GOVERNING THE PRACTICE OF
CHIROPRACTIC IN THE PUBLIC INTEREST

# CHIROPRACTIC

COLLEGE OF CHIROPRACTORS OF ONTARIO
VOLUME 6, ISSUE **JUNE 2013**



# President's Message

## *Respecting Diversity While Serving the Public Interest*

Dr. Peter Amlinger
President
May 2012 – April 2013
April 2013 - Present

Recently, a newly graduated chiropractor with three months of practice experience shared something interesting with me.

During the last six months of the chiropractor's academic experience, a guest speaker (in fact a chiropractor in a position of leadership) was invited to address his class. One would expect that a person in a leadership position would bring a message of vision and inspiration to these young "DCs to be". However, what the class heard was a statement about a very restricted role for chiropractic in the health care system as well as a suggestion that if a chiropractor "across the street" was practising contrary to this model, it would be incumbent on the new graduates to lodge a complaint about this with their regulatory college.

This young chiropractor's experience saddens and concerns me. I believe it is inappropriate for a person in a leadership position to use their position of influence to trap young and/or vulnerable minds into their narrow view of the world. In fact, the message these aspiring chiropractors heard is contrary to one of the CCO's strategic pillars: Strive for unity in the public interest, while respecting the diversity within the profession.

Along with the fundamental principles of chiropractic – which should form all chiropractors' foundational thinking platforms – the other bond that unites and defines us as a chiropractic profession in Ontario is our scope of practice statement as embedded in law:

> *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*

**(CONT. ON PAGE 2)**

*(b) dysfunctions or disorders arising from the structures or functions of*

*the joints.*

While my messages may sound familiar, I have been taught that the first law of learning is repetition. At CCO, we are not as much concerned about chiropractors' practice styles as the presentation to that class of new chiropractors may have implied. Rather, we are completely focused on the right of the people of Ontario to receive high quality, professional and ethical chiropractic care, within the chiropractic scope of practice and in alignment with CCO's regulations, standards of practice, guidelines and policies.

We understand that it is in the public interest to respect and enable a variety of practice styles, ranging from the detection and adjustment of subluxations to enhanced function and expression of innate potential to a pain management style of practice. If the practitioner's focus is the assessment, diagnosis and treatment of disorders related to the spine, primarily by adjustment, it is, in CCO's opinion, deemed to be chiropractic. This viewpoint allows the people we serve to find the chiropractor that resonates with their health care goals and, importantly, also dovetails on all levels with the Ministry of Health's "Ontario's Action Plan for Health Care".

***"...the right of the people of Ontario to receive high quality... chiropractic care..."***

***"...the head, heart and hands of chiropractors..."***

In the early hours of December 27, 2012, my personal mentor, Dr. Sid E. Williams passed away. It would take a book (in fact, several have been written) to detail this man's contribution to the philosophical, research, academic, political and humanitarian aspects of life that he manifested around the world.

Dr. Sid was driven by an innate desire to serve humanity through the gift of chiropractic. In fact, he and his wife, Dr. Nell K. Williams, tirelessly served this profession with a goal of seeing all humanity receiving the gifts of competent, professional and ethical chiropractic care, which was focused on the patient's chiropractic needs. They were inspired by inspiring others to see the greatness within themselves so they, in turn, could serve the profession and humanity on a higher level, always without any conscious thought of receiving anything in return.

Dr. Sid lived by the mantra "love for the sake of loving and serve for the sake of serving and give for the sake of giving, in everything that you do."

Dr. Sid saw it as the chiropractor's professional responsibility to analyze a person for subluxations and to assess them for "deviations from normal", which might require immediate referral for crisis intervention, or to be managed collaboratively with other health care professionals. He saw the potential for humanity if and when chiropractic was narrowly focused in this application (subluxation detection and correction), but broadly applied to releasing the innate healing ability within people through a specific chiropractic adjustment. He always used to say that chiropractic is narrow in its scope but broad in its focus.

Dr. Sid didn't need everyone to do it "his way". His desire was for each chiropractor to dance their own dance. In his wisdom, he saw that when each chiropractor applied the timeless principles of chiropractic in a professional, competent and ethical manner, in their unique way the chiropractic needs of the entire community were met. He saw it incumbent on experienced doctors to share their wisdom with the younger members of the profession. He didn't see competition – he saw cooperation and chiropractic as a family serving the global family.

As Dr. Sid said in his book, *The Road to Success Starts in the Heart*, "For your own sake, as well as for the sake of the profession as a whole for generations to come, I urge you to let every encounter with every patient be a work of art. Be truly educated. Give all that you have – and then some. Be creative. Be innovative. Be flexible. Be persistent. Be honest. Be ethical. Provide only what is needed and charge only what is fair. Focus on the task at hand. And, above all, be compassionate – for the very heart of any art or science worthy of the name is love."

As a profession, we must expose our students and young chiropractors to the broadness of chiropractic in its principle and application to restoring, maintaining and enhancing human health potential. We must elevate our research efforts to delve into the innate healing powers of the human body and the entire nervous system and not focus solely on back pain. We must then inform the public we serve of the broadness of benefits available through properly administered

chiropractic analysis and care.

At CCO, every policy we develop is focused on guiding our members to the appropriate behavior as we care for the public of our province. It is my hope that we always remain inclusive as a regulator so the public we serve has access to the full spectrum of practice styles available within chiropractic. I implore you to practise the style of chiropractic that resonates most with you, always keeping our scope of practice and CCO policies "top of mind" and doing it with the highest level of integrity and professionalism.

I leave you with Dr. Sid's words from the introduction of his book, *Looking Back To See Ahead*, which I hope will inspire you as they have inspired me: "Chiropractic, in its scientific simplicity, is the link between the internal wisdom of life and the body. When the head, heart, and hands of all chiropractors everywhere work together as one, informing people everywhere of all of the wonders of chiropractic, the result will be an overwhelming victory for chiropractic in the eyes of the world."

Dr. Sid understood and saw the victory for humanity as well. Can you?

Peter Amlinger, DC

## CCO PRESIDENT HONOURED WITH 2012 HEART AND HANDS AWARD

Congratulations to CCO President, Dr. Peter Amlinger, who received the 2012 Heart and Hands Award at the OCA Awards Gala on December 1, 2012.

Dr. Amlinger follows an impressive line-up of recipients. Created in 2004, the Heart and Hands Award is a special award that honours the memory of Dr. Michael Brickman, an OCA Board member. The deserving recipient embodies a generous and giving spirit (the heart) and a remarkable passion and dedication to the precepts of chiropractic (the hands).

Dr. Amlinger is well known to CCO members, public members and stakeholders as a strong advocate of chiropractic and a willing mentor to others (an interesting note is that Dr. Brickman was mentored early in his career by Dr. Amlinger). A deep and insightful thinker (head), Dr. Amlinger encourages collaborative partnerships (heart) and opportunities to both communicate the benefits of chiropractic (hands) to Ontarians and to serve and protect the public interest. Dr. Amlinger gives generously of his talents, time and energies, and truly exemplifies the "head, heart and hands" expertise of Ontario's chiropractors as they deliver care to their patients.

CCO President, Dr. Peter Amlinger, receives the OCA's 2012 Heart and Hands Award from Dr. Natalia Lishchyna, OCA President, and Dr. Albert M. Scales, Chair of the OCA Awards Committee

IT IS THE HEART THAT ALWAYS SEES, BEFORE THE HEAD CAN SEE.

*Thomas Carlyle, Scottish Philosopher, Historian and Teacher (1795 – 1881)*

Ms Jo-Ann Willson
Registrar and
General Counsel

# Registrar's Report

## CONVICTION IS WORTHLESS UNLESS IT IS CONVERTED INTO CONDUCT.

***Thomas Carlyle, Scottish Philosopher, Historian and Teacher (1795 – 1881)***

The best time to get agreement on a code of conduct is when things are going well. In September 2012, Council unanimously approved a Code of Conduct as one of the tools CCO may rely upon to ensure effective governance, efficient Council and committee meetings and a continued focus on CCO's strategic objectives and commitment to regulating the profession in the public interest. CCO members are expected to act in accordance with appropriate guidelines, standards of practice and policies, and similarly, CCO now has a written Code of Conduct which is reflective of the core values of the organization. The Code of Conduct, like all CCO documents, will be regularly reviewed and if necessary, revised to ensure it continues to be relevant and inspiring.

## CCO CODE OF CONDUCT

***Executive Committee***

***Approved by Council: September 28, 2012***

Council and committee members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:

1. Be familiar and comply with the provisions of the *Regulated Health Professions Act, (1991) (RHPA)*, its regulations and the *Health Professions Procedural Code, the Chiropractic Act 1991*, its regulations, and the by-laws and policies of the College;
2. Diligently take part in committee work and actively serve on committees as elected and appointed by Council;
3. Regularly attend meetings on time and participate constructively in discussions;
4. Offer opinions and express views on matters before the College, Council and committee, when appropriate;
5. Participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council and committees;
6. Uphold the decisions made by Council and committees, regardless of the level of prior individual disagreement;
7. Place the interests of the College, Council and committees above self-interests;
8. Avoid and, where that is not possible, declare any appearance of or actual conflicts of interests;
9. Refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards[1];

10. Preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s.36(1) of the *RHPA*;
11. Refrain from communicating to members, including other Council or committee members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practise proceedings which could be perceived as an attempt to influence a statutory or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;
12. Respect the boundaries of staff whose role is not to report to or work for individual Council or committee members; and
13. Be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

1 This section does not preclude the use of professional biographies for professional involvement.

# Tribute to Dr. Lloyd MacDougall
## (former CCO President)

Dr. Lloyd MacDougall
President, College of Chiropractors of Ontario
March 1997 – March 1999

It is difficult with almost 4,500 chiropractors in the province to know each one personally. One chiropractor I did know personally and have very fond memories of is Dr. Lloyd MacDougall who passed away in March 2013. Dr. MacDougall demonstrated integrity and commitment throughout his terms as CCO President from 1997 to 1999. Many of you will know that at the CCO office there is a Presidents' Hallway with a notation or quote under the photo of each President. Dr. MacDougall's caption is as follows:

> *Dr. MacDougall's term as president included the challenge of serving with three different registrars. Despite the challenges involved in regulating chiropractic in the public interest, by the conclusion of Dr. MacDougall's term, CCO was in a financial position to decrease members' fees and still continue to operate within its statutory mandate.*

The chiropractic community is relatively small compared to many other professions and we thank all CCO members and their families for their unique contributions to the public of Ontario.

# 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.

*Developed at the strategic planning session in September 2004*

*Approved by Council on February 8, 2005*

# 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*

Reviewed at the strategic planning session: September 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 |
| CCPA | Canadian Chiropractic Protective Association |
| CE | Continuing Education |
| CFCREAB | Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards |
| CMCC | Canadian Memorial Chiropractic College |
| CMLTO | College of Medical Labratory Technologists of Ontario |
| CMRTO | College of Medical Radiation Technologists of Ontario |
| COO | College of Optometrists of Ontario |
| CPO | College of Psychologists of Ontario |
| CPTO | College of Physiotherapists of Ontario |
| DC | Doctor of Chiropractic |
| FHRCO | Federation of Health Regulatory Colleges of Ontario |
| *HARP* | *Healing Arts Radiation Protection Act* |
| *HPPA* | *Health Protection and Promotion Act, 1990* |
| ICRC | Inquiries, Complaints and Reports Committee |
| LOA | Leave of absence |
| MOHLTC | Ministry of Health and Long-Term Care |
| OCA | Ontario Chiropractic Association |
| QA | Quality Assurance |
| QA Committee | Quality Assurance Committee |
| *RHPA* | *Regulated Health Professions Act, 1991* |
| *SPPA* | *Statutory Powers Procedure Act* |
| TBD | To be determined |

# 2013 ELECTION RESULTS

CCO welcomes back to CCO Council, Dr. Brian Gleberzon, who was acclaimed in Electoral District 4 (Central).

Dr. Gauri Shankar

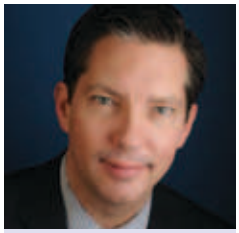
Dr. Elizabeth Anderson-Peacock

In March 2013, elections were conducted in District 2 (Eastern) and District 3 (Central East). CCO congratulates Dr. Gauri Shankar on his return to Council and extends a warm welcome to Dr. Elizabeth Anderson-Peacock on her first term on Council. CCO elections are conducted in the presence of scrutineers and the unofficial results are announced immediately. The timelines for requesting a recount are set out in by-laws and in the voting guide distributed to members. Council members' terms start with the first regular meeting of Council following the election.

## CCO Election Day District 3 March 21, 2013


*Left to right:* Dr. Kelly McAllister, candidate; Ms Jo-Ann Willson, Registrar and General Counsel; and Dr. Elizabeth Anderson-Peacock

# Meet CCO's Newest Council Members



**Mr. Scott Sawler**
*Public Member*

CCO Council welcomes **Mr. Scott Sawler** as a public member.

Appointed as a member of the Council of the College of Chiropractors of Ontario by the Minister of Health and Long-Term Care on November 14, 2012, Scott is currently the Director General, Natural Health Products Directorate, Health Canada. He brings extensive experience in governance, policy setting, regulatory affairs, strategic planning and ethics, and has a law degree (in health law) from York University's Osgoode Hall Law School and a law degree from the University of Ottawa. In his spare time, Scott manages, coaches and volunteers for his children's hockey, soccer, dancing and other extracurricular activities.

*"I am very privileged to be a member of the Council of the CCO. Health is our most valuable asset and, in my role as a Council member, I hope to further the role of chiropractors in improving patient health, optimizing health care delivery and empowering informed health care decisions."*

**Dr. Elizabeth Anderson-Peacock**
*Elected Member*

CCO Council welcomes **Dr. Elizabeth (Liz) Anderson Peacock** as a newly elected member.

Liz has vast experience in clinical practice since graduating in 1986. She serves as an academic panel reviewer for the Australian Spinal Research Foundation, teaches pediatrics for a number of continuing education programs and coaches professionals. Liz previously served on "early" CCO examination committees and the Complaints Committee in the 1990s, and is a long-standing peer assessor (since 2001). Liz brings a broad perspective of practice realities through her teaching in North America, Europe, New Zealand and Australia, and has authored three books about personal success strategies.

*"I am honoured and delighted to stand as a newly elected member from District 3 at CCO, and look forward to bringing generative thinking to committee work along with innovative self-governance practices. I wish to further advance continued optimization of chiropractic in the public interest through clarity of what we do best."*

Dr. Robbie Berman, CCO Council Member
2004 – 2013

## In Appreciation

*CCO extends its appreciation to Dr. Robbie Berman, former Council member, District 3, for his significant contributions during his nine years on Council. Dr. Berman will be formally recognized and thanked at CCO's Annual General Meeting on June 20, 2013.*

## Protecting The Public Interest *And* Serving Your Profession

CCO thanks all candidates who allow their names to stand for election to Council or for appointment as a non-Council committee member on a committee. CCO reminds all members of the many ways you can become involved in the work of CCO, including allowing your name to stand for election, participating as a peer assessor or non-Council committee member, submitting your feedback to any proposed guidelines, standards of practice or policies, attending Council meetings or hearings (which count towards your continuing education requirements), and casting a valid vote in CCO elections. Your participation is key to protecting the public interest and serving your profession.

# April 2013 – 2014 Internal Election Results

## Council Members

### Elected Members

Dr. Peter Amlinger, President
Dr. Dennis Mizel, Vice President
Dr. Elizabeth Anderson-Peacock
Dr. Brian Gleberzon
Dr. Clifford Hardick
Dr. James Laws
Dr. Gauri Shankar
Dr. Patricia Tavares
Dr. Bryan Wolfe

### Appointed Members

Mr. Robert MacKay, Treasurer
Mr. Shakil Akhter
Ms Cristina De Caprio
Mme Lise Marin
Ms Judith McCutcheon
Mr. Scott Sawler
Mr. Martin Ward

## CCO Committees

On April 17, 2013, Council elected members to all CCO committees under the *RHPA*, listed below:

### Executive

Dr. Peter Amlinger, *Chair*
Dr. Dennis Mizel, *Vice Chair*
Mr. Robert MacKay, *Treasurer*
Ms Cristina De Caprio
Dr. Cliff Hardick
Ms Judith McCutcheon
Dr. Gauri Shankar
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

### Inquiries, Complaints & Reports

Dr. Gauri Shankar, *Chair*
Dr. Brian Gleberzon
Dr. Erica Mattia, *non-Council*
Mr. Scott Sawler, *alternate*
Mr. Martin Ward
Ms Christine McKeown, *staff support*
Ms Tina Perryman, *staff support*

### Discipline[1]

Ms Cristina De Caprio, *Chair*
Dr. Peter Amlinger
Dr. Angela Barrow, *non-Council*
Dr. Michaela Cadeau, *non-Council*
Dr. Roberta Koch, *non-Council*
Mr. Robert MacKay
Dr. Vikas Puri, *non-Council*
Dr. Patricia Tavares
Ms Jo-Ann Willson, *staff support*

### Fitness to Practise

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

### Patient Relations

Dr. Patricia Tavares, *Chair*
Mr. Shakil Akhter
Dr. Lisa Cadotte, *non-Council*
Mme Lise Marin
Dr. Douglas Pooley, *non-Council*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

### Quality Assurance

Dr. Bryan Wolfe, *Chair*
Dr. Liz Anderson-Peacock
Dr. Heather Jones, *non-Council*
Mme Lise Marin
Mr. Martin Ward
Mr. Joel Friedman, *staff support*
Dr. Bruce Walton, *staff support*
Ms Jo-Ann Willson, *staff support*

### Registration

Ms Judith McCutcheon, *Chair*
Ms Cristina De Caprio, *alternate*
Dr. Brian Gleberzon
Dr. Gauri Shankar
Mr. Joel Friedman, *staff support*
Ms Maria Simas, *staff support*
Ms Jo-Ann Willson, *staff support*

### Non-Statutory Committee

### Advertising

Dr. Clifford Hardick, *Chair*
Dr. Larry McCarthy, *non-Council*
Ms Judith McCutcheon
Dr. Dennis Mizel
Mr. Joel Friedman, *staff support*

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

# CCO Council's Strategic Planning Weekend

## Activities, Achievements and an Eye on the Future

CCO Council members and staff convened for two days in September 2012 to reflect on CCO's mandate in protecting the public interest and its efforts in working proactively with internal and external stakeholders within the regulatory health care framework in Ontario. Council reviewed activities and achievements since the last strategic planning meeting in 2010, heard several thought-provoking presentations from guest speakers (including a presentation relating to the implications of the Agreement on Internal Trade) and refined short- and long-term priorities.

In preparation for the Patient Relations Committee's new public education campaign, Council was pleased to hear about the scope of this important communications initiative, which was recently launched in Ontario. For more details, please read the Patient Relations Committee Report on page 29.

Council discussed opportunities to enhance its internal technological capabilities in meeting its regulatory and statutory reporting requirements, as well as in communicating with members and stakeholders. Several CCO committees are actively engaged in exploring ideas (including learning what other regulatory health care colleges are doing) and, moving forward, will make recommendations to Council.

Council was also brought up-to-date on plans for CCO's future home. All viable options continue to be "on the table" and CCO is working with all relevant professionals to ensure appropriate, fiscally responsible decisions are made.

At the end of the weekend, Council agreed that its efforts in engaging in collaborative partnerships with stakeholders continued to be a significant priority, and all opportunities will continue to be explored to further Council's strategic objectives in a manner consistent with CCO's statutory mandate.

*Third Row Left to right:*
Dr. Gauri Shankar, Mr. Joel Friedman, Dr. Peter Amlinger, Dr. Bryan Wolfe, Mr. Martin Ward, Dr. Pat Tavares, Dr. James Laws
*Second Row Left to right:*
Dr. Robbie Berman, Ms Judith McCutcheon, Dr. Dennis Mizel, Dr. Brian Gleberzon, Dr. Cliff Hardick
*First Row Left to right:*
Ms Anda Vopni, Ms Tina Perryman, Ms Sarah Oostrom, Ms Maria Simas, Ms Rose Bustria, Mme Lise Marin, Ms Dayna Goodfellow, Ms Jo-Ann Willson, Ms Christine McKeown, Dr. J. Bruce Walton.

*Council-Staff from Strategic Planning, 2012*

## Council Meeting Dates
## June 2013 – April 2014

| Date | Time | Event | Location |
|---|---|---|---|
| Thursday, June 20 | Evening | Annual General Meeting | Four Seasons (Vinci Room) |
| Friday, June 21 | 8:30 am – 4:30 pm | Council Meeting | CCO |
| Friday, September 20 | 1:00 – 5:00 pm | Council Meeting | TBD |
| Friday, November 29 | 8:30 am – 4:30 pm | Council Meeting | CCO |
| **2014** | | | |
| Friday February 14 | 8:30 am – 4:30 pm | Council Meeting | CCO |
| Thursday, April 24 | 8:30 am – 4:30 pm | Council Meeting | CCO |
| Friday, April 25 | 8:30 am – 2:00 pm | Council Orientation/Elections | CCO |

Dates may change – please check the CCO website: www.cco.on.ca/english/About-CCO/Whats-New/

# 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 three Council meetings held since the last newsletter follow.

### SEPTEMBER 28, 2012

**Council noted/reviewed the following:**

- The letter of appreciation from President Amlinger to the Honourable Deb Matthews, Minister of Health and Long-Term Care, for her presentation to CCO Council, guests and staff at the CCO Annual General Meeting on June 21, 2012.
- The Executive Committee's continuing careful information-gathering about fiscally-responsible options for CCO's future home.

- The re-appointment of Ms Judith McCutcheon, CCO public member, to August 11, 2015.

**Council approved the following:**

- The requirement for candidates running for CCO Council to sign an undertaking agreeing to have access to and use of a confidential email address for all CCO-related matters to facilitate efficient communication.
- The 2013 election dates in District 4 (March 20) and Districts 2 and 3 (March 21).
- An updated Code of Conduct for Council members.
- Communication to the Ministry of Health and Long-Term Care to formally withdraw the following regulation proposals: Advertising, Record Keeping, Conflict of Interest and Delegation.
- A public education pilot project about CCO's mandate and role, in principle, for staged distribution to the public of Ontario.
- Amendments to Standard of Practice S-004: Reporting of Diseases.
- Minor amendments to Guideline G-004: Documentation of a Chiropractic Visit.
- Minor amendments to Guideline G-005: Guidelines for Members Concerning Office Staff.
- Amendments to Standard of Practice S-008: Communicating a Diagnosis/Clinical Impression (including a proposed change in the title to "Communicating a Diagnosis or Clinical Impression").
- 2013 CCO registration renewal form.
- The CCO Continuing Education and Professional Development Log (included in the 2013 renewal package for members).

## NOVEMBER 30, 2012

**Council noted/reviewed the following:**

- CCO's leadership role in spearheading open and frank discussions about the governance structure and funding model of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB), a national forum for all jurisdictions to be "at the table" to discuss and share information concerning national regulatory issues.
- CCO's participation on the Ontario Automobile Insurance Anti-Fraud Task Force, which issued a final report in October 2012. Ms Jo-Ann Willson, Registrar and General Counsel served on the Task Force on behalf of FHRCO. The Task Force's mandate was to study the extent of auto insurance fraud in Ontario and recommend measures to deal with it. (To read about the Task Force's findings, please see page 16.)

**Council approved the following:**

- Minutes and action items arising from Council's September 28 – 30, 2012 strategic planning meeting.
- Amendments to Standard of Practice S-016: Advertising and Guideline G-016: Advertising for circulation to and feedback from members and stakeholders.
- Discipline Committee Rules under the SPPA, with minor amendments (dated November 30, 2012) and revocation of the previous Discipline Committee Rules to enhance efficiency.
- Amendments to Policy P-020: Adjournment of Discipline Hearings and revocation of Policy P-031: Compliance with Time Limitations and Orders Imposed by a Discipline Panel.
- Amendments to Policy P-046: Core Discipline Committee, consistent with the amendment to By-law 11: Committee Composition (to increase the number of non-Council committee members).
- Amendments to Standard of Practice S-011: Dual Registrants (including a proposed name change to "Members of More than One Health Profession") for circulation to and feedback from members and stakeholders.

## FEBRUARY 26, 2013

**Council noted/reviewed the following:**

- CCO's expression of interest in participating in the MOHLTC's consultation with stakeholders during its review of *HARP*.
- Reviewed and discussed options for CCO's future home as part of its fact-finding due diligence.
- CCO's withdrawal of its proposed regulations related to advertising, record keeping, conflict of interest and delegation.
- An upcoming facilitated presentation on labour mobility under the Agreement on Internal Trade at the April meeting of the CFCREAB.
- The appointment of CCO public member, Mr. Robert MacKay, as a member of the Discipline and Appeals

Committee of the Ontario Motor Vehicle Council effective November 2012 – November 2014.

**Council approved the following:**

- Standard of Practice, S-011: Members of More Than One Health Profession and the revocation of the original Standard of Practice S-011: Dual Registrants.
- Guideline G-008: Business Practices, now integrating content pertaining to fees from Guideline G-008: Business Practices, Guideline G-007: Unit Billing, and Policy P-036: Billing Practices.
- Revocation of Guideline G-007: Unit Billing and Policy P-036: Billing Practices.
- Standard of Practice S-013: Consent for circulation to and feedback from members and stakeholders.
- Minor amendments to Policy P-045: CCO's Legislation and Ethics Examination.

## APRIL 16, 2013

**Council noted/reviewed the following:**

- The Patient Relations Committee's decision to have its meeting materials sent out electronically and to conduct some meetings by teleconference or videoconference resulted in a tangible financial impact by reducing committee members' travel time and other associated costs.
- Ms Willson's attendance at a national symposium on the regulation of diagnostic medical sonographers in the public interest.
- Report on a meeting between CCO, OCA and CCPA to exchange information and share ideas on a range of topics such as consent for orthotics and treatment of spouses, consistent with each organization's unique mandate.

**Council approved the following:**

- Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient for circulation to and feedback from members and stakeholders.
- Amendments to Guideline G-001: Prevention of Sexual Abuse of Patients.
- Standard of Practice S-008: Communicating a Diagnosis.
- Standard of Practice S-002: Record Keeping for circulation to and feedback from members and stakeholders.
- Minor amendment to Policy P-051: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors.

CCO Council, February 2013

*Second Row Left to right:* Dr. Brian Gleberzon, Dr. Bryan Wolfe, Mr. Scott Sawler, Dr. Gauri Shankar, Dr. Cliff Hardick, Mr. Robert MacKay, Dr. Patricia Tavares, Mr. Martin Ward, Dr. James Laws
*First Row Left to right:* Ms Christina DeCaprio, Ms Judith McCutcheon, Dr. Dennis Mizel, Ms Jo-Ann Willson, Dr. Peter Amlinger, Mme Lise Marin, Dr. Robbie Berman
Missing from photo: Mr. Shakil Akhter

# 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 September 11, 2012 – May 21, 2013) and wishes them a long and successful career in chiropractic.**

Shelley K. Adams
Prathap Addageethala
Shai Iser Aharonov
Dinesh V. Anmolsingh
Sahar Arfaie
Thomas P. Beckerton
Elizabeth A. Carpenter
Jonathan Cartile
Zachary D. Cassidy
Laura M. Chang
Preeya Chauhan
Amanda Choong
David C. Clinning
Marco DeCiantis
Alan N. Deokiesingh
Craig A. Deprez
Jagreet K. Dhillon
Josée L. Dutrisac
Adam G. Dziemianko
Thomas P. Egan
Lauren O. Guerrero Castro
Rodrigo J. Guerrero Castro
Agaezi O. Ikwugwalu
Aslam H. Khan
Mansoor Khan
Sana W. Khan
Marie-Claude Lambert
Fabio R. Levi
Jason M. Lilly
Karolina A. Lopacinski
Amir Majidi
Adam N. Malik
Erin W. Mandelman
Timothy P. Marando
Christopher L. Martin
Dawn McElgunn
D'arcey M. Musselman
Darren W. Nichiporik
Samantha O. Nuttall
Kara-Jean Otuomagie
Gabrielle Pomerleau
Kuldip Rakkar
Glen G. Rasmussen
William M. Russell
Phoebe Tsz Kiu Shiu
Mason Shore
Bita Soltan-Mohammadi
Shironika Thambirajah
Paul J. Thibent
Zvonko I. Vukovic
Michael J. Watson
Shari R. Webster
Judith A. Wells
Jeffrey G. Wieringa
Julie M. Wilkinson-Dubroy
Nicholas E. Wilson

### Reminder:

***Have you provided your confidential email address to CCO?***

Mindful of its obligations to enable efficient and timely communication with members, CCO requires members to provide a confidential email address to CCO. If you have not already done so, please provide one on your next renewal form or email it to reception@cco.on.ca.

## IN MEMORIAM (From OCTOBER 2012)

| Name | Initial Registration | Date of Death |
|---|---|---|
| Dr. Herbert K. Lee | 1941 | October 2, 2012 |
| Dr. Ronald Gitelman | 1961 | October 7, 2012 |
| Dr. Andrea Fefferman | 1987 | October 16, 2012 |
| Dr. Arthur J. McIntosh | 1959 | September 5, 2012 |
| Dr. Robert Goddard Young | 1950 | November 9, 2012 |
| Dr. Donald W.L. Swick | 1955 | December 22, 2012 |
| Dr. Edwyn Thomas Roberts | 1961 | February 3, 2013 |
| Dr. John Whitney | 1957 | February 21, 2013 |
| Dr. Ross Frederick Andrews | 1951 | February 25, 2013 |
| Dr. Lloyd MacDougall | 1950 | March 19, 2013 |
| Dr. Bertus J. Vanderham | 1976 | March 27, 2013 |
| Dr. Frederick W. Warren | 1973 | March 31, 2013 |

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

# Tribute To A CMCC Founder: Dr. Herbert K. Lee

***By: Dr. James Laws***

It is time to pay tribute to a giant in the Canadian chiropractic profession. Dr. Herbert K. Lee passed away on October 2, 2012 in Toronto. Well beyond the age of 95, at every CMCC graduation ceremony, he would present the Dr. Herbert K. Lee Award and share with the audience how relieved he was to find that it was not the Dr. Herbert K. Lee **Memorial** Award. He would get a loud and appreciative laugh every time.

Dr. Lee was born 15 years after the discoveries of chiropractic by D.D. Palmer and of clinical radiology by Conrad Roentgen in 1895, and about the same time as the Wright Brothers flew the first aircraft. After becoming an accountant in Toronto, Dr. Lee went to National College of Chiropractic in Chicago, graduated and returned to Toronto in 1941 to practise.

There were no Canadian chiropractic colleges that survived the Great Depression of the 1930s and a group of visionary chiropractors came together to found the Canadian Memorial Chiropractic College (CMCC) as an educational institution and as a unifying force for chiropractic in Canada.

Dr. Lee was the first Secretary-Treasurer of the founding Board of Directors of CMCC and delivered the first lecture at CMCC on September 18, 1945 – the 50th anniversary of the first chiropractic adjustment by D.D. Palmer. Dr. Lee remained a faculty member of CMCC for almost 60 years, and his contributions to CMCC and the chiropractic profession are extraordinary. Dr. Lee was very proud of CMCC and once said "its greatest accomplishment has been its survival. When we talked about a school, people said it couldn't be done. When the school opened, people said it would never last. I would like to see the looks on their faces now! Watching the school flourish and grow has been extremely satisfying to me!"

Dr. Lee was the last remaining founder of CMCC. At the next CMCC graduation, someone will, for the first time, present the Dr. Herbert K. Lee **Memorial** Award.

Dr. Herbert K. Lee
Application for Registration, 1941

## CHIROPRACTIC ACT AUTHORIZED ACTS

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,

2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.

i. A disorder arising from the structures or functions of the spine and their effects on the nervous system, or

ii. A disorder arising from the structures or functions of the joints of the extremities.

3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

## 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. All members registered in the "General" class are required to have a business address and phone number listed on CCO's public register.

# Final Report Released by Ontario Automobile Insurance Anti-Fraud Task Force Steering Committee:

In late November 2012, the Ontario Automobile Insurance Anti-Fraud Task Force Steering Committee released its final report. The Task Force had been asked by the provincial government to advise on the extent of automobile insurance fraud in Ontario and what to do about it.

Insurers and regulators have long regarded fraud as a prevalent aspect of Ontario's insurance system and a recent surge in the number of claims and billings for accident benefits brought the issue forward again. Three types of fraud were identified: organized fraud, premeditated fraud and opportunistic fraud.

After consultation with diverse stakeholders, the Task Force articulated 38 recommendations in four categories: prevention, detection, investigation and enforcement, and regulatory roles and responsibilities. The recommendations are targeted directly at fraudulent behaviour and do not disadvantage legitimate claimants. Highlights include:

- Government can and should lead the fight against fraud but all Ontarians have a role to play. Consumers need to become better educated about fraud and its impact, and to be more engaging in recognizing and reporting scams. Besides the auto insurance companies, others who are active in the auto insurance marketplace – health care practitioners, lawyers, tow truck operators, collision repair facilities and those involved in insurance and brokerage industries – are to be vigilant and help to root out "bad actors".
- Vigorous pursuit and effective prosecution of those committing fraud will send a strong message to potential fraudsters and to all Ontarians about society's resolve to ensure that the auto insurance system works well, and in the interests of all.
- In the short term, the most effective way to combat fraud is to cut off the flow of funds to fraudsters.

The report also noted that health regulatory colleges with members that regularly work with auto insurance claimants have an important role to play in ensuring a through and fair investigation of allegations of fraud, in maintaining standards of practice and, when appropriate, in working collaboratively with other regulators to develop standards, guidelines, policies and practices that protect the public.

To read the full Task Force report on the Ministry of Finance website, go to:
www.fin.gov.on.ca/en/autoinsurance/final-report.html

## CCO IS YOUR SOURCE OF INFORMATION

Occasionally, members may find informational items in other organizations' communications that refer to a process or "requirements" for CCO members (e.g., compliance with the appropriate methods of continuing education reporting, possible action for failing to attend a specified program, etc.). Members should always be prudent in confirming any requirements or matters relating to their registration with CCO directly with CCO through a CCO source such as the website, the ChiroPractice newsletter and documents received in mailings to members, by calling the CCO at 416-922-6355 or by forwarding an email to cco.info@cco.on.ca.

## By: Mr. Joel Friedman, Director, Policy & Research

CCO recently updated the following standards of practice, policies and guidelines. The most up-to-date versions of these documents are available at www.cco.on.ca and are posted once the minutes of Council relating to these amendments are approved.

### Standard of Practice S-004: Reporting of Diseases

Members of certain regulated health professions, including chiropractors, are required to report certain specified diseases in accordance with the *Health Protection and Promotion Act, 1990 (HPPA)*. References to this legislation in the standard have been updated to reflect the most up-to-date list of reportable diseases as listed in *Ontario Regulation 559/91: Specification of Reportable Diseases* under the *HPPA*. Please see Appendix A of the standard for a list of reportable diseases or visit http://canlii.org/en/on/laws/regu/o-reg-559-91/latest/o-reg-559-91.html for the regulation itself. Notification of reportable diseases must be made to the local medical officer of health as soon as possible.

### Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone

CCO Council approved minor amendments to the "Informed Consent" section of this standard of practice to create consistency with Standard of Practice S-013: Consent and other standards of practice referencing the requirement and professional responsibility of obtaining consent. Informed consent requires a full explanation to the patient of the diagnosis, treatment procedure and prognosis before proceeding with manipulation of the tailbone. CCO reminds members that fully informed consent evidenced in written form or otherwise documented in the patient health record is required for all examinations and treatment.

### Standard of Practice S-008: Communicating a Diagnosis

CCO Council approved final amendments to this standard of practice following circulation and feedback from members and stakeholders and further review by the Quality Assurance (QA) Committee. These proposed amendments include: a change to the title of the standard to emphasize the controlled act of "communicating a diagnosis", a reorganization of several sections of the standard, an explanation of the difference between communicating a "diagnosis" and a "clinical impression", and a description of the processes and procedures of communicating a diagnosis or clinical impression.

### Standard of Practice S-011: Members of More Than One Health Profession

CCO Council approved final amendments to Standard of Practice S-011, following circulation and feedback from members and stakeholders and further review by the Quality Assurance Committee. These amendments include a change of the title of this standard from "Dual Registrants" to "Members of More Than One Health Profession" to reflect that members of CCO could be members of several regulated and non regulated health professions. The proposed amendments to this standard reflect the obligation of such members to practise within the regulatory framework of whichever profession they are practising, and properly communicate to patients in which professional capacity they are practising. The standard explains a member's obligation to keep appropriate separation of health records and business practices in order to maintain a distinction between different health professions which they may be practising.

### Guideline G-008: Business Practices

Council approved final amendments to Guideline G-008: Business Practices on February 26, 2013. The amendments to this guideline include the additions of all provisions relating to business practices in one guideline, thus revoking Policy P-036: Billing Practices and Guideline G-007: Billing Practices. The purpose of these amendments is to include all policies and guidelines related to billing and business practices in one guideline. These amendments include:

- adding provisions relating to the itemization of accounts, if requested by patients or third-party payors, and billing third-party payors;
- including policies related to unit billing, previously found in Policy P-036: Unit Billing;
- including a requirement that all agreements regarding block fees and/or payment plans be evidenced in writing; and
- restricting two-tiered billing practices, subject to certain exceptions.

### Policy P-045: Legislation and Ethics Examination

All prospective members of CCO are required to successfully pass CCO's legislation and ethics examination to demonstrate knowledge in Ontario jurisprudence. CCO Council approved minor amendments to this policy based on recommendations by the Registration

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Mr. Joel Friedman
Director, Policy & Research

Committee, which include other scenarios in which a member may be required to complete the legislation and ethics examination. These scenarios may include: re-entry to practice, compliance with a term, condition or limitation or compliance with an order of the Discipline Committee. CCO's legislation and ethics examination is generally offered three times a year, but may be offered at special sittings in limited circumstances.

### Guideline G-005: Guidelines for Members Concerning Office Staff

Minor amendments to Guideline G-005 were approved by CCO Council based on recommendations by the Patient Relations Committee. The name change of this guideline reflects the fact that CCO has jurisdiction over members of CCO and it is a member's responsibility to ensure proper supervision of office staff in complying with relevant CCO standards of practice, policies and guidelines. The guideline specifically explains certain areas of practice in which office staff may play a role, such as use of gowns for patients, communication and language, confidentiality of patient personal health information and disclosure of professional fees.

Please visit www.cco.on.ca for the most up-to-date versions of all regulations, standards of practice, policies and guidelines.

### Temporary Licenses

Temporary licenses are intended for chiropractors who are not licensed in Ontario, but rather who are licensed in a regulated jurisdiction outside of Ontario and are intending to practise in Ontario for a short period of time. Often, such licenses are granted for chiropractors practising in Ontario for a specific event, such as a sporting event, academic event or chiropractic technique seminar.

Temporary licenses may be granted for a period specified on the certificate to a maximum of twelve weeks from the date that it was issued. Please contact Ms Maria Simas, Registration Coordinator, at msimas@cco.on.ca if you are considering applying for a temporary certificate of registration.

## College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario Proclaimed

On April 1, 2013, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario was proclaimed under the *RHPA* and the *Traditional Chinese Medicine Act, 2006*. This proclamation began the registration and regulation of Traditional Chinese Medicine Practitioners and Acupuncturists in Ontario.

Chiropractors have a long history of providing acupuncture treatment, and were one of several regulated health professions granted the authorized act of "performing acupuncture, a procedure performed on tissue below the dermis in accordance with the standard of practice and within the scope of practice...". Members of CCO who use acupuncture are reminded that the enactment of the *Traditional Chinese Medicine Act, 2006* **does not** affect the regulation of acupuncture used by chiropractors in Ontario. In order to practise acupuncture, members of CCO are required to comply with Standard of Practice S-017: Acupuncture, which outlines the educational, public safety and professional liability requirements of using acupuncture as an adjunctive treatment within the chiropractic scope of practice.

Please contact CCO and review Standard of Practice S-017: Acupuncture, if you have any questions about the regulation of acupuncture performed by chiropractors. Please visit the website of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (www.ctcmpao.on.ca) for more information about the regulation of Traditional Chinese Medicine and Acupuncture.

## College Of Kinesiologists of Ontario Proclaimed

On April 2, 2013, the College of Kinesiologists of Ontario was proclaimed under the *RHPA*. Many chiropractors have a background in kinesiology. Please contact the College of Kinesiologists of Ontario (www.collegeofkinesiologists.on.ca) for further information about the regulation of kinesiology. Chiropractors who are members of more than one college are reminded to comply with Standard of Practice S-011: Dual Registrants (soon to be updated to S-011: Members of More than One Health Profession). Check CCO's website for the most recent guidelines, standards of practice and policies.

# CCO Represented on Panel Presentation to CMCC Students

In December 2012, Dr. Brian Gleberzon invited chiropractic leaders to participate in a panel discussion with the thought-provoking title of *"What Should the Proposition Statement of the Chiropractic Profession Be?"* The presentation was to second-year students who are enrolled in CMCC's *Clinical Theories, Ideologies and Therapies* course. The panelists each represented major provincial and national chiropractic organizations. Ms Jo-Ann Willson, Registrar and General Counsel, represented CCO.

From a regulatory perspective, Ms Willson emphasized the following on behalf of CCO:

- The value proposition for "chiropractic" must be consistent with the scope of chiropractic practice as defined by legislation. In Ontario, the *Chiropractic Act, 1991* defines the chiropractic scope of practice and the controlled acts authorized to chiropractors in Ontario.
- All CCO members, regardless of style of practice or their personal views concerning the art, science and philosophy of chiropractic, are required to practise in a manner consistent with approved standards, policies and guidelines.
- Chiropractic should be understood as part of a broader health care context, which includes:
    - The profession being one of many with the privilege and responsibility of being self regulating (as distinguishable from other models of professional regulation emerging in other parts of the world).
    - The Minister of Health retaining authority over all health regulatory colleges including having the legislative authority to take action if a college does not demonstrate an ongoing commitment to serve and protect the public interest.
- Chiropractic organizations, each of which has a unique mandate (in some cases including advocacy on behalf of the profession), should all have an awareness of the government's health care plans, including those reflected in Ontario's Health Care Action Plan such as:

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

The students were enthusiastic about hearing first-hand from leaders in the profession so the panel was re-convened to answer questions in February 2013.


Panel Presentation to CMCC Students – December 2012

In December 2012, a panel was convened at CMCC's Clinical Theories, Ideologies and Therapies course (left to right): Dr. Brian Gleberzon, Professor, Chair of the Department of Chiropractic Therapeutics, CMCC, and elected Council member, CCO; Dr. Eleanor White, former President, Canadian Chiropractic Association; Dr. Steven Silk, Chiropractic Awareness Council; Ms Jo-Ann Willson, Registrar and General Counsel, CCO; and Dr. Bob Haig, Executive Director, Ontario Chiropractic Association.

Dr. Gauri Shankar
Chair
Inquiries, Complaints
and Reports Committee

# *Report from the Inquiries, Complaints And Reports Committee*

Recently, several newspaper articles have put attention on the practices of Ontario health care regulatory colleges in the reporting of disciplinary and other actions against their members. Some of the "questions" that have been raised include what information is available on the public register, how "cautions" are differentiated from findings of "wrongdoing" and generally how the colleges manage their complaints and discipline processes in a fair and transparent manner.

CCO has statutory obligations that mandate its actions in dealing with complaints about members and serving the public interest. Complaints about members of the College relating to alleged professional misconduct, incompetence or incapacity are investigated by the Investigations, Complaints and Reports Committee (ICRC), which is made up of members of the profession and public members. Following completion of its investigation, the ICRC makes a decision that could include options such as referring specified allegations of misconduct or incompetence to the Discipline Committee for a hearing, requiring the member to appear before a panel of the ICRC to be cautioned, taking other appropriate action such as requiring the member to undergo continuing education or remediation, or taking no further action.

It is important to note that if the ICRC concludes that a complaint does not relate to professional misconduct, incompetence or incapacity (e.g., it is a business matter that is best resolved in another forum) or is frivolous, vexatious or an abuse of the process, the ICRC does not proceed with the complaint. In fact, the vast majority of complaints are not referred to the Discipline Committee and are either dismissed or resolved by other means.

On June 4, 2009, the *Regulated Health Professions Act* was changed to include as public information on the register a notation of every matter referred by the ICRC to the Discipline Committee. Once a hearing is concluded, the decision (including a summary of the allegations along with the decision) is posted on the CCO website and is available on the public register. A summary of all discipline decisions is also published in CCO's annual report.

***"The vast majority of complaints are not referred to the Discipline Committee..."***

Following is the high-level view of how two real-life complaints received by CCO were investigated by the ICRC and the decisions reached by the ICRC were not referrals to discipline.

***#1: The ICRC Reminds the Member***

**Complaint:** Failing to complete an examination and abandoning the patient and their child

**Outcome of investigation:** The patient complained that the member had failed to complete their examination and became increasingly rude and unprofessional while questioning them. Further, the member dismissed the patient and did not examine the child.

In response to the ICRC, the member stated that the patient's visit was approximately two years after their first visit to the clinic and approximately 20 months after the child's first visit. The patient was disrespectful and made disparaging comments. The member made repeated attempts to explain the treatment process and, after concluding that the patient's attitude was too negative and it was not possible to deliver the right level of care, terminated the visit, which also meant that the child did not receive care. The patient did not respond to an offer to be referred to another health care provider.

The ICRC reviewed the documentation from the patient and the member, noting there were two different versions of the events. In certain situations, despite the best intentions, participants in any conversation may misunderstand each other. In this situation, matters may have escalated without either the member or the patient intending for it to do so, although the member should be aware of the impression being left with the patient.

**Conclusion:** The ICRC reminded the member that it would have been prudent to follow up on care for the child and took no further action.

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**#2: The ICRC Cautions the Member**

**Complaint:** Causing undue harm to the patient and not referring the patient to another health care professional

**Outcome of investigation:** The patient visited the member for a consultation for a shoulder condition. During the visit, the member performed treatment that resulted in severe pain for the patient and did not stop despite pleas to do so. Subsequently, the patient was in severe pain and attended a clinic where an orthopaedic specialist noted they could not understand why the patient had significant pain. A telephone call to the member by the patient to get answers was not satisfactory, and the patient felt abused physically, emotionally and psychologically.

In response to the ICRC, the member stated that the patient was advised the arm should be immobilized and x-rayed. When asked by the patient to examine the shoulder, the member took the arm through a gentle range of motion and the outcome was more pain than expected. The member disagreed with the patient's recollection of events and denied abusing the patient physically, emotionally or psychologically, or failing to advise the patient about consulting with another health care professional.

**Conclusion:** The ICRC issued a letter of caution to the member with the following cautions: patients should be fully informed about the known benefits, risks and alternatives prior to any recommended treatment in order for the patient to give informed consent to an examination or treatment; and the member has a professional and ethical obligation to refer a patient to another health care professional when the patient's condition is beyond the member's scope of practice or competence, and when the patient would be most appropriately treated by another health care professional.

For more information about CCO's complaints process, visit the CCO website at www.cco.on.ca. All annual reports, included in "Publications" under the "About CCO" tab, outline general information concerning the types of inquiries, complaints and reports CCO receives, and their disposition.

# *Report from the Quality Assurance Committee*

# Peer Assessor Training Day at CCO – January 26, 2013

Saturday, January 26 was Peer Assessor Training Day at CCO – an annual opportunity for mentoring, learning and sharing. Thirty-four peer assessors (including six new peer assessors) were joined by members of the Quality Assurance Committee (QA Committee), guests and CCO staff.

The "full" agenda was developed by the QA Committee on that date (Dr. Robbie Berman, Chair, Dr. Heather Jones, Dr. James Laws, Mr. Martin Ward and Ms Cristina De Caprio) with plenty of support from CCO staff (Mr. Joel Friedman, Dr. Bruce Walton and Ms Jo-Ann Willson). It included a wide range of topics, including a review of current regulations, standards of practice, policies and guidelines, future policy-related matters, draft standards of practice, Continuing Education and the Professional Development Log and the CCO self-assessment program.

Five guests from other Ontario health care regulatory colleges each gave a short presentation and shared successes from their College's peer and practice assessment program:

- Mr. Perry Oswald, Quality Practice Team Leader, College of Medical Laboratory Technologists of Ontario
- Ms Sharon Saberton, Past Registrar, College of Medical Radiation Technologists of Ontario
- Ms Agnes O'Donohue, Manager, Quality Programs, College of Optometrists of Ontario
- Ms Fiona Campbell, Director, Quality Management, College of Physiotherapists of Ontario
- Dr. Rick Morris, Deputy Registrar/Director, Professional Affairs, College of Psychologists of Ontario

Throughout the day, there were ample opportunities to ask questions and to share ideas and experiences. Of course, the slides were educational and entertaining, and Dr. Walton's poetic presentation – "An Ode to the Peer and Practice Assessment Program" – was heartily applauded.

# AN ODE TO THE PEER AND PRACTICE ASSESSMENT PROGRAM

***By: Dr. Bruce Walton, Director of Professional Practice, CCO***

Dr. Bruce Walton
Director of
Professional Practice

CCO's Peer and Practice
Assessment Program
A hallmark of good news
Based on feedback, comments
And wonderful reviews.

Now I know that you all
Have developed your styles
To get this work done
Completing the Peer and
Practice Assessment profiles.

But I'm sharing with you,
Once again here today,
How things work on our end
A review, if you will, of this
QA relay.

An ode to Peer and
Practice Assessment
And just to keep us loose
We'll do it in rhyme
Kinda like Dr. Seuss

As assessment time draws near
I sit at my desk
Turn on the computer
and begin my request.

The task: select members,
Assign them to you,
Send out the material,
And hope all follow through.

I open the data base and
Apply a few filters
Click once or twice
And, voila, I have the chiropractors!

We want those not yet done;
Those who've be in practice a while.
No one is exempt,
No matter their style.

I end up with 6 lists
After all the cyber clicks.
Districts 1, 2 & 3
4, 5, & 6.

Enlisting the assistance
Of Sarah at the front desk
Individual letters are sent
With our Peer and Practice
Assessment request.

Slowly it arrives
As we sit and we wait
The delivered material
From those volun-told to
participate.

I cross-reference and check
Mark conflicts and changes
And ready the stuff
It takes a while to arrange this.

Then it's passed over to Dayna
Or I may do it myself
Make copies of everything
One for us, one for yourself.

When several have been
collected,
That are destined for you,
Sarah copies and collates
Your next assessment menu.

After arrival on your doorstep
It's time to get on the phone
Make that personal contact
And hope there's someone home.

You'll schedule your visit
A time that's convenient.
If you run into problems
A call to me might be poignant.

After the assessment's all done
And both have signed on the line
You'll package it up
Look, a job done just fine!

Then it's back to the big office;
Ground Zero on Bloor Street
Where me and my homies
Make the process complete.

When I open it up
Inside I should find
All the material
Specifically aligned.

Is there an order that's preferred?
Well, I do have a thought.
The Report form should be second,
The Per Diem on top.

"Why Bruce?" you might ask,
When it's rainy and damp.
Well, it's quick and efficient
For Sarah to put on this stamp.

And this stamp is crucial,
And here it must be laid
On your per diem
If you want to get paid!

Only after it's stamped
"Dated and received"
Will it move to my office
So that I may proceed.

Then it's back to my list
Double check and record
Receipt of the assessment
Per Diem and Report.

If all is in order
I sit back and create
The official Disposition
And feedback to date.

I do check your work
'Cause sometimes it's incorrect
So I may make minor changes
To those things you forget.

It's important to be sure
As the member is expecting to get
A disposition that's at least similar
To what they signed when you met.

Once it's sent to our member
A copy's placed in their file
For future reference...
Part of their professional profile.

That should be the end
But sometimes it's not
As some members are deficient
So, remediation is sought.

They might have to send us,
To show us they've changed,
Their record keeping habits
And fixed what was deranged.

On and on it goes,
Year after year,
A successful program
Since it's first premiere.

And it has worked well
A great team effort from all of us
Based on cooperation and respect,
And one another's trust.

To end, I congratulate you
On many jobs well done
Keep up the great work
And we hope it's still fun.

# CCO PEER AND PRACTICE ASSESSMENT PROGRAM – STATUS REPORT

## *Positive and Valuable Feedback from Members*

In late September 2012, the Quality Assurance Committee (QA Committee) selected over 600 members of our profession to undergo a Peer and Practice Assessment. After the initial batch of letters was distributed to members, a number of additional members volunteered to be peer and practice assessed.

Over the next several weeks and months, our highly trained peer assessors travelled the province, conducting interviews, reviewing records and providing members with valuable and constructive feedback. This program continues to be one of the highly successful cornerstones of the QA program. Feedback is overwhelmingly positive, with members reporting that they found the process to be a very valuable experience. Recent feedback included:

- "I felt less anxious after the assessment. The assessor made me feel very comfortable throughout the process."
- "The assessor was thorough, clear and fair. I really appreciated his advice and feedback."
- "Pleased to have it done with and to have clarity of where I need to improve."
- "I was really anxious leading up to the day of the assessment but learned that I'm really doing ok!"
- "Thanks for having chosen me to participate in the peer assessment program."

At this time, the vast majority of practising members of our profession has undergone a peer and practice assessment. It is estimated that, save for the processing of new members each year, all members will have undergone their first assessment by 2015. Of course, with new members joining CCO on a yearly basis, the initial assessments will continue to be a foundational program of the QA Committee's work.

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## CCO PEER AND PRACTICE ASSESSMENT PROGRAM – STATUS REPORT (CON'T)

The QA Committee once again held the annual Peer Assessor Training Day in late January 2013. At this event, all peer and practice assessors are brought together to review the program to date, analyze the process to find improvements and to get feedback on their performances in conducting their assigned assessments. This is an important event in the QA Committee's yearly calendar and this year's program included presentations on other peer and practice assessment programs by representatives of several other health regulatory colleges, namely the College of Medical Laboratory Technologists of Ontario, College of Medical Radiation Technologists of Ontario, College of Optometrists of Ontario, College of Physiotherapists of Ontario and College of Psychologists of Ontario. We are grateful for the participation of and information-sharing with these Colleges.

At the 2013 Peer Assessor Training Day, six new assessors were welcomed to the group and CCO looks forward to their contributions to this program.

Consistent with the details outlined in Policy P-051: Procedures for Appointing, Re-Appointing, Discharging and Thanking Peer Assessors, there will be an ongoing need for new peer assessors in a variety of geographical districts. Please watch this newsletter and check the CCO website regularly for updates and "calls" for applications.

As has always been the case, members who have not yet been peer and practice assessed may volunteer at any time to undergo this valuable learning experience. Please contact Dr. J. Bruce Walton, Director of Professional Practice, for more information.

Complete information about the peer and practice assessment program can be found on the CCO website at www.cco.on.ca.

### Any questions?

Please contact 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 & Research, CCO

jfriedman@cco.on.ca or 416-922-6355, ext. 104

**Regulatory Member Panel, January 2013**
L-R: Dr. J. Bruce Walton, Mr. Perry Oswald (CMLTO), Dr. Rick Morris (CPO), Ms Agnes O'Donohue (COO), Ms Jo-Ann Willson, Ms Sharon Saberton (CMRTO), Ms Fiona Campbell (CPTO).

**Peer Assessors**
Front L-R: Dr. Bob Szczurko, Dr. Dennis Mizel
Back L-R: Dr. Mike Kennedy, Dr. Reg Gates

# Self Assessment and Continuing Education

**CONGRATULATIONS...** the first Continuing Education (CE) cycle is complete and by now, all members will have reported their CE activities to CCO. This would have been done along with their annual registration renewal, due December 31, 2012, using the one-page CE Summary Log.

CCO's Quality Assurance Committee oversees the Self Assessment and Continuing Education Program for CCO and is now in the process of analysing and recording all of the submissions. For those members who may fall short of meeting the established CE requirements, a letter will be sent to them outlining the further action that must be undertaken.

***A Summary of Requirements and Reporting***

Members are required to complete a Self Assessment at the start of each CE cycle. Therefore, since we are now well into Cycle 2, each member should have completed their second Self Assessment. The information learned in doing the Self Assessment will direct the CE activities for the cycle. A copy of the Self Assessment can be found on the CCO's website at www.cco.on.ca under the "Quality Assurance" section under "Members of CCO".

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 registered in the General Class of Registration for the entire duration of a CE cycle are required to comply with this program. If you register any time during a cycle (that is, after July 1 of the beginning of a cycle), you are exempt from reporting during that cycle, which you should indicate on your CE log. However, all members are encouraged to engage in regular CE activities.

The next reporting time will be with the registration renewal in 2014. At that time, members will report on their CE activities with registration renewal of the year in which a cycle ends.

More details may be found by referring to Standard of Practice S-003: Professional Portfolio. For further information, and various downloadable and fillable forms, please refer to the "Quality Assurance" section under "Members of CCO" on CCO's website at www.cco.on.ca. 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.

## CE Timetable

| DATE | ACTION ITEM |
|---|---|
| ***YEAR 1*** | |
| **June 30** | CE cycle ends.<br>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** | Next CE cycle begins.<br>All members are required to complete another Self Assessment, which will direct their continuing education efforts for the next two-year cycle |
| **October** | CCO registration renewals to 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 – December 31** | Registration renewals and CE Summary Logs to be received by CCO. |
| ***YEAR 2*** | |
| **March 1** | Members who have failed to comply with the CE requirements of Cycle 1 will be subject to further action by the QA Committee. |
| **June 30 (two years from the previous July 1)** | See above and it all starts over. |

Dr. Robbie Berman
Elected Member
2004 - 2013

# On Display

***By: Dr. Robbie Berman, Chair (to April 2013), Quality Assurance Committee***

Most chiropractors routinely go to their offices each day to provide the best possible care to their patients. There are also many chiropractors who choose to go outside of their offices to help out in the community as a way of contributing their expertise and knowledge to the public of Ontario.

It is perfectly acceptable for chiropractors to "reach" out and provide home visits and community care or participate in community activities such as a charity event, a marathon, an outreach initiative, a health talk, health fair or other gatherings where one would expect the public to be present.

Chiropractors should, however, realize that when they are in the public eye, they are "on display" and any spectator may form an opinion of what he/she sees. Inside or outside your office, you must always maintain a professional demeanour and comply with the relevant legislation, regulations, and CCO's standards of practice, policies and guidelines. Yes, it is easy to understand that when you practise chiropractic within your office you must comply with the relevant rules...so why would it be different outside the office?

CCO currently has 18 standards of practice and, in addition, has guidelines and policies; the most relevant to this discussion are as follows:

- Standard of Practice S-002: Record Keeping
- Standard of Practice S-005: Chiropractic Adjustment or Manipulation
- Standard of Practice S-008: Communicating a Diagnosis/Clinical Impression
- Standard of Practice S-013: Consent
- Standard of Practice S-016: Advertising
- Policy P-016: Public Display Protocol
- Standard of Practice S-020: Cooperation and Communication with CCO.

(For the full list of standards of practice, guidelines or policies, visit CCO's website at www.cco.on.ca)

Now, let's understand there is a difference between "providing chiropractic services" outside your office and putting on a "public display" for the public at large.

***Location, location, location***

First of all, it is important to note that when you want to provide chiropractic services for a patient – in any location – there is an order of events or typical protocols to go through before any care can be provided (except in the case of emergencies):

- A proper history and examination must be completed consistent with Standard of Practice S-002: Record Keeping.
- A diagnosis or clinical impression must be communicated in accordance with Standard of Practice S-008: Communicating a Diagnosis/Clinical Impression (proposed change of the title to "Communicating a Diagnosis or Clinical Impression").
- A patient must give his/her informed consent to the care suggested, as described in Standard of Practice S-013: Consent.
- Care provided must be congruent with Standard of Practice S-001: Chiropractic Scope of Practice and Standard of Practice S-005: Chiropractic Adjustment or Manipulation.
- Privacy concerns must be taken into consideration (e.g., suitable area for consultation and examination).

When all these components can be appropriately addressed and performed outside of a chiropractor's office, then location may be less of a factor. A fundamental question that might be asked about the location: "Is this a place where I would expect to see chiropractic care being provided?"

If the location or event cannot provide the necessary environment to allow you and/or the other participating chiropractors to perform the necessary history taking and/or expected examination before any care is rendered, then care should not be rendered. It would be inappropriate to provide care without first communicating a diagnosis or a clinical impression and receiving consent from the patient.

When you are out in front of the public – not necessarily to provide chiropractic care but rather to educate or promote chiropractic – you are participating in a "public display" and public displays have their applicable rules.

Public displays are permitted in health fairs and trade shows, and you can set up a public display where the public may be expected to pass by and receive information about chiropractic. You may also provide handouts, discuss chiropractic or perform a public health screening consistent with Standard of Practice S-016: Advertising, Policy P-016: Public Display Protocol and Standard of Practice S-020: Cooperation and Communication with CCO. A suitable question to ask is whether this is a place that the public would expect to meet a health professional or discuss health matters.

***Advertising Rules Apply...***

A public display is considered to be a type of advertising and must comply with Standard of Practice S-016: Advertising. Policy P-016: Public Display Protocol is referenced in Standard of Practice S-016: Advertising and, as its name implies, is the CCO document directly related to going out into the public. The Public Display Protocol states:

- A public display is a type of community service that includes educational sessions and/or public health screenings. These public events are used to encourage and promote chiropractic in a positive and professional manner.
- Public displays must always have one licensed chiropractor present.
- It is recommended that you forward any advertisements or handouts to CCO's Advertising Committee for approval.
- The event is to be communicated to CCO's Advertising Committee as stated in Policy P-016: Public Display Protocol and Standard of Practice S-020: Cooperation and Communication with CCO.

In summary – and simply put – if the event in which you plan to participate is not conducive to performing the necessary prerequisites to providing chiropractic care or is not capable of allowing the appropriate environment for care to be rendered, then no care should be administered. If you are out in front of the public, not for the purpose of engaging in chiropractic care, then the event may be deemed a public display by default.

Why does CCO have these rules? Well, the answer is that all health care professionals are regulated under the *RHPA* and all health care professionals must comply with the relevant legislation and specific standards of practice as passed by their respective regulatory boards. The responsibility to govern is shared between the Ontario government and the individual health care profession as spelled out in the *RHPA*:

**Duty of Minister**

**3.** It is the duty of the Minister to ensure that the health professions are regulated and co-ordinated in the public interest, that appropriate standards of practice are developed and maintained and that individuals have access to services provided by the health professions of their choice and that they are treated with sensitivity and respect in their dealings with health professionals, the Colleges and the Board. 1991, c. 18, s. 3.

**Duty of College**

**2.1** It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

**Duty**

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

Chiropractors, as do many health care professionals, have much to offer the public of Ontario. I recognize and appreciate the combined duties of the Ministry of Health and the CCO in ensuring **"that individuals have access to services provided by the health professions of their choice"** and applaud those chiropractors who give back to their communities.

***Compliance at All Times***

I remind all chiropractors that, no matter where they practise, what type of practice they have or what type of events they participate in, every chiropractor must comply with the same set of rules and strive to remain professional wherever and whenever they are providing assistance to the public of Ontario.

Thank you to all chiropractors who do what they do in providing the public of Ontario with their very best in chiropractic.

Sincerely,

Dr. Robbie Berman

Elected member of District 3 (2004 – 2013)

# Apprendre, UNE NÉCESSITÉ, POUR LA VIE DURANT

## CE N'EST PAS ASSEZ D'AVOIR L'ESPRIT BON, MAIS LE PRINCIPAL EST DE L'APPLIQUER BIEN

***René Descartes, philosophe français (1596 – 1650)***

Mme Lisa Marin
Membre public,
depuis 2006

***Par Mme Lise Marin***
***Membre public***

Depuis mon arrivée comme membre public au Conseil des Chiropraticiens de l'Ontario en avril 2006, je n'ai cessé d'être impressionné par l'ouverture d'esprit et le dynamisme des membres de l'Ordre que j'ai côtoyés. Que ce soit là, le résultat de leurs interactions avec leurs patients, je ne peux que m'en réjouir. Tout cela est très positif.

La Loi ontarienne visant les Professionnels de la santé *(RHPA)* requiert la participation à la formation en cours d'emploi. C'est l'education continue (EC) pour tous et toutes. C'est la responsabilité première qui découle de l'engagement professionnel de chacun et de chacune.

Depuis toujours, je crois fermement que l'éducation, sous quelque forme que ce soit, est importante durant toutes les périodes de notre vie.

Les progrès de la technologie nous obligent à se mettre au diapason de la société actuelle, peu importe notre âge. L'éducation continue (EC) rend notre professionnalisme enthousiaste et nous garde jeune de cœur.

Notre monde est extrêmement complexe et bien qu'il évolue à un rythme effarant, les possibilités d'apprentissage sont nombreuses et variées. A chacun et à chacune de décider de la modalité qui lui convient.

Une variété d'activité et de programmes sont offerts, les uns structurés, d'autres non structurés, en vue d'acquérir les quarante (40) heures d'education continue (EC) qui permettent de compléter le cycle de deux ans, débutant en juillet de l'année et se terminant en juin de l'année suivante.

Il faut se rappeler que l'Ordre des Chiropraticiens et des Chiropraticiennes de l'Ontario n'impose pas tel programme ou telle activité d'étude continue; à vous de choisir programmes et activités qui vous conviennent le mieux.

L'éventail des activités et des programmes offerts est considérable : séminars sur le Web, vidéos, présentations en ligne, publications de la profession, ateliers et conférences, cours et séminars et bien sur, votre présence aux réunions du Conseil des Chiropraticiens de L'Ontario.

Vos patients – la population de l'Ontario – est en droit de s'attendre à ce que les chiropraticiens soient compétents et connaissants dans leur travail et qu'elles et ils continuent de parfaire leur éducation aussi bien aux niveaux théoriques que techniques. C'est ce en quoi consiste l'éducation continue (EC).

Je sais que plusieurs chiropraticiens ont terminé le premier cycle bien avant le date butoire du 30 juin 2012 et que plusieurs se sont inscrits à divers programmes d'apprentissage pour le deuxième cycle. Il faut y penser! Quels sont vos plans de perfectionnement professionnel?

Je vous remercie.

Amicalement,

Lise Marin

# Report from the Patient Relations Committee

***By: Ms Judith McCutcheon, Chair (to April 2013)***

**Public Awareness Campaign**

*Style at Home* magazine was required reading during January and February 2013! While you might think of decorating when you hear that title, you'd be only partly correct. In the January issue on page 51 of the Ontario edition you will find the new Patient Relations Committee's advertisement. In February, the advertisement was repeated along with a more comprehensive four-page insert in the magazine.

While the College does not advocate on behalf of the profession, this public awareness campaign is designed to educate the public on the work of the College in regulating chiropractic in the public interest. Our goal is to heighten the awareness of Ontarians of how chiropractors enter practice, participate in continuing education, and follow standards of practice. Readers are directed to the College website for further information.

The project took almost two years to come to fruition with numerous rewrites and selection of images. Selecting the right publication was important as we wanted to reach people who would be interested in health care. The target demographic for *Style at Home* and for those who make family health care decisions is similar so that was our choice.

After evaluating the success of this initial campaign, there was a French translation with subsequent versions in other languages. Building on the success of the *Partnership of Care* document, we plan to increase the number of Ontario residents who understand the work of the College in protecting health.

**Consideration of Power Imbalance and Evidence of Termination of a Doctor/Patient Relationship Essential in Relationships with Former Patients**

A concurrent doctor/patient relationship and sexual relationship is strictly against the law. The *RHPA*, Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient and the Ontario Court of Appeal explicitly prohibit this type of concurrent relationship.

Standard of Practice S-014 further states that it may never be appropriate to have a sexual relationship with a former patient, as there may be a continued power imbalance that exists where a patient is physically or emotionally vulnerable. In instances where a chiropractor and a former patient choose to begin a sexual relationship, CCO requires that there be clear evidence of termination of the doctor/patient relationship evidenced in the patient health record. This may include: a notation of termination of care, a referral letter to another chiropractor, the transfer of care and patient health records to another chiropractor, evidence that the former patient is receiving care from another chiropractor, and a recommended period of one year from the last date of any doctor/patient interaction.

Allegations of sexual abuse are extremely serious and may result in the revocation of a member's license. In a CCO discipline hearing, the patient health records often tell the narrative of the events that transpired. It is imperative that, in instances relating to a sexual relationship with a former patient, issues of power imbalance and vulnerability are taken into consideration and that there is strong, documented evidence of proper termination of the doctor/patient relationship.

Members are reminded that they are required to comply with the current law. If there are any changes to the law, there will be appropriate notifications.

Ms Judith McCutcheon
Public Member,
Since 2009

# Appearance of Bias

## IT'S NOT AT ALL HARD TO UNDERSTAND A PERSON; IT'S ONLY HARD TO LISTEN WITHOUT BIAS.

***Criss Jami***

## WE ALL SEE ONLY THAT WHICH WE ARE TRAINED TO SEE.

***Robert Anton Wilson***

Mr. Richard Steinecke
Legal Counsel

### *By: Richard Steinecke, Steinecke Maciura LeBlanc*

The College of Chiropractors of Ontario (CCO) has a duty to be fair when regulating the chiropractic profession. One way in which the CCO pursues fairness is by ensuring that everyone who makes a decision is impartial, neutral and objective. Whether dealing with a registration application, a complaint, a discipline hearing, an incapacity inquiry, a quality assurance assessment or just a request for advice on an advertisement, the CCO strives to avoid even an appearance of bias.

An appearance of bias can take a number of forms, including the following:

1. **Prior Involvement.** Where a committee member has prior involvement in a matter that might taint their ability to be impartial, he or she should not be part of the decision. For example, when hearing a case at discipline, the panel member should not have been part of the CCO's investigation of the allegations or part of the decision to refer the allegations to discipline.
2. **Relationship to a Participant.** A committee member should not have a close relationship, good or ill, with a participant. For example, when reviewing a complaint, a panel member should not be close friends or a relative of the complainant, a key witness or the chiropractor complained against. Similarly, the panel member should not have had a "major run-in" with any participant either.
3. **Prejudgment.** A committee member should not have made up their mind on the issue beforehand. For example, a member of the Registration Committee who states that no graduate of XYZ Chiropractic College should ever be registered should not consider an application from a graduate of the XYZ Chiropractic College.
4. **Financial Interest.** A panel member cannot have a financial interest in the outcome of their decision. For example, a panel member should not consider a complaint against another chiropractor who competes for patients in the same community.

All of these forms of bias are subject to a "reasonableness" test. For example, it is appropriate for a panel member to deal with a complaint against a chiropractor even though the panel member has dealt with previous complaints against that chiropractor. Otherwise, chiropractors with frequent complaints would be able to object to every panel. Similarly, the chiropractic profession is relatively small and many panel members will have had some contact with many chiropractors coming before their committee. It is only a reasonably close relationship that is of concern. In addition, just because a panel member has expressed a tentative opinion on an issue before does not mean that he or she can never sit on a panel that is dealing with that issue. Prejudgment requires a fixed opinion. Finally, even financial interests can become too trivial to consider. For instance, a member of a Discipline Committee ordering a chiropractor to pay a portion of the costs of the discipline hearing will not be influenced by the fact that he or she may thus save a few pennies in his or her annual fees.

In a recent case, the Divisional Court dismissed an allegation of appearance of bias by a member of the Inquiries Complaints and Reports Committee (ICRC) of the CCO. In *Covey v. Health Professions Appeal and Review Board*, 2012 ONSC 6122, the ICRC cautioned a chiropractor about some comments he made to a patient. The chiropractor asserted that his statements were based on his view of the seriousness of the patient's condition which, in turn, was based on his philosophy of chiropractic. He claimed that the ICRC was biased because one of its members had written an article critical

of the chiropractor's philosophy. In fact, the article only criticized the methodology of another article and did not comment on the philosophy of chiropractic itself. The Divisional Court said:

> The fact that *[the ICRC panel member]* was a co-author of an academic article several years before the hearing relating to the research methodology and conclusions in another article does not give rise to a reasonable apprehension of bias. The applicable test is whether a reasonable person, properly informed, would believe that it is more likely than not that the decision maker would, consciously or unconsciously, not decide fairly.[2]

In summary, the category of bias issue raised in this case was "Prejudgment" and the Court found that the comments in the article in question were well within the reasonableness test.

One challenge with the appearance of bias issue in the *Covey* case was that the concern was not raised until after the ICRC had delivered its decision. The chiropractor cannot be faulted for this because he was not aware of the article until later. However, chiropractors who are concerned that someone on the ICRC (or any other committee that they are facing) may have an appearance of bias should review the composition of the committee on the CCO website, make appropriate inquiries and, if they have a concern about any member of that committee, set it out in writing before the decision is made. The CCO is eager to address any reasonable appearance of bias issues in advance, rather than defend it in court afterwards.

[2]On the issue of whether the caution was supportable, the Divisional Court said:

> As to the Board's decision upholding the written caution, that decision is reasonable.... The tone and language of the letter are unprofessional, and the ICRC and Board reasonably concluded that the applicant should be so advised. The purpose of the caution was educational and not disciplinary and was moderate in the circumstances.

# It's All About the Records!
# Ownership of Chiropratic Records

**AND I WOULD ARGUE THE SECOND GREATEST FORCE IN THE UNIVERSE IS OWNERSHIP.**

***Chris Chocola***

**WHAT DO YOU HAVE THAT WAS NOT GIVEN TO YOU? AND IF IT WAS GIVEN, HOW CAN YOU BOAST AS IF IT WERE YOUR OWN.**

***Paul of Tarsus***

***By: Richard Steinecke, Steinecke Maciura LeBlanc***

**The Concept**

The phrase "ownership is 9/10 of the law" is a dangerous one for a chiropractor to rely on. The information contained in the record belongs to the patient. Further, the chiropractor can only use the information for the benefit of the patient. The information is to be used primarily for the treatment of the patient. The patient must consent before the chiropractor can use it for other purposes.

In addition, the public has a pretty significant stake in the records as well. For example, the College has access to the record for the purposes of complaints, discipline and quality assurance. Courts have access to the records in order to administer justice. Coroners can use the records to prevent future harm.

So it is not very realistic for chiropractors to become possessive of their patient charts. It is one thing for a chiropractor to preserve the privacy of patient information; it is another to try to prevent legitimate users from obtaining access to them. Protecting privacy is not intended

**(CONT. NEXT PAGE)**

to preserve a business asset; it is a service provided to the patient. It also ensures that the chiropractor can maintain accountability to the College.

**Patient Access**

Because the patient owns the information in the records, chiropractors must give the patient access on request. There are only a few exceptions (e.g., where providing access would create a significant risk of serious bodily harm). If a chiropractor relies on one of the rare exceptions, a patient can require him or her to justify the refusal to the province's Information and Privacy Commissioner.

Patients can either ask to review the chart or can request a copy of it. For accountability purposes, the chiropractor must retain the original of the record and only provide copies of it. A reasonable fee can be charged to cover the chiropractor's cost in making and delivering a copy, but the chiropractor should never permit the fee to become a barrier to patient access.

There may be rare exceptions to the rule that only copies are given out. For example, where a patient needs an original radiograph for treatment purposes and copying it is impractical, loaning the original to the patient may be appropriate. However, in such a circumstance the chiropractor should insist upon the patient certifying in writing that the patient understands that the radiograph is given to him or her on loan and that it must be returned promptly after the treatment purpose has been served.

Again, since the information in the record belongs to the patient, any factual errors should be corrected upon the request of the patient. For example, if the description of the onset of the condition is incorrect that chiropractor should correct it when the error is pointed out. However, the content of the original entry must not be obliterated so that there is an audit trail of all changes. In addition, a chiropractor is not required to change a professional opinion (e.g., a diagnosis) at the request of the patient as that, too, would be inaccurate.

**Chiropractors Leaving a Practice**

The above discussion should assist in resolving the recurring problem of chiropractor disputes as to ownership of the record when a chiropractor leaves a practice. The primary concern in such a discussion should always be the best-interests of the patient. For example, if the patient wishes to continue in the care of the departing chiropractor, the "owner" of the record must provide a copy to the departing chiropractor at the patient's request regardless of what other business arrangements may have been made. It is inappropriate for the chiropractor who "owns" the record to impose barriers on patients. For example, requiring a patient to personally attend the office to sign a consent form is unnecessary; all that matters is that the patient consents and, where appropriate, the chiropractor has reasonable verification of the consent.

Subject to the best interests of the patient, there are generally three models for how records are handled when a chiropractor leaves a practice:

1. The departing chiropractor does not take the records, but is given appropriate access to them when needed to fulfill a professional obligation (e.g., ongoing patient treatment, reports to a patient or a patient's agent or insurer, providing access to the College).
2. The departing chiropractor takes the records with him or her, but gives appropriate access to them when needed by the remaining practitioners to fulfill a professional obligation (e.g., ongoing patient treatment, reports to a patient or a patient's agent or insurer, providing access to the College).
3. The departing chiropractor takes a copy of the records with him or her and leaves the original with the practice.

Which model is adopted depends on a number of factors including the agreement between the parties (including a verbal agreement), the circumstances (e.g., is a chiropractor remaining behind at the practice to manage the records?) and patient preference (e.g., has the patient asked for his or her chart to go with the departing chiropractor or remain?). Sometimes the models are combined (e.g., the charts are divided up on the basis of which chiropractor has primary professional responsibility for the patient). Again, because the patient owns the information, he or she has the ultimate say. For example, if the parties agree that the departing chiropractor can take the records, the patient could choose to stay with the original practice and request that at least a copy of the record remain with the practice. It is inappropriate to pressure patients to make one choice or the other.

Chiropractors need to determine which model applies to the practice and to work in good faith to apply the model. A chiropractor who sneaks into the office after hours to copy or remove records because there is a

dispute may well be acting contrary to the *Personal Health Information Protection Act, 2004*, professional standards, College expectations and patient wishes. Significant legal consequences could follow. Similarly, a chiropractor who refuses appropriate access to records to a departing chiropractor may be breaching professional obligations.

A prudent chiropractor will, before joining a practice, have a written agreement with his or her colleagues describing which of the above three models applies and ensure that the health information custodian[3] for the practice describes the model in the published privacy policies of the practice.

[3] Under the *Personal Health Information Protection Act, 2004* every place where health care is provided must have a custodian of personal health information who is responsible for ensuring that the privacy of such information is protected.

# Breaking Up is Hard to Do...

## ...but don't forget about the patient records.

When Neil Sadaka was singing "Breaking Up is Hard to Do" in the 1960s, he wasn't thinking about business arrangements and what happens to patient files when a practice dissolves! When your business partnership "breaks up" or you decide to retire, sell or close your practice, you are responsible for protecting and managing the safe and complete disposition of your patients' health records.

The appropriate disposition of the patient health records in your office includes several factors, the most important being that the full confidentiality and privacy of your patients must be maintained at all times. Activities that you need to undertake include notifying your patients of the impending closure, enabling them to acquire their records and making secure arrangements for the transfer of the records to the patient or for safe and accessible storage.

Another aspect to remember is that CCO imposes a duty upon members to retain patient records for at least seven (7) years following a patient's last visit or, if the patient was less than 18 years old at the time of his/her last visit, seven (7) years from the day the patient would have turned 18 years old. When the time comes to destroy records, make sure the method of destruction matches the medium (i.e., physical and electronic records) and that patient confidentiality is never breached in the destruction method.

You should also make appropriate arrangements and put agreements in place for the transfer of records in the case of dissolution of a practice. There are several ways that you can go about doing this, but keep in mind that any agreement should address the method of division of patient health records, who is taking responsibility for the retention of records, and that any chiropractor who had previous responsibility for these records must have reasonable access to these records in the future. Of course, patients should always be fully informed of where their records are being retained and how they can access them. Remember – the information in the patient health record is the property of the patient.

It is also important to remember that records must be maintained or be accessible even after a practice has dissolved. In addition to your professional obligations to patients, insurance investigations and audits, complaints to CCO and civil litigation may arise at any time after a practice has dissolved or patient care has ceased. Records tell the story of the patient visits and are always an essential piece of evidence in any legal proceeding. It can be an act of professional misconduct to fail to properly maintain and dispose of patient health records.

CCO's Standard of Practice S-002: Record Keeping, Guideline G-004: Documentation of a Chiropractic Visit, and Guideline G-017: Ownership, Security and Destruction of Patient Health Records are excellent resources for understanding the requirements about record keeping. To view this and other CCO standards of practice, guidelines and policies, go to: www.cco.on.ca

Dr. James Laws
Elected Member,
since 2005

# Report from the Registration Committee

***By: Dr. James Laws, Chair (to April 2013)***

Greetings, colleagues and thank you for your registration renewal for 2013. There are now more than 4,400 chiropractors registered to practise in Ontario. You have submitted your Professional Development Log with your registration renewal as required by the provincial government legislation in Ontario. You must be in the "Active" or "General" class of registration if you are performing any controlled acts within the chiropractic scope of practice and if you wish to practise as a chiropractor in Ontario. The profession is growing to meet the health care needs of Ontarians. Thank you for being a member of CCO and serving the public of Ontario.

Most members of the CCO are in the "Active" or "General" class of registration. The other classes of registration include "Inactive", "Retired" and "Temporary". The Registration Committee is currently reviewing the "temporary" class and considering other classes of registration.

## LEAVE OF ABSENCE (LOA)

Under current provisions, a chiropractor may take a leave of absence from his/her practice for a variety of reasons, which may include: parental, sick or disability, caregiver, academic or exchange. A chiropractor may want to take a leave of absence in Ontario to work in another regulated jurisdiction.

Some of the good news in Ontario is that you are eligible to take a leave of absence for whatever your reason may be.

If you are considering taking a leave of absence from practice, you may want to consider entering the "Inactive" class of registration for a period of time. The "Inactive" class of registration has a lower fee associated with it but still allows members to vote in CCO elections and receive newsletters, annual reports, communiqués and distributions from CCO.

You are reminded that, while in the "Inactive" class of registration, you are not permitted to perform any controlled acts, bill third-party payors and engage in other activities associated with practising chiropractic. Also, remember that, after more than two years in the "Inactive" class of registration, you will be required to satisfy the Registration Committee of your competence to practise – please keep this in mind when taking a leave of absence. Anything under two years allows for an almost automatic return to "Active" practice.

Under By-law 13.14, the Registration Committee may grant a partial exemption of fees, which may include pro-rating of fees if extraordinary circumstances exist, and which can include leaves of absence. The Registration Committee may consider developing a specific guideline on the pro-rating of fees for members taking leaves of absence.

To obtain a partial exemption of fees for a leave of absence, contact Ms Maria Simas, CCO's Registration Coordinator at msimas@cco.on.ca and put your request in writing, outlining why the Registration Committee should grant a partial exemption to the general fees requirements. We trust that this will be helpful to those CCO members who are planning in advance to take a leave of absence.

# Report from the Advertising Committee

Dr. Cliff Hardick
Elected Member,
since 2011

## WHAT YOU SAY IN ADVERTISING IS MORE IMPORTANT THAN HOW YOU SAY IT.

***David Ogilvy***

### *By: Dr. Cliff Hardick, Chair*

The proliferation of new technology and social media and how we communicate to the public continue to challenge all of us. The challenge for CCO's Advertising Committee is to ensure that members have appropriate guidelines for the use of advertising mediums such as websites, social media and other electronic media. As the Committee continues this work, members are reminded that any type of promotion must be factual and not misleading, and the CCO website (www.cco.on.ca) is a good source of information.

One newsworthy item to note is the Ministry of Health and Long-Term Care's (MOHLTC) updated guidelines for drafting advertising regulations by health regulatory colleges. Please read on...

**Solicitation of Products and Services**

In the fall of 2012, the MOHLTC updated its guidelines for drafting advertising regulations by health regulatory colleges. Specifically, the MOHLTC has drafted a section relating to the regulation of solicitation by health professionals. The wording reads as follows:

> *A communication by a member to a client or prospective client for the purposes of soliciting business shall be appropriate to the context and shall be respectful of client choice, and not involve undue pressure and not promote unnecessary products or services.*

The MOHLTC's rationale is that this section expands the ability to solicit business, while protecting the public from being subjected to undue pressure and the solicitation of unnecessary health care services or products. As well, this section does not attempt to restrict any form or medium of solicitation to the public, but rather aims to protect the potential public harm no matter what the form and medium of communication or solicitation.

CCO is working on incorporating this section into its advertising standard of practice and guideline, and will circulate any proposed changes to members and stakeholders for feedback. Please stay tuned for further developments in this area.

# Your Feedback is Important!

Please e-mail or fax to us your thoughts/comments about the materials in the June 2013 newsletter or any topic you would like addressed in a future communiqué.

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

Fax: **416-925-9610**

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