websites must still be informative, educational and professional, and adhere to all other CCO regulations, standards of practice, policies and guidelines, including no false or misleading information, no inflated or exaggerated claims, and compliance with business practice rules.

Check the CCO website ([www.cco.on.ca](http://www.cco.on.ca)) for more information.

# An Opportunity to Connect

On Saturday, May 12, over 200 members of CCO gathered at the Donald Lamont Learning Centre, Osgoode Hall, in downtown Toronto to talk chiropractic regulation in Ontario.

The day's events were lead by CCO President, Dr. Peter Amlinger and a wide range of topics was covered including updates from all CCO committees. Attendees got "first hand" viewing of a mock disciplinary hearing as well as participating in an interactive quiz game show that tested their knowledge of regulations, standards of practice, policies and guidelines. With nearly all public and professional members of Council in attendance, as well as several members of CCO staff, there was plenty of opportunity to connect! The day ended with a lively Q&A session. Members were able to get "first hand" responses to some of their questions relating to the regulation of chiropractic in Ontario. Some of the questions (with answers) included:

- **Should a member fail to meet the requirements for their professional portfolio at the end of December, would the member lose their license?**

**ANSWER:** Not necessarily, but failing to comply with any CCO regulation or standard is considered an act of professional misconduct. One of the penalty options for committing an act of professional misconduct could be the suspension of one's license for a period of time, following a referral of specified allegations to a discipline committee.

- **If a member becomes "inactive", how long would it take the member to go back to "active"?**

**ANSWER:** Members may remain "inactive" for a maximum of 2 years without having to satisfy the Registration Committee that they are competent to practise before returning to active status. This may include successful completion of clinical competency examinations.

- **Is a member required to keep files for seven years post-retirement (assuming the practice hasn't been sold) or post-last visit of the patient?**

**ANSWER:** Members must maintain patient files for a minimum of 7 years after the patient's last visit. This obligation applies even if the member has retired from practice.

- **Does informed consent have to be renewed every year or every second year? Does the standard apply to only chiropractors or to all those who are regulated under the RHPA?**

**ANSWER:** All regulated health professions in Ontario are obligated to obtain informed consent in accordance with the *Health Care Consent Act, 1996*. Additionally, CCO has a standard of practice on consent, as well as other standards addressing specific instances of obtaining consent, such as when performing acupuncture treatment. There is no specific time period in which

consent must be renewed; however, renewal of consent would be determined by several factors including the changes to the condition of the patient, the method of treatment or changes in material risk. Members should establish methods of obtaining informed consent that are consistently applied throughout their practice, consistent with the *Health Care Consent Act, 1996* and CCO standards of practice.

- **If an ad is submitted to CCO, CCO approves it and then there is a complaint, what happens then?**

**ANSWER:** CCO's Advertising Committee provides feedback to members on how their advertisements can comply with Standard of Practice S-O16: Advertising. All complaints received by CCO are investigated and reviewed by the ICRC, with both the complainant and member having an opportunity to give submissions. If a member's advertisement has been approved by the Advertising Committee, the member can use this fact as part of his/her submissions and it will be one factor to be considered by the ICRC. The final determination of compliance with the standard must still be made by the ICRC, consistent with the legislative requirements of the *RHPA*.

- **Is a complaint confidential? Why does a complaint have to be signed?**

**ANSWER:** Complaints are confidential within CCO, as submissions, information and decisions of the ICRC are not published and are not available for the public. However, the member against whom the complaint is filed is given a copy of the letter of complaint along with the complainant's consent to investigate. This is in order to provide an opportunity to respond to the complaint. This practice is consistent with the legislative requirements of the *RHPA* and the principles of natural justice and due process.

# Workshop... A Great Success!

• **Are chiropractors responsible for diagnosing? Is it a privilege?**

**ANSWER:**Chiropractors in Ontario are authorized to perform the controlled act of “communicating a diagnosis identifying, as the cause of a person’s symptoms, a disorder arising from the structures or functions of the spine and their effects on the nervous system; or a disorder arising from the structures or functions of the joints of the extremities.” It would be assumed that if the chiropractor is providing treatment for a patient, then there must have been a problem diagnosed that falls within the chiropractic scope of practice. Members must provide this diagnosis to the patient and record it in the patient record, prior to treatment.

Of course, there was a great lunch included in the registration and those in attendance received structured CE hours!



## Feedback from the Attendees

The feedback was overwhelmingly positive with over 90% rating the day’s events “good or excellent”. Some comments included:

**What did you find most beneficial?**

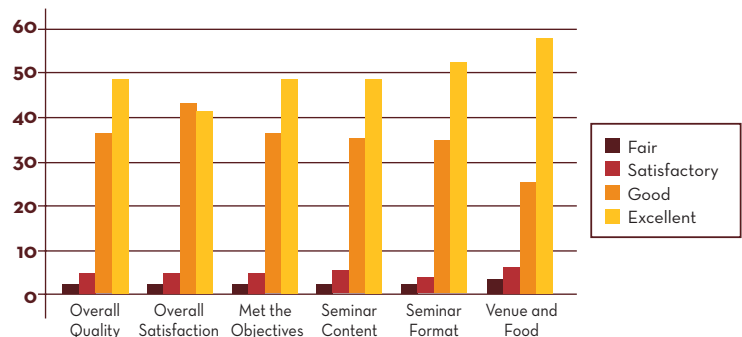
- That we had the opportunity to hear from various CCO members.
- Keeping up to date on what is going on in the chiropractic world and what to continue to do to protect myself. Keep up the great work.
- Good overview of CCO regulations, SOPs, etc. Obtaining CE credits.
- Information and clarification re: standards of practice with good examples.
- Got a better understanding of the mandate of the CCO and that a lot of my frustrations should be with the OCA not the CCO.
- Good overview; Have a better appreciation for CCO’s role & future challenges facing the profession.
- Put a “touch of face” to the CCO - not just an authority but a group of people working with us in the “field”.
- How the “behind the scenes” process works.

**When asked if they would recommend this seminar to colleagues, members were overwhelmingly positive in their endorsement of the program.**

**Additional comments included:**

- You have my support. Keep up the good work.
- Found it to be very informative and low stress. Suggest more done in winter so we don’t miss out on warm sunny Saturdays - ok to be inside in winter when damp, grey and wet vs. warm & sun.
- I liked that the seminar was relevant, cost-effective and not overly lengthy to cut into family & practice life.
- Hold the seminar in say Northern Ontario and Eastern Ontario to increase exposure to as many DCs as possible.

CCO Council is in the early stages of making arrangements to bring this workshop to other locations across the province. As yet, no specific dates have been set. Please check the CCO website for updates and announcements.



# HPRAC Releases Advice to the Minister on Spousal Treatment

On June 1, 2012, the Health Professions Advisory Council (HPRAC) completed its report to the Minister of Health and Long-Term Care (Minister) on whether alternatives to the mandatory revocation provisions should exist in the *Regulated Health Professions Act, 1991 (RHPA)*.

The referral from the Minister was very specific and stated:

*“...I am asking for HPRAC’s advice only within the context of treatment provided by a regulated health professional to his or her spouse, and only in relation to the mandatory revocation provisions.”*

HPRAC is a body that advises the Minister on matters relating to the regulation of health professions in Ontario, including whether unregulated professions should become regulated, amendments to the *RHPA* and recommendations for quality assurance and patient relations programs. HPRAC functions independently from the Minister and in an advisory capacity only; the Minister has final discretion on whether to follow the advice offered by HPRAC or release HPRAC reports to the public.

HPRAC’s conclusion in the report on spousal treatment is that:

*“...the treatment of spouses should be expressly exempted in the sexual abuse provisions. Specifically, the language of the *RHPA* should be amended to exempt spouses from the definition of sexual abuse; and Colleges, who wish to continue to prohibit their members from treating their spouse, should make profession-specific changes to professional misconduct regulations and/or standards of practice to enforce such practice.”*

In reaching its conclusion, HPRAC acknowledged the following:

- Spousal, health professional-patient relationships are different from non-spousal, health professional-patient relationships.

- College disciplinary panels and courts of law have faced difficulty in considering spousal relationships in the context of mandatory revocation provisions of the *RHPA*.

- Negative, unintended consequences have arisen in the context of spousal relationships and mandatory revocation provisions of the *RHPA*, such as denying timely access to health care providers (especially in remote areas), infringing on an individual’s freedom of choice of a health care provider, detracting from true victims of sexual abuse and creating confusion around the application of the mandatory revocation and sexual abuse provisions of the *RHPA*.

HPRAC’s report was made following months of public consultation, meetings and research of the laws and policies of other jurisdictions. In its report, HPRAC continued to support the Minister’s commitment to zero tolerance of sexual abuse of patients by regulated health professionals.

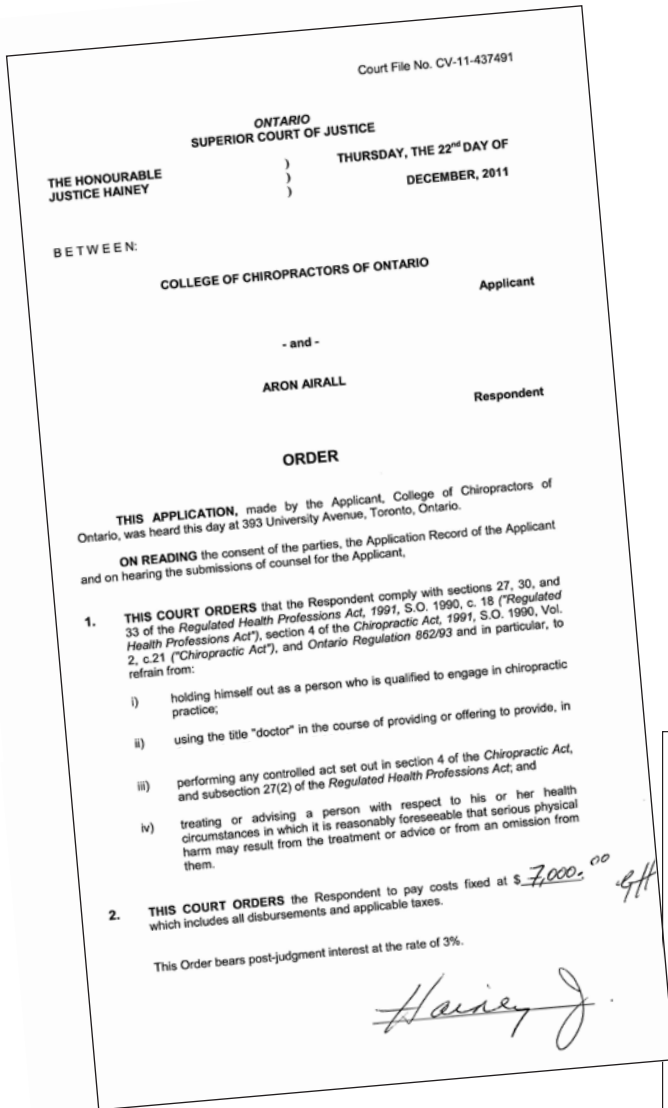
The Minister is considering the Spousal Patient Report and other input received from providers and stakeholders. CCO will continue to be an active stakeholder in the Minister’s consultation process, action plan and any future legislative amendments resulting from the report. **It is important to note that HPRAC’s report is advice only and the relevant legislative provisions do not change unless and until legislation is actually introduced and proclaimed into law.**

Please visit [hprac.org/en/](http://hprac.org/en/) for more information and to view the report.

# Unauthorized Practice and Court Orders

CCO may prosecute individuals for holding themselves out as persons being qualified to engage in chiropractic practice, using the "doctor" title, performing any controlled acts set out in section 4 of the *Chiropractic Act* and subsection 27(2) of the *Regulated Health Professions Act* or performing other acts authorized to members of CCO.

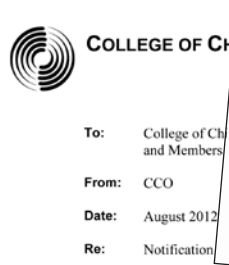
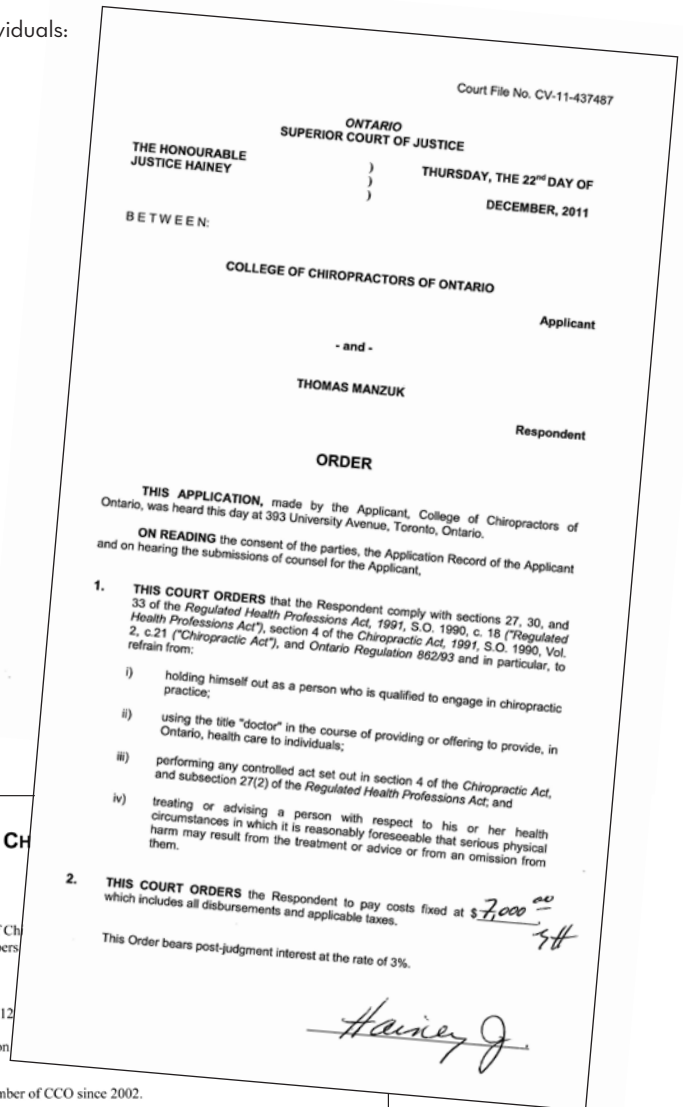
The following are recent court orders obtained by CCO against such individuals:



Notification from CCO re: MICHAEL HO:

For more information about unauthorized practice and court orders, please visit:

[cco.on.ca/english/About-CCO/unauthorizedpracticeandcourtorders/](http://cco.on.ca/english/About-CCO/unauthorizedpracticeandcourtorders/)



Michael Ho has not been a member of CCO since 2002.

Only members of a health regulatory college are subject to the statutory requirements outlined in the *Regulated Health Professions Act, 1991 (RHPA)*, including the requirements to participate in the complaints and discipline processes, to participate in the quality assurance program, and to maintain appropriate liability insurance.

CCO has a statutory mandate to regulate chiropractic in the public interest. Only a member of CCO can:

- Hold him or herself out as a person qualified to engage in chiropractic practice;
- Use the title "Dr." in the course of providing or offering to provide in Ontario, health care to individuals, (unless he or she is a medical doctor or member of another health regulatory college authorized to use the "Dr." title);
- Perform the controlled acts set out in s. 4 of the *Chiropractic Act, 1991*, including communicating a diagnosis within the chiropractic scope of practice and moving the joints of the spine;
- Treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious physical harm may result.

For further information on members of CCO, please visit the Chiropractor Search at [www.cco.on.ca](http://www.cco.on.ca).

