

# CHIROPRACTICE

GOVERNING THE PRACTICE OF CHIROPRACTIC IN THE PUBLIC INTEREST



## President's Message



Dr. Cliff Hardick  
President  
April 2015 - Present

Since I was elected President of the CCO in April 2015, I can say the CCO works very efficiently and I am constantly reminded about what the real role of the CCO is. I am grateful for this opportunity to serve this profession and will continue to do so to the very best of my ability. I want to personally thank the members of District 6 who supported me when they elected me in 2011.

The CCO regulates the scope of chiropractic in the public interest. The terms “nervous system” and “adjustment” are used in *Standard of Practice S-001: Chiropractic Scope of Practice* in the description of the chiropractic scope of practice:

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,
  - (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
  - (b) dysfunctions or disorders arising from the structures or functions of the joints.

In 2014 past presidents of the CCO and chairmen of the BDC were interviewed and asked to reflect on their terms. The videos we saw at the AGM of their interviews had a common message. They were committed to the ability to make a diagnosis, the use of x-ray in practice, and the focus of care of patients by hand through an adjustment to reduce subluxations.

In support of these previous presidents and chairmen, what was impressed upon me by them, as it has my entire career, was the commitment to the language used unique to chiropractors - like adjustment.

I am so very proud of this heritage and I am asking future generations of chiropractors to keep this heritage relevant. It is, indeed, in the public interest

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# M I S S I O N

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*

# S T R A T E G I C O B J E C T I V E S

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 sessions: September 2012, 2013, 2014, 2015*

## Acronyms

AGM	Annual General Meeting
AODA	Accessibility for Ontarians with Disabilities Act, 2005
BDC	Board of Directors of Chiropractic
CCO, the College	College of Chiropractors of Ontario
Canlii	Canadian Legal Information Institute
CE	Continuing education
CMCC	Canadian Memorial Chiropractic College
Code	Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991
CPR	Cardiopulmonary resuscitation
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSCO	Financial Services Commission of Ontario
IACD	Indian Association of Chiropractic Doctors
ICRC or ICR Committee	Inquiries, Complaints and Reports Committee
MIG	Minor Injury Guideline
Minister	Minister of Health and Long-Term Care
MOHLTC or Ministry	Ministry of Health and Long-Term Care
MVA	Motor vehicle accident
OCF	Ontario Claim Form
PHIPA	Personal Health Information Protection Act, 2004
QA	Quality Assurance
RHPA	Regulated Health Professions Act, 1991
SATFR	Sexual Abuse Task Force Report
SCERP	Specified Continuing Education or Remediation Program
UQTR	Université du Québec à Trois-Rivières
WFC	World Federation of Chiropractic
Working Group	Clinic Regulation Working Group





CCO Council and Staff (September 15, 2016)

## Extract from the *Chiropractic Act*

### Scope of Practice

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,
  - (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
  - (b) dysfunctions or disorders arising from the structure or functions of the joints.

### Authorized Acts

4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
  1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
    - 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.
  2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
  3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.



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to incorporate this heritage and this terminology into your practice.

While members practise in diverse environments, using different styles, I wish to assure that in our scope, the adjustment is central to what we do, and we do it well. In my experience, after careful review and evaluation of history, an adjustment to reduce a vertebral subluxation, well delivered by a chiropractor, is safe and effective. It is something we can not only be proud of, but grateful to our forefathers, who worked tirelessly to learn, master and protect.

When I was in chiropractic school, I learned the adjustment of a vertebra of the spine was to be delivered with the intent to reduce nerve interference, with the result being improved overall function and expression of the body innervated by those same nerves.

We are learning that the adjustment is so much more. Research is happening illustrating changes in brain function, balance and coordination, and limb awareness to name a few. It is truly an exciting time.



CCO President's Luncheon (June 15, 2016)  
Back Row, Lt-Rt: Drs. Keith Thomson, Gilles Lamarche and Fred Barnes  
Front Row, Lt-Rt: Drs. Dennis Mizel, Ted Burge and Cliff Hardick

Many of the early tenets of chiropractic are being validated, and some refined with new technologies and research. So, I wish to publicly thank those presidents and chairmen, who came before me, for the strength and perseverance to keep this art in the chiropractic domain and protected in the interest of the public now and in future generations of Ontarians.

Our policies, guidelines, standards, and regulations work well for protecting the public and are reasonable for members to provide quality care. I think we can be proud of our regulator and the work this profession has done in the public interest.

### Reflections on 2015

Looking back at what Council achieved in 2015, I think of a year that was characterized by collaborative achievements in upholding CCO's mandate to protect the public and through tangible progress in moving ahead to support the Minister of Health's transparency initiatives for all health regulatory colleges in Ontario.

In 2015, CCO committees began their work in responding to the Minister's directive through their specific mandates. I am pleased to report that various initiatives that will increase transparency with the public are well underway.

Externally, CCO engaged collaboratively with other health regulatory colleges to explore and advance efforts to protect the public. A specific initiative is exploration of stronger oversight of clinics in Ontario, and our Registrar and General Counsel, Ms Jo-Ann Willson, ably represents CCO as the work progresses.

### In Appreciation

I am especially grateful to the members of Council who have allowed me to serve as President. I will continue to do as much as possible to see the public in Ontario is protected and well-served by the members of this great profession.

C.M. Hardick, DC

# Message du Président

Depuis mon élection comme président de l'OCO en avril 2015, je peux affirmer que l'OCO fonctionne très efficacement et je ne cesse de me rappeler ce qu'est le véritable rôle de l'Ordre. Je suis heureux d'avoir la chance d'exercer cette profession et continuerai d'en faire autant aux mieux de mes capacités. Je désire remercier personnellement les membres du District 6 qui m'ont appuyé lorsqu'ils m'ont élu en 2011.

L'OCO régleme la portée de la chiropratique dans l'intérêt public. Les termes « système nerveux » et « ajustement » sont utilisés dans *Standard of Practice S-001: Chiropractic Scope of Practice* dans la description du champ de pratique de la chiropratique :

3. L'exercice de la chiropratique consiste en l'évaluation des états liés à la colonne vertébrale, au système nerveux et aux articulations ainsi que le diagnostic, la prévention et le traitement, principalement par ajustement, des,
  - (a) dysfonctions ou troubles résultant des structures ou fonctions de la colonne vertébrale et les effets de ces dysfonctions ou troubles sur le système nerveux; et
  - (b) dysfonctions ou troubles résultant des structures ou fonctions des articulations.

En 2014, les anciens présidents de l'OCO et du Conseil d'administration de chiropratique (BDC) ont été interviewés et on leur a demandé de réfléchir à ces termes. Les vidéos de ces entrevues que nous avons visionnées à la AGA communiquaient un même message. Les présidents étaient déterminés à établir un diagnostic, à utiliser les rayons x en pratique et à se concentrer sur les soins prodigués aux patients avec les mains par le biais d'ajustements pour réduire les subluxations.

À l'instar de ces présidents ultérieurs, ce qui m'a frappé chez eux, de même qu'au fil de toute ma carrière, a été leur engagement envers le langage unique utilisé par les chiropraticiens, par exemple ajustement.

Je suis très fier de cet héritage et je demande aux générations futures de chiropraticiens de garder cet héritage pertinent. Il est, en fait, dans l'intérêt public d'incorporer ce legs et cette terminologie dans l'exercice de vos fonctions.

Alors que les membres travaillent dans divers milieux, adoptent des styles différents, je tiens à m'assurer que dans notre domaine, l'ajustement est central à ce que nous faisons et nous le faisons bien. Selon mon expérience, après une revue et une évaluation approfondies de l'histoire, un ajustement effectué en vue de réduire une subluxation vertébrale qui est bien exécuté par un chiropraticien est sans danger et efficace. Nous devons non seulement en être fiers, mais aussi être reconnaissants envers nos précurseurs qui ont travaillé sans relâche pour apprendre, maîtriser et protéger.

À l'école de chiropratique, j'ai appris qu'un ajustement d'une vertèbre de la colonne vertébrale devait être effectué afin de réduire l'interférence nerveuse; le but étant d'améliorer le fonctionnement et l'expression du corps entier innervé par ces mêmes nerfs.

Nous découvrons que l'ajustement est bien plus encore. Des recherches en cours signalent des changements dans les fonctions cérébrales, l'équilibre et la coordination ainsi que la conscience des membres pour n'en citer que quelques-uns. Nous vivons sans conteste un moment passionnant. Un grand nombre des premiers principes de la chiropratique sont en train d'être validés tandis que plusieurs autres sont perfectionnés grâce aux nouvelles technologies et études. Donc, je désire remercier publiquement ces présidents,



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qui m'ont précédé, pour leur ardeur et persévérance afin de garder cet art dans le domaine de la chiropratique et de le protéger dans l'intérêt public d'aujourd'hui et des générations futures ontariennes.

Nos politiques, directives, normes et règlements protègent efficacement le public et sont raisonnables pour que les membres puissent fournir des soins de qualité. Je crois que nous pouvons être fiers de notre organisme de réglementation et du travail accompli par cette profession dans l'intérêt du public.

#### **Réflexions sur 2015**

Si l'on examine ce que le Conseil a accompli en 2015, je pense à une année caractérisée par des réalisations faites en collaboration venant confirmer le mandat de l'OCO qui est de protéger le public. Cette année compte également des progrès tangibles appuyant les initiatives de transparence du ministère de la Santé pour tous les ordres de réglementation des professionnels de la santé de l'Ontario.

En 2015, les comités de l'OCO ont commencé à mettre en œuvre les directives du ministre par

l'entremise de leurs mandats respectifs. Je suis ravi de rapporter que diverses initiatives visant à améliorer la transparence auprès du public sont déjà bien avancées.

À l'externe, l'OCO s'est engagé en étroite collaboration avec d'autres ordres de réglementation des professionnels de la santé à explorer et faire progresser les efforts dans le but de protéger le public. Une de ces mesures consiste en l'exploration d'une surveillance renforcée des cliniques ontariennes et notre greffière et avocate générale, Mme Jo-Ann Willson, représente bien l'OCO à mesure que le travail progresse.

#### **En guise de remerciement**

Je suis particulièrement reconnaissant envers les membres du Conseil qui m'ont permis d'être président. Je continuerai de faire de mon mieux pour que le public en Ontario soit protégé et bien servi par les membres de cette noble profession.

C.M. Hardick, DC

# Registrar's Report

## **The 2015 Annual General Meeting (AGM) held on June 15, 2016 was a bit of an experiment.**

CCO's AGMs are often well attended by various stakeholders including other regulators, government representatives, chiropractic organizations and members. Over the past several years we have started a new tradition, namely inviting all former BDC and CCO Presidents to attend to meet with current Council members and staff and to learn about CCO's challenges and accomplishments in the preceding year.

For the 2015 AGM, CCO invited Dr. Gerard Clum to be a guest speaker. The part that was new, was we also invited two chiropractic students to attend the AGM and to ask questions of the guest speaker from their unique perspective of being at the opposite end of what will hopefully be a long career in chiropractic. There are two accredited chiropractic educational institutions in Canada, and we were fortunate to have Spencer Bell (from CMCC) and Vincent Gagnon-Normandin (from UQTR) as special guests. From CCO's perspective, it is important that everyone in the profession feels engaged and interested in the self-regulation of chiropractic, and that members and stakeholders understand the unique role that CCO has in governing chiropractic in the public interest. It was interesting to hear the perspective of Dr. Clum who remarked that there are some accomplishments that should be "sung from the rooftop" including the fact that in 2015 CCO successfully completed one cycle of peer assessments of the entire membership.

I'm often somewhat nervous when students are in any audience because it would not be unusual for them to ask questions, which do not have an easy answer. The students at the 2015 AGM did not disappoint, and I expect we will continue with extending an invitation to chiropractic students to learn about and become involved in chiropractic from a regulatory vantage point.

CCO's strategic objectives include improving communication of the role, mandate and mechanism of CCO to key internal and external stakeholders. Stakeholders including members will note that increasingly CCO will be moving to a less paper dependent way of communicating, as part of CCO's commitment to technology improvements and upgrades. There will, however, continue to be an "in person" AGM at least for the foreseeable future, and I encourage everyone to take the time to attend, learn, become better informed about how CCO exercises its statutory mandate, and the privilege of self-regulation. The 2016 AGM is already scheduled for June 22, 2017 at the Royal Conservatory of Music (just down the street from the CCO office) and everyone on Council and staff looks forward to seeing as many people as possible join in the celebration.



**2015 AGM (June 15, 2016)**  
**Lt-Rt: Spencer Bell (CMCC), Vincent Gagnon-Normandin (UQTR), Dr. Cliff Hardick (President), Ms Jo-Ann Willson (Registrar and General Counsel), Dr. Gerard Clum (Guest Speaker)**

# 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 October 16, 2015 to September 13, 2016) and wishes them a long and successful career in chiropractic.**

Omar A. Abdulsattar  
Sajad Abolghasem  
Ida Aghigh  
Oscar E. Alba  
Farahikhte Ashhadi-Somehsaraei  
Daniella Astorino  
Mitchell M. Badz  
Sarah C. Batley  
Jeffery T. Belgue  
Rachel D. Bentley  
Nathan B. Benvenuto  
Bakshish Bhayee  
Anri Bica  
Mark F. Bird  
Sara L. Brand  
Lydia R. Brodie  
Mitchell Broser  
Porter M. Brown  
Michelle Camastra  
Rudi S. L. Chan  
Devin Chohan  
Shayla N. P. Conrad  
Samuel J. Cooper  
Melissa Corso  
Stephanie J. Crawford  
Andrew C. Cregg  
Michelle L. Cruickshank  
Justin T. D'Anna  
Dan B. Dao  
Caitlin A. Davidson  
Garrett D. de Jong  
Jessica N. M. Dee  
Pavneet K. Dhaliwal  
Marc J. Di Nardo  
Nataliya Dmytriv  
Julianne M. Donato  
Bradley R. Dormiedy  
Dhanbir S. Dulay  
Chad M. R. Ellis  
Kyle M. Etwaroo  
Tiffany R. Eybergen

Patricia M. Farrell  
Justin L. Fowler  
David J. Gallant  
Aditi Ganesh  
Shawn A. Gargoum  
Julianna M. Gatis  
Christopher L. Grant  
Sara C. M. Ho  
Gina V. Hua  
Gillian Huang  
Devin C. Humphrey  
Danjing Huo  
Jamie P. L. Hutchinson  
Anas Ingar  
Ali Jaffery  
Natasha M. Jakelski  
Eunsoo Jeoun  
Thanushan Jeyapalan  
Kevin T. Jorgensen  
Jennifer R. Jocas  
Aradhna Juneja  
Shervin Kamelan Zargar  
Teddy Donghyun Kim  
Jiyeon Kim  
Jessica Kissoon  
Anna P. Korpela  
Timothy S. Lahn  
Aston Martin L. Lai  
Cassandra-Hannah Laleye  
Rahim Lalji  
Alexander K. Lam  
Robin C. Lao  
Carly L. Leblanc  
Yu Min Lee  
Kirsten Lee  
YooJin Lee  
Jessica Leroux  
Richard M. Magder  
Michael A. Malaesta  
Christine A. Meckamalil  
Ashley Narula

Michael A. Norman  
Courtney N. O'Connell  
Sharja F. Pabon  
Alessandro O. Pichini  
Thessa Prashad  
Jasdip Purba  
Brandon E. Purdy  
Craig E. Rainsberry  
Jonathan D. Reyhanian  
Summer E. Rybicki  
Christopher D. Saieva  
Mitchell Savic  
Steven A. Scappaticci  
Alison M. Shaver  
Alyssa Shepherd  
Dan Shlepakov  
Karlie S. Sikura  
Joel C. Simpson  
Jasleen Singh  
Joseph A. Sinopoli  
Nicholas J. Slowinski  
Wesley D. Smith  
Anissa St. Jean  
Joseph J. Tanti  
Pegah Tavajohi-Fini  
Allison M. Thomson  
Jasper R. Thomson  
Alexandra R. Topp  
Amy Tran  
Victoria A. West  
Jordan E. Winberg  
Kirsten E. Wishloff  
Maxine M. Wong  
Erin M. Woodburn  
Kassie C. Wright  
Jordan Z. Wrightly  
Sina Yeganeh  
Dustin T. Yen  
Cheuk Kei Yeung  
James J. Young



## IN MEMORIAM (OCTOBER 16, 2015 - SEPTEMBER 11, 2016)

<b>Name</b>	<b>Year of Initial Registration</b>	<b>Date of Death</b>
Dr. Joseph Houlton	1956	December 10, 2015
Dr. Alan J. Kaul	1981	December 18, 2015
Dr. Michael Dyszuk	1952	January 19, 2016
Dr. Vincent L. Del Monte	1985	January 25, 2016
Dr. Kenneth R. MacGillivray	1954	February 3, 2016
Dr. Robert Cohen	1988	February 10, 2016
Dr. Howard Wasser	1981	March 7, 2016
Dr. E. Grant Armstrong	1951	April 18, 2016
Dr. William Sykes	1951	May 13, 2016
Dr. Richard G. Hyma	1955	July 26, 2016
Dr. James F. Mason	1982	July 29, 2016
Dr. Leonard A. Hardman	1967	August 3, 2016
Dr. Eric Feegel	1950	September 11, 2016

CCO extends its condolences to the families, friends, and colleagues of these members.



June 17, 2016  
Mr. Joel Friedman  
(Director, Policy & Research)  
giving the Dr. Harold Beasley  
Memorial Award to  
Dr. Alexandra Dennis

# Council Meeting Dates

### 2016

Friday, December 9

### 2017

Tuesday, February 28

Wednesday, April 26

Thursday, April 27

Thursday, June 22

Friday, June 23

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

# Council Meeting Highlights

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 Ministry of Health and Long-Term Care (MOHLTC), other chiropractic organizations, other health regulatory colleges and the Federation of Health Regulatory Colleges of Ontario (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. There is regular updating of the Office Development Project as Council exercises due diligence in considering the options for a new home for CCO.

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 controversial 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 Ontario Chiropractic Association, the Canadian Chiropractic Association and, occasionally, government representatives. Attendees receive comprehensive public information packages.

The public portion highlights of five Council meetings held since publication of the last newsletter follow.

## DECEMBER 4, 2015

### Council:

- Welcomed Ms Wendy Lawrence as a public member on Council until September 7, 2018
- Recognized Ms Judith McCutcheon's re-appointment as a public member on Council until August 11, 2018
- Received a verbal report on CCO's involvement with the Clinic Regulation Working Group in soliciting feedback on the proposed clinic regulations

### Council approved the following:

- Minor amendments to Standard of Practice S-009: Chiropractic Care of Animals
- Amendments to Guideline G-001: Communication with Patients
- Revocation of Guideline G-001: Prevention of Sexual Abuse of Patients
- Minor amendments to Policy P-053: Returning to the General Class of Registration

## FEBRUARY 23, 2016

### Council:

- Received an update on the activities of the Clinic Regulation Working Group from Ms Jo-Ann Willson, including the

## COUNCIL MEETING HIGHLIGHTS

anticipated release of a high-level communication piece about the public interest component and ongoing work by the stakeholder group

### **Council approved the following:**

- Translation of CCO's standards of practice, policies and guidelines into French
- Development of a new Public Display Protocol
- Guideline: Use of Social Media for distribution and feedback from members and stakeholders
- Minor amendments to Standard of Practice S-O13: Consent
- Amendments to Standard of Practice S-O16: Advertising for distribution and feedback
- Amendments to Guideline G-O16: Advertising for distribution and feedback

## **APRIL 19, 2016**

### **Council:**

- Congratulated Dr. Brian Schut on his election to Council, and Dr. Elizabeth Anderson-Peacock and Dr. Gauri Shankar on their re-election
- Acknowledged a report from Mr. Joel Friedman on his well-received visit and presentation to D'Youville College students along with Dr. Robert Haig, Executive Director, Ontario Chiropractic Association
- Received an update on the ongoing activities and plans of the Clinic Regulation Working Group from Ms Jo-Ann Willson, including a draft submission

### **Council approved the following:**

- Minor amendments to Standard of Practice S-O13: Consent
- By-law 6: Election of Council Members
- By-law 17: Public Register

## **JUNE 16, 2016**

### **Council:**

- Heard a report on research being gathered to assess CCO's current and future technology requirements in keeping with commitments related to

enhanced transparency with the public and ongoing fiscal responsibility

- Noted that Mr. Joel Friedman would be presenting the Dr. Harold Beasley Memorial Award to the 2016 recipient at the CMCC's graduation ceremony in June 2016

### **Council approved the following:**

- Amendments to Policy P-O11: Conflict of Interest for Council and Non-Council Committee Members

## **SEPTEMBER 15, 2016**

### **Council:**

- Welcomed Mr. Douglas Cressman as a public member on Council until June 29, 2019
- Received an update on the status of CCO's review of current and future technology requirements in keeping with enhanced transparency with the public and ongoing fiscal responsibilities

### **Council approved the following (reflected upon approval of minutes - December 9, 2016):**

- Minor amendments to Standard of Practice S-005: Chiropractic Adjustment or Manipulation
- Minor amendments to Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone
- Minor amendments to Standard of Practice S-O17: Acupuncture
- Minor amendments to G-005: Guidelines for Members Concerning Office Staff
- Amendments to Policy P-O11: Conflict of Interest for Council and Non-Council Committee Members
- A new guideline on Accommodation of Human Rights and Disabilities
- Minor amendments to Policy P-O18: Funding for Therapy or Counselling for Patients Sexually Abused by Members
- Policy P-O16: Public Outreach for distribution and feedback
- Minor amendments to Policy P-O55: Non-compliance with Continuing Education Requirements

# Council Member Terms

as at September 8, 2016

Name	District	Date First Elected/ Appointed	Date Re-elected/ Re-appointed	Date of Expiry of Election/ Appointment of Current Term
<b>Elected Members</b>				
Dr. Liz Anderson-Peacock	3 (Central East)	April 2013	April 2016	April 2019
Dr. Reginald Gates	5 (Central East)	April 2015	N/A	April 2018
Dr. Cliff Hardick	6 (Western)	May 2011	April 2014	April 2017
Dr. Bruce Lambert	5 (Central West)	April 2014	N/A	April 2017
Dr. Gauri Shankar	2 (Eastern)	April 2010	April 2013 April 2016	April 2019
Dr. Brian Schut	4 (Central)	April 2016	N/A	April 2019
Dr. David Starmer	4 (Central)	April 2014	N/A	April 2017
Dr. Pat Tavares	4 (Central)	April 2012	April 2015	April 2018
Dr. Bryan Wolfe	1 (Northern)	December 2008 (by-election)	April 2009 April 2012 April 2015	April 2017
<b>Appointed Members</b>				
Mr. Shakil Akhter	Toronto	May 7, 2008	May 7, 2011 May 7, 2014	May 6, 2017
Ms Georgia Allan	Smiths Falls	September 8, 2014	N/A	September 7, 2017
Ms Patrice Burke	Brantford	April 21, 2015	N/A	April 20, 2018
Mr. Douglas Cressman	Kitchener	June 30, 2016	N/A	June 29, 2019
Ms Wendy Lawrence	Toronto	September 8, 2015	N/A	September 7, 2018
Ms Judith McCutcheon	Unionville	August 12, 2009	August 12, 2012 August 12, 2015	August 11, 2018
Mr. Scott Sawler	Ottawa	November 14, 2012	November 14, 2013	November 13, 2016



## Remember to Vote!

CCO 2017 ELECTIONS IN DISTRICTS 1, 4, 5 AND 6

This is your opportunity to participate in self-regulation and have a say. Watch for the notice of elections, information about the process and ballots in early 2017.



## WELCOME TO CCO'S NEWEST PUBLIC MEMBER

### MR. DOUGLAS (DOUG) CRESSMAN



Mr. Doug Cressman, newly appointed public member to CCO Council, from Kitchener, Ontario

CCO Council welcomed **Mr. Douglas (Doug) Cressman** as a public member at his first Council meeting on September 15, 2016.

A teacher and massage therapist by training, Doug brings considerable knowledge and familiarity with the health regulatory environment in Ontario to CCO, including past experience in working with regulatory colleges.

Doug's early career included teaching elementary school in Ontario and secondary school in Botswana. He was a professional member of the College of Massage Therapists of Ontario for a number of years and, more recently, has pursued personal interests such as cooking and baking, hiking and fishing, and volunteering at a hospice.

Based in Kitchener, Doug and his wife have two children and four grandchildren. Whenever possible, they plan their next trip to see the "grandkids"!

*"I look forward to contributing to the important work of Council in regulating chiropractic in the public interest. Thank you to everyone for the warm welcome!"*

## THANK YOU TO MR. SCOTT SAWLER



CCO Council thanks **Mr. Scott Sawler** for his significant contributions to CCO as a public member since November 2012. Mr. Sawler served in various capacities, including as Chair of the Discipline Committee and as a member of the Executive Committee, and was a key contributor to CCO's stakeholder relations. Mr. Sawler's background as both a lawyer and pharmacist was helpful and insightful in his role, and we express our thanks and best wishes to him.

## THE INTRODUCTION OF CHIROPRACTIC TO INDIA *Canadian Chiropractors Help Make a Difference*

Three years ago, Dr. Vikas Puri, a chiropractor in Brampton, had his interest aroused when he heard what another Canadian chiropractor had been doing to introduce chiropractic to the people in India. Dr. Puri's interest quickly developed into a commitment to travel to India and contribute to this ambitious endeavour.

The story really starts with Dr. Amit Jimmy Nanda, a Canadian chiropractor whose roots were drawing him back through frequent visits to his family in India. During these visits, it struck Dr. Nanda that there were no chiropractors in India and most people had not even heard of chiropractic. He decided to do something about this.

Dr. Nanda's research and personal outreach in getting others involved and interested resulted in the creation of the Indian Association of Chiropractic Doctors (IACD). Officially accepted as a member of the World Federation of Chiropractic (WFC) in 2006, IACD has since been certified and recognized by the WFC as an official association, and the number of registered chiropractors continues to grow under a slowly developing regulatory framework. IACD has also succeeded in attracting Canadian chiropractors to reconnect with their Indian roots and to help establish chiropractic as a mainstream health profession in India. Chiropractors from Canada,

the United Kingdom, Australia, and the United States are now practising there.

A few years ago, Dr. Nanda and the IACD joined forces with the Sant Nirankari Mission, a non-denominational group that holds a world congregation in India twice a year and attracts over 1.3 million people. As part of its outreach in building bridges and serving those in need, the Mission hosts a four-day medical camp during this congregation. The camp attracts a wide variety of volunteer medical professionals from Canada and across the world - including doctors, dentists, nurses, physiotherapists, optometrists and now chiropractors, who all work together. Hundreds of thousands of people line up for hours to receive free medical care and Dr. Puri notes that "this really puts chiropractic in the spotlight. It has resulted in a heightened awareness of and participation in chiropractic care, all within the confines of a safe and regulated environment".

In November 2015, Dr. Puri travelled to India for the first time as a volunteer chiropractor.

*"I was one of four chiropractors from Ontario and 50 chiropractors from all over the world," says Dr. Puri. "Over four days, we treated 9,600 people and it was well organized.*



Dr. Vikas Puri (in sunglasses, far left, second row from the back) and fellow volunteers in New Delhi, India (November 14-17, 2015)

Volunteers would have intake forms for the people to fill out before they were first ushered into a tent to hear a short talk on chiropractic and what to expect, and then moved into a larger area with primitive platforms with only a cloth as tables. Translators were made available upon request. It was truly overwhelming how people wanted to meet us and get our opinion on their health, and they showed us so much respect and gratitude. What gave us the greatest satisfaction and reward was seeing how chiropractic changed peoples' lives, and we have come back so proud and feeling truly privileged to serve in such a special and unique way."

The momentum in India continues to grow. For the second time in its history, the Sant Nirankari Mission held an international congregation in Toronto from June 29 - July 3, 2016. Due to the unexpected death of a senior leader prior to commencement of the event, it unfolded nonetheless on a smaller scale than planned: three venues over three days, and supported by four local chiropractors (including Dr. Puri) and nine Canadian Memorial Chiropractic College interns. According to Dr. Puri, the organizers were "pleased with the continued momentum in opening chiropractic borders, introducing chiropractic to local people, and being able to make a difference."

Dr. Puri's enthusiasm about enabling people to access chiropractic not only in Ontario but elsewhere is evident. "As chiropractors, we want our patients to experience care in a safe and nurturing environment. I think it's important that we reach out as chiropractors when and where we can in helping to build bridges and that we collectively raise awareness about chiropractic all over the world."



Chiropractic services being offered to one of many people at a four-day medical camp staffed by volunteers

## FORMER CCO PRESIDENT APPOINTED AS FIRST CHIROPRACTOR ON MEDICAL CENTER STAFF TEAM

Dr. Marshall Deltoff, DACBR, FCCR(C), a former president of CCO, has been recently appointed to a full-time position at Galilee Medical Center in Nahariya, Israel. He has been appointed to a research position in the Department of Orthopedics, under the direction of Dr. Haim Shtarker, Chairman of Pediatric Orthopedics. Dr. Deltoff is the first chiropractor ever to be on staff at Galilee Medical Center.

*"This is a tremendous opportunity for me, and I am very grateful and proud to represent our profession. The learning experience is phenomenal, and I am treated as a total equal, going on rounds with the surgeons, visiting patients, and conducting research and manuscript preparation. It is particularly gratifying to see the incredible humanitarian work being done by these dedicated Israeli surgeons as they treat many children who are victims of the fighting in Syria."*



Dr. Marshall Deltoff, Nahariya, Israel  
(September 2016)

# POLICY AND BY-LAW UPDATE



**Mr. Joel Friedman**  
Director, Policy  
& Research

CCO has made several amendments to standards of practice, policies, guidelines and by-laws. The most up-to-date documents are available at [www.cco.on.ca](http://www.cco.on.ca) and are updated once the corresponding Council minutes are approved. Here is a summary of the updated documents.

## **Minor Amendments to Standard of Practice S-013: Consent**

Council approved minor amendments to Standard of Practice S-013: Consent at the February 23, 2016 Council meeting, following recommendations from the Quality Assurance Committee. The intent of the amendments is to create a clear chronological order of the process of consent already expected of members. Consent for examination and any diagnostic procedures is to be obtained following a consultation and history taking, but prior to any physical examination or diagnostic testing. For the purposes of examination, it is sufficient to obtain verbal consent from the patient and document it in the patient health record.

Following the results of the examination and report of findings, a member is then to obtain consent for chiropractic care or a plan of care.

As a reminder, the process of consent should always take place prior to the examination or care to which it applies and be understandable from the patient's perspective.

## **Minor Amendments to Standard of Practice S-009: Chiropractic Care of Animals**

Council approved one minor amendment to Standard of Practice S-009: Chiropractic Care of Animals at its December 4, 2015 Council meeting. When providing copies of the relevant portions of the record to the treating veterinarian, this should only be done with the consent of the owner of the animal, consistent with the *Personal Health*

*Information Protection Act, 2004*. Members are reminded that the primary responsibility for the health care of animals is with registrants of the College of Veterinarians of Ontario.

## **Amendments to By-law 6: Election of Council Members**

Council approved a minor amendment to By-law 6 at its April 19, 2016 Council meeting, following distribution to members and stakeholders and review of feedback. The By-law addresses the procedures for finding a temporary replacement for a Council member in the event of an unexpected vacancy. The amendment allows Council or the Executive (in the event that Council is not properly constituted) to solicit interest from eligible members and consider the same criteria in appointing non-Council committee members in appointing a temporary Council member. That temporary Council member would be required to sign an undertaking not to seek or accept a nomination in the next election for that electoral district.

## **Amendments to By-law 17: Public Register**

Council approved a minor amendment to By-law 17 at its April 19, 2016 Council meeting, following distribution to members and stakeholders and review of feedback. These amendments increase the public register information available to the public to include:

- Increased information related to discipline proceedings;
- Information related to the Inquiries, Complaints and Reports Committee's oral cautions, Specified Continuing Education or Remediation Programs (SCERPs), and undertakings;
- Findings of guilt of criminal offences; and
- Increased practice information.



The Minister of Health and Long-Term Care (the Minister) has prioritized the increase of transparency in the regulation of health professionals to ensure that all Ontarians have access to information that is relevant, timely, useful and accurate. To this end, all Ontario health regulatory colleges are taking steps to increase the transparency and information that is available on their public registers. CCO's increase of information on the public register is consistent with the goals of the Minister and the practices of Ontario health regulatory colleges.

CCO reminds members that the change to the public register requirements will come into effect only for complaints initiated after **July 1, 2016** and will only apply to decisions that result in an oral caution, Specified Continuing Education or Remediation Program (SCERP), or undertaking. As well, decisions of the Inquiries, Complaints and Reports Committee are made following a review and investigation of all relevant information, including submissions from the complainant and member, reports from any other witnesses or experts, review of patient health records, and other relevant documents and results of an investigation.

Please see the Fall 2015 newsletter for more information about amendments related to transparency. [www.cco.on.ca/site\\_documents/CCO\\_FALL2015.pdf](http://www.cco.on.ca/site_documents/CCO_FALL2015.pdf)

#### **Additional Feedback re: CCO By-laws**

CCO received feedback on a number of other issues related to the by-laws distribution, notably related to By-law 6: Election of Council Members. By-law 6.9 identifies factors that present a conflict of interest for members being eligible for CCO Council, such as being an employee, officer or director of other chiropractic organizations with mandates that present a conflict of interest to CCO. Some feedback proposed expanding this section to include employees of chiropractic educational institutions as a conflict to eligibility for CCO Council and instead having an academic appointment to Council.

In its review of the practices of other Ontario health regulatory colleges, CCO found that although some colleges may have academic appointments at Council, they do not generally identify being an employee of an educational institution as being an absolute conflict to being eligible for Council. CCO is confident that By-law 6.9's identification of eligibility for CCO Council is consistent with the practices of other colleges and in representing the public interest at Council.

As well, CCO currently has several policies, protocols and mechanisms for addressing potential conflicts of interest that may arise at Council and committees for any Council or committee member, including:

- A code of conduct, which addresses Council and committee member conduct in carrying out CCO business;
- Simplified rules of order, which addresses how meetings are to be conducted;
- Internal policies, which deal with various protocols related to CCO business, such as attending events, speaking engagements, and forming sub-committees; and
- Policy P-011: Conflict of Interest for Council and Committee Members, which provides policies and procedures for identifying, declaring, and addressing potential conflicts of interest for Council and committee members. In the event of a potential conflict of interest, a Council or committee member is required to declare this conflict, and not participate in the discussion and voting related to this issue.

CCO will continue to review all by-laws, research the practice of other colleges, debate the issues at the Executive Committee and Council, and consult with members and stakeholders in proposing any by-law amendments to ensure Council and committees continue to operate efficiently and effectively.

# QUALITY ASSURANCE COMMITTEE

## CCO ROADSHOWS OFFER “AN OPPORTUNITY TO CONNECT”



**Dr. Bryan Wolfe**  
**Chair**  
**Quality Assurance**  
**Committee**

CCO is the self-governing body, established by the provincial government by statute to regulate chiropractors in Ontario in the public interest. One of CCO’s key strategic objectives is to communicate the role, mandate and mechanism of CCO to key internal and external stakeholders.

As such, we are pleased to announce that representatives from the College of Chiropractors of Ontario are coming to your area!

Attending a CCO Roadshow will be an opportunity to:

- Interact with CCO staff, Ms Jo-Ann Willson, Registrar and General Counsel, and Dr. J. Bruce Walton, Director of Professional Practice, and Council members
- Get the latest updates on chiropractic regulation in Ontario
- Learn about various quality assurance initiatives such as changes in continuing education requirements, Peer and Practice Assessment 2.0, and record keeping reminders
- Hear about the latest Inquiries, Complaints and Reports Committee and discipline statistics and how that should inform how we practise chiropractic in Ontario
- Ask your questions and get clarity about CCO and chiropractic regulation

But wait, that’s not all... attendance includes:

- Some light refreshments
- Opportunities to network and connect with your local colleagues
- Structured CE hours!

Please mark the following dates for Roadshows coming to your area. Check the CCO website ([www.cco.on.ca](http://www.cco.on.ca)) for updates and additions to the schedule as well as details of specific locations and registration for each event.

If you are interested in booking a CCO Roadshow for your area, please contact Dr. J. Bruce Walton at 416-922-6355, ext. 106 or by email at [bwalton@cco.on.ca](mailto:bwalton@cco.on.ca)

SCHEDULE	
Barrie	October 20, 2016
Hamilton	November 24, 2016
Niagara	January 11, 2017
Kitchener-Waterloo	February 8, 2017
Ottawa	March 31, 2017
North Bay and Sudbury	April 2017
Halton Peel	May 10, 2017

# CCO Enacts Two New Continuing Education Requirements for the July 1, 2016 – June 30, 2018 Continuing Education Cycle:

## WHAT DOES THIS MEAN TO YOU?

### What are the current continuing education (CE) requirements?

CE requirements are divided into 20 hours of structured and 20 hours of unstructured activities that must be met during every two-year cycle.

### What are the new CE requirements?

- Five of the 20 structured hours shall be related to the controlled acts authorized to chiropractors under the *Chiropractic Act, 1991* or *Healing Arts Radiation Protection Act, 1990*
- Maintaining certification in emergency first aid/ cardiopulmonary resuscitation (CPR)

### When do these requirements come into effect?

These new CE requirements will first come into effect for CE Cycle 4: July 1, 2016 – June 30, 2018 and must be completed before June 30, 2018. They will be reported as part of the 2019 CCO membership renewal.

### Which standard of practice addresses continuing education?

Standard of Practice S-003: Professional Portfolio sets out the requirements for all quality assurance initiatives related to the Professional Portfolio, including CE. Please see the standard of practice for more information.

### Why are these five hours of clinical learning mandatory CE?

- It is in the public interest for a member to continue to maintain his/her current clinical skills and to learn about new findings in health care.
- Controlled acts are restricted activities that are authorized to certain regulated health professionals in Ontario for the purposes of providing health care. Any member registered in the “General” class of registration may perform these acts and it is imperative that education and clinical competency in these acts are maintained.

- It confers a greater layer of protection for members in the event they find themselves the target of an allegation of professional misconduct or incompetence.
- It instills confidence in the public and enhances the image of the entire profession.



**Dr. J. Bruce Walton**  
Director of  
Professional  
Practice

### What is included in the “controlled acts” requirement, as defined under the *Regulated Health Professions Act, 1991 (RHPA)*?

The mandatory “five hours relating to diagnostic or therapeutic procedures” for each CE cycle must align with one of the three controlled acts granted to chiropractors under the *RHPA*. That is to say, a member must participate in a minimum of five hours of clinical skill learning that (i) address diagnostic skills, or (ii) involve adjustment or manipulation of the spine, peripheral joints, or (iii) involve adjustments or manipulations of the coccyx or any combination of these acts. The requirement must be fulfilled during every CE cycle. As well, the requirement could also include a CE program related to the controlled act of ordering, taking or interpreting radiographs.

**Activities related to adjunctive therapies (such as acupuncture, exercise or nutritional counseling) would not be acceptable for this requirement.**

### What constitutes an acceptable program for the purposes of this CE requirement?

For the purposes of this CE requirement, any structured type of CE program would be acceptable. This can include in-person, online or correspondence courses, seminars, workshops, presentations or conferences, clinical rounds or computer-assisted learning. Please consult Standard of Practice S-003: Professional Portfolio and the Professional Portfolio Handbook for further information.

CCO does not specifically approve or endorse structured CE programs; however, generally speaking, a structured activity should have an agenda, learning objectives, attendance (either in-person or online), and a specified numbers of hours. CE is still largely self-directed, and it is up to each member to log their CE hours in their Professional Portfolio. Any program offered by a chiropractic organization, educational institution or private CE provider would be acceptable if it complies with the guidelines of Standard of Practice S-003: Professional Portfolio.

#### **What is involved in maintaining emergency first aid/CPR certification?**

It will be a mandatory element of CE to maintain certification in emergency first aid/CPR. Following review of the practices of other health regulatory colleges and other chiropractic jurisdictions, as well as review of the feedback, the Quality Assurance Committee has determined that it is the public interest for members to complete and maintain basic emergency first aid/CPR training. **This training can be taken from any organization that offers first aid/CPR training and is recognized in Ontario (examples are the**

**Red Cross or St. John Ambulance basic courses that consist of a 6.5 hour course that provides certification for three years).** A list of first aid providers can also be found at the Workplace Safety and Insurance Board website at [www.wsib.on.ca](http://www.wsib.on.ca).

Emergency situations may arise in all types of workplaces, especially health care offices, and it is essential that health care providers have the competency to respond to these emergency situations. This requirement may also assist members in complying with the workplace safety requirements under the *Occupational Health and Safety Act, 1990* and the *Workplace Safety and Insurance Act, 1997*.

Completion of the basic emergency first aid/CPR training may be used towards the structured CE hours required during each two-year cycle.

For more information regarding the new CE requirements and an expanded “Question & Answer” related to these new requirements, please see the “Continuing Education” section of CCO’s website at [cco.on.ca/english/Members-of-CCO/Quality-Assurance/Continuing-Education/](http://cco.on.ca/english/Members-of-CCO/Quality-Assurance/Continuing-Education/).





# PATIENT RELATIONS COMMITTEE

## REVIEWING THE RECOMMENDATIONS OF THE SEXUAL ABUSE TASK FORCE

The Patient Relations Committee is reviewing the recommendations of the Sexual Abuse Task Force Report (SATFR) and will be making any recommendations for change to CCO's policies and guidelines at the earliest opportunity. CCO already has a number of proactive practices and policies in place, including Policy P-018: Funding for Therapy and Counselling for Patients Sexual Abused by Members, which expands the eligibility for funding.

At the recent Strategic Planning Refresher, I presented a report to Council on a number of topics including gender sensitivity and the important communication aspects in providing health care to the transgender community, as well as the legislation which addresses workplace abuse and harassment. As part of its communications initiatives, the Patient Relations Committee intends to develop videos to be posted on the CCO website and outlining various aspects of CCO's role and mandate. Watch for the first video to be posted shortly. CCO expects that these videos will further Council's Strategic Objective #1 to communicate about the role, mandate and mechanism of CCO, and is also consistent with CCO's move towards being less paper dependent.

As always, we would appreciate receiving feedback from stakeholders, including members.



**Dr. Patricia Tavares**  
Chair  
Patient Relations  
Committee

### **CCO Dialogues with Ministry of Health and Long-Term Care (Ministry) re: Spousal Exception, Minister's Task Force Releases Report: "To Zero: Independent Report of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991 (RHPA)*"**

CCO has dialogued with the Ministry on the processing of a spousal exception regulation previously approved by Council. CCO was advised that the processing of these regulations was deferred until the release of the report from the Minister's Task Force on the prevention of sexual abuse of patients, and may continue to be deferred until the implementation of any legislative amendments to the *RHPA* resulting from the report. The Task

Force's report can be accessed at the following link: [www.health.gov.on.ca/en/public/programs/sexualhealth/](http://www.health.gov.on.ca/en/public/programs/sexualhealth/).

Members are reminded that the law has not changed in that there is no spousal exception to the sexual abuse provisions of the *RHPA*. Stakeholders including members will be advised if there is any change. Refer to the CCO website for any updates.

# INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

## MINOR INJURY GUIDELINES SERVE THE PUBLIC INTEREST



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

In the range of complaints before the Inquiries, Complaints and Reports Committee (ICRC), one specific area recently garnered the Committee's attention - the use and application of the Minor Injury Guideline (MIG). It is important for members to have a clear understanding of this complex process and, when possible, to facilitate the patient's access to care after a motor vehicle accident (MVA).

The MIG is overseen by the Financial Services Commission of Ontario (FSCO), which has prescriptive parameters, including an online claims process through Ontario Claim Forms (OCFs). For example, the practitioner submits an OCF-23 Treatment Confirmation form before rendering care, and that form must be signed by the patient.

Because the overall process can be stressful for patients, it is important that members provide them with appropriate guidance and support. Details about the MIG may be well known to the member but new to the patient, including some of the following:

- The patient's extended health care (private or workplace insurance) coverage must be exhausted before the accident benefits may be accessed.
- The first 12 weeks are billed in blocks, regardless of how often the patient attends. When the time has passed, the coverage for the blocks is no longer available.
- Insurers may decline to cover treatments. In that case, the patient may have to pay "out-of-pocket".
- The insurer may require the patient to undergo an independent insurance evaluation before the insurer decides whether it will pay for treatment.
- The MIG funding is capped and may change. The administrative requirements may also change.

**Not all claims are straightforward and can lead to misunderstandings - and misunderstandings can lead to complaints.**

The MIG and insurance-related complaints reviewed by the ICRC come from both the public and from insurance companies. To avoid a complaint against you, please take the appropriate steps to ensure that you and your office are fully "up to speed" in all the relevant aspects of the MIG. This will go a long way to enabling the smooth flow of the paperwork and approvals, and the patient's access to care.

I would also like to remind members of the importance of accurate and fair billing practices at all times. The ICRC does receive complaints about members' billing practices and a complaint could have been avoided in many cases if the member was vigilant and had sound internal administrative policies and procedures.

### **Communication, communication, communication...**

In my clinic, our team has recognized over time that MVA patients are often quite confused by the process when they first come to the clinic. We looked at the overall process and determined that all parties would benefit from clear communications from the moment the patient contacted the clinic.

The result was an internal document about understanding the MIG process. I am happy to say it has been very valuable in educating our patients about their responsibilities and the many associated administrative details. I encourage members to

undergo a similar process in educating themselves and their staff.

Our actions as health care practitioners must convey to the public of Ontario that we have earned their trust. What's more important than helping our patients regain their health after a traumatic experience?

### **Get Informed!**

The MIG is overseen by the Financial Services Commission of Ontario (FSCO). For more information, visit the FSCO website: [www.fsco.gov.on.ca](http://www.fsco.gov.on.ca) or call 416-250-7250 or 1-800-668-0128.

## **EXPLORING CLINIC REGULATION IN ONTARIO**

The Clinic Regulation Working Group (Working Group) was formed in 2015 by a number of regulatory colleges to explore stronger oversight of clinics in Ontario. After conducting research and assessing alternative solutions, the Working Group decided to conduct stakeholder consultations to gather feedback.

### **Consultation Results**

The consultation period ended on December 31, 2015. Thank you to those of you who took the time to look at the website, watch the videos, attend town halls, and send in comments.

The Working Group has committed to a transparent consultation process. You can read a report about the consultation feedback and all of the stakeholder comments on the website! Find out what your colleagues and others had to say. ([www.ontarioclinicregulation.com/](http://www.ontarioclinicregulation.com/))

### **Next Steps**

After the public consultation ended, the Working Group met in February 2016 to consider next steps for the project. In its discussion, the Working Group considered the objectives of the project, what was learned from the stakeholder feedback, and the current policy environment.

The Working Group came to a consensus decision to make a submission to the Ministry of Health and Long-Term Care (MOHLTC). The submission will bring awareness to the gap in public protection that currently exists, discuss alternative solutions, summarize the work of the Group and advise the MOHLTC that colleges are prepared to continue the dialogue to ensure the public has access to safe, competent and ethical health care.

# Document to Communicate: Records of Personal Health Information Put the Patient First

“Knowing is not enough; we must apply. Willing is not enough; we must do.”  
Johann Wolfgang von Goethe

The record of personal health information documents and tracks a patient’s medical history. In fact, it is a living document that should adequately “tell the story” of the patient’s care and progress.

The public of Ontario is best served when their record of personal health information (“record”) is up-to-date, accurate and thorough. In addition to telling their “story”, the record must meet legal and regulatory requirements and, upon the patient’s appropriate consent, be shared as necessary with other health care practitioners to provide a seamless continuum of care. In the event of a complaint against a chiropractor or in discipline proceedings, it would not be unusual for the chiropractor to be asked to provide a patient’s health record as part of the CCO’s due diligence during the investigation or the discipline process.

Dr. Gauri Shankar, Chair, Inquiries, Complaints and Reports Committee (ICRC), observes that both the public’s and the chiropractor’s interests are best served when proper record keeping practices are followed. “As part of its due diligence, the ICRC often reviews the records of a chiropractor against whom a complaint has been filed. There’s no question that well-documented and comprehensive records make our job easier, and protect the chiropractor. That’s why it is vitally important to follow record keeping practices that are in compliance with CCO’s applicable standards of practice and guidelines, and the governing legislation.”

CCO’s Standard of Practice S-002: Record Keeping lays out the requirements for compliance. It is prudent for chiropractors to comply in all areas, including how records must be kept, the appropriate collection, use, storage, and disclosure of a patient’s personal health information, and appropriate retention periods to ensure continuity of patient care.

In all clinical settings (from sole practitioner to multi-disciplinary clinics), the basic principles of record keeping always apply:

- Keep accurate and well-documented records with all of the necessary elements – name, address, treating practitioner, dates, etc. Detailed notes are in the best interests of both the patient and the member, and should “tell the story”
- Obtain appropriate consent from the patient – this is particularly important in a multi-disciplinary clinic setting where each health care practitioner has unique consent requirements. Each practitioner must obtain appropriate consent from each patient
- Ensure the record – whether in paper or electronic form – is appropriately secure and accessible to authorized staff
- Be aware of and vigilant about the authorized and appropriate use of electronic signatures in the office

Chiropractors should be mindful that while the record of personal health information may be requested by someone other than the patient, it can only be shared as directed and approved by the patient.

## **For information and resources:**

- Review CCO standards of practice and guidelines, including the following:
  - Standard of Practice S-002: Record Keeping and Standard of Practice S-013: Consent
  - Guideline G-001: Communication with Patients and Guideline G-004: Documentation of a Chiropractic Visit
- Attend a CCO Record Keeping Workshop (visit the website for dates: [www.cco.on.ca](http://www.cco.on.ca))
- Attend a local society or association professional development workshop or meeting



# Balancing Confidentiality of Personal Health Information with Legal Obligations



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

A patient's expectation to privacy of personal health information is paramount in establishing trust and confidence in the doctor/patient relationship. To this end, all regulated health professionals in Ontario are required to maintain the privacy and confidentiality of patients' personal health information in accordance with the *Personal Health Information Protection Act, 2004 (PHIPA)*. *PHIPA* sets out protocols for the collection, use and disclosure of personal health information while facilitating the effective provisions of care. *PHIPA* also requires a health care custodian to be appointed to be in custody and control of personal health information, and for a privacy policy to be developed and followed.

One of the overlying themes of *PHIPA* is that despite any ownership agreements relating to the physical records, the patient is the owner of the information in his/her record of personal health information, and is always entitled to access or have a copy of their record. This is especially true whenever there is a dissolution or change to a practice, where patients are always entitled to be informed of any change in practice, know where they can continue to receive chiropractic care from the provider of their choice, and have copies of their records follow them wherever they continue to receive care. Please see Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information for more information on what to do with records in the case of dissolution of practice [cco.on.ca/site\\_documents/S-022.pdf](http://cco.on.ca/site_documents/S-022.pdf).

At times, the duty to maintain privacy and confidentiality may be at odds with a legal duty to disclose information to certain authorities. For example, if CCO is conducting an investigation or if the police have a warrant for specific information, a health care custodian would be obligated to disclose this information to an outside party without the consent of the patient. However, if a private insurer or third-party payor is requesting a patient's personal health information, a custodian may only disclose this information with the consent or authorization of that patient. It is recommended that members obtain documented patient consent to the disclosure of personal health information to an insurer or third-party payor before beginning a course of care, as these requests for information are quite common. Having patients read and sign the office privacy policy is also a recommended practice.

Whenever a health care custodian is faced with a request for disclosure of information, he/she must consider the balancing of the duty to maintain patient privacy with the legal duty to disclose personal information. Please consult the "Privacy" section of CCO's website at [cco.on.ca/english/Members-of-CCO/PrivacyLegislation/](http://cco.on.ca/english/Members-of-CCO/PrivacyLegislation/) and the Information and Privacy Commissioner of Ontario's website at [www.ipc.on.ca/english/Home-Page/](http://www.ipc.on.ca/english/Home-Page/) for further information on developing a privacy policy and addressing situations where the duty to maintain privacy may oppose a legal duty to disclose personal health information.

# ADVERTISING COMMITTEE

## ADVERTISING COMMITTEE REVIEWS MEMBERS' PROPOSED ADVERTISEMENTS



**Dr. Bruce Lambert**  
Former Chair  
Advertising  
Committee

The Advertising Committee is mandated to review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising. This is a service recommended to every member who wishes to place an advertisement in Ontario.

**What is advertising?** The Advertising Committee looks to the definition stated in Standard of Practice S-016: Advertising:

“Advertising is any message communicated outside a member’s office through a public medium that can be seen or heard by the public at large with the intent of influencing a person’s choice of service or service provider.”

**How does this concern the public’s interest?** The rapid growth of the digital world may allow a chiropractor in Ontario to touch countless numbers of people by sharing valuable information about health and chiropractic. Many of our patients now utilize smartphones and other technologically advanced tools in their daily lives. It is truly amazing that such small devices can connect the public with information from around the world. The training undergone by a licensed chiropractor in Ontario warrants the status of a health expert in the community, both inside the office and out. A chiropractor’s advertising message therefore needs to reflect several attributes that include being professional, easily understood, and factual for the benefit of the public it targets. Advertising opportunities abound and come with greater responsibility with new online platforms providing much larger exposure to the public outside the chiropractor’s office.

**A well-crafted digital advertisement will comply with Standard of Practice S-016: Advertising.**

This advertisement should be submitted to the Advertising Committee for review before it is pushed into the digital world, and a member may ask why they should submit an advertisement to the review process. The Advertising Committee provides feedback within 10 business days or less to ensure the advertisement complies with the standard of practice. This may seem like an eternity in the fast-paced online stream of information, but a member will have peace of mind when their advertisement is made available for the world to see.

**An advertising message has power.** A potential patient may have a screen nestled in the palm of their hand and see a chiropractor’s advertisement. This is a message that a member has spent a great deal of time perfecting. It takes a few extra days for the Advertising Committee to review and provide a fresh perspective from the dedicated committee members who operate with the public’s interest in mind. This is the very same public that members wish to connect with through their advertisements. It is important to remember that what is in the public’s interest is also in a chiropractor’s interest.

The Advertising Committee will gladly review any advertisement in any form and looks forward to receiving your submissions in the future.

As always, we would appreciate receiving feedback from stakeholders, including members.

# DISCIPLINE COMMITTEE

## *THE DISTINCT ROLES OF EXPERT AND LAY WITNESSES*

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In fulfilling its mandate to investigate complaints and/or allegations of professional misconduct by a member, CCO may require an independent peer or expert opinion. The individual who is asked to provide such an opinion may be sought either in order to assist the Inquiries, Complaints and Reports Committee during an investigation in determining whether or not there was a breach of the standards of practice of the College or the Discipline Committee at a hearing.

There is a distinct difference between the two roles:

- A lay witness testifies to facts within his/her firsthand knowledge or experience and, as a general rule, he/she is not permitted to speculate or provide opinion evidence.
- An expert witness possesses skills or experience that enables him/her to provide an opinion on matters that call for specialized knowledge or experience.

When testifying at a disciplinary proceeding, an expert witness has a duty to provide an opinion that is fair, objective and non-partisan. The expert's opinion must be limited to matters within his/her expertise, and he/she must provide such additional assistance as the Discipline Committee may reasonably require in determining the matter. Also, an expert's duty to provide an impartial, objective and unbiased opinion on matters within his/her expertise prevails over any obligation that the expert may owe to any party by whom or on whose behalf the expert is engaged. An expert witness would be disqualified if he/she has any personal connection to any of the parties involved in the complaint or discipline hearing.

An expert witness must not become an advocate for the party by whom he/she is retained. Where an expert's evidence (i.e., their report and/or testimony) lacks the necessary independence and impartiality, it may be ruled inadmissible.

Members of the discipline panel are required to rely on the evidence put forward by the expert witness in rendering their decision.

### ***FREE PUBLIC ACCESS TO DOCUMENTS ACROSS CASE LAW AND LEGISLATIVE DATABASES***

The Canadian Legal Information Institute (Canlii) is a non-profit organization that offers free public access to approximately one million documents across nearly 200 case law and legislative databases. Case law and up-to-date legislation can be found at [www.canlii.org](http://www.canlii.org), which is a legal database.

# Service Animals

By: Mr. Richard Steinecke and Ms Natasha Danson'

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*Marie, a visually-impaired woman, walks into her chiropractor's office accompanied by her guide dog. She takes a seat in the waiting room where there are five other patients waiting for appointments. Immediately after Marie sits down, Sargon, another patient in the waiting room, starts sneezing and has difficulty breathing. He approaches the receptionist in the waiting room and tells her that he is extremely allergic to dogs. The receptionist advises the chiropractor. What should the chiropractor do?*

This scenario raises challenging issues for the chiropractor, including the potential for legal liability. On the one hand, Marie should be able to attend at the chiropractor's office with her service animal. On the other hand, Sargon should also be able to receive chiropractic care in an environment that does not trigger his allergies.

There are at least two statutes that apply to this scenario: the Human Rights Code and the *Accessibility for Ontarians with Disabilities Act, 2005* ("AODA").

Under the Human Rights Code, individuals have the right to equal treatment and the right to receive services free from discrimination on the basis of several grounds, including disability. Disability is defined very broadly under the Human Rights Code, and it would include Marie's visual impairment and Sargon's allergy to dogs. Where someone presents with a disability and needs accommodation, service providers have a duty to provide that person with appropriate accommodation up to the point of undue (or excessive) hardship.

Accommodation can take many forms, and organizations (like a chiropractic office) are required to provide individualized responses to any accommodation requests. In other words, having a rigid policy (e.g., service animals are only permitted on Fridays because the cleaners come Friday night) is inappropriate (e.g., as some patients may require more frequent treatment).

Undue hardship is difficult to prove, and it is not enough to simply assume that it exists without real, objective evidence. Moreover, only three factors can be considered when assessing whether an accommodation would cause undue hardship: cost, the availability of outside sources of funding, and any health and safety requirements. Under the Human Rights Code, factors such as business inconvenience and employee morale are irrelevant when it comes to determining undue hardship and denying an accommodation request.



In addition to the Human Rights Code, AODA is a law that was passed in 2005 with a specific view of increasing accessibility for individuals with disabilities, and it is intended to complement the Human Rights Code. Under AODA, as of January 1, 2012, businesses with at least one employee must provide accessible customer service, which includes welcoming service animals such as Marie's guide dog.

Because of what is set out in the Human Rights Code and AODA, it would be discriminatory to outright ban Marie's guide dog from the office to accommodate Sargon's allergy. From a human rights perspective, it would be equally problematic to tell Sargon that he needs to leave the office whenever Marie is there.

Unfortunately, there is no instruction manual when it comes to knowing what to do in these situations, and in many ways accommodating disabilities simply boils down to effective problem solving. There are, however, several guiding principles to keep in mind. When faced with these issues, chiropractors should attempt to be flexible and creative. They should not make decisions based on impressionistic views or stereotypes (e.g., assuming that because Marie has some sight she does not need her guide dog, or concluding that Sargon is exaggerating his symptoms). The law that interprets the Human Rights Code has made clear that no rights are absolute, and no one right is more important than another. In addition, when considering two 'competing rights', both sets of rights should be respected.

In the situation described above, it would be wise for the chiropractor to immediately separate Marie and Sargon so that Sargon's symptoms don't get worse. For example, either Sargon or Marie could

go into a treatment room or another area of the office. Once the immediate health and safety risk is addressed, the chiropractor will have to figure out how to ensure both patients are seen at their appointments or have their appointments rescheduled. Denying service to either Marie or Sargon is not really an option.

The chiropractor will also have to think through how to ensure the issue does not recur. In formulating a solution, the chiropractor should speak to both Sargon and Marie and get their feedback on a possible solution. They may be flexible and willing to reschedule their appointments, or Sargon may disclose that he can be in the same space as the guide dog so long as they are separated by at least five meters, which may be easily accommodated. Going forward, a note could be made in Sargon's file to ensure that he is not seen at the same time as Marie or any other patients with service animals. The clinic may also want to consider asking patients whether they have any allergies to animals when they book their appointments, particularly if the appointments are booked on the same day as individuals with service animals. Both Marie and Sargon should be informed about the accommodative measures adopted by the clinic so that they can provide feedback.

When addressing human rights issues, the goal is always to find a solution that works for everyone. If at any time you are uncertain with a situation, be sure to seek legal advice. Further information about the Human Rights Code can be found on the Ontario Human Rights Commission website at [www.ohrc.on.ca](http://www.ohrc.on.ca). Information about AODA can be accessed through [www.ontario.ca/page/accessibility-laws](http://www.ontario.ca/page/accessibility-laws).

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<sup>1</sup>Richard Steinecke and Natasha Danson are lawyers with the law firm of Steinecke Maciura LeBlanc. This article is for educational purposes only. For any specific situations, readers need to consult with their own legal advisors.



# Focused Council Meetings: September 2016



**September 14, 2016**

Ms Rose Bustria and Ms Beth Ann Kenny facilitated CCO Council and Staff in a Technology Upgrade Training Program



**September 16, 2016**

Mr. Richard Steinecke facilitated a focused Council meeting to review the recently released Sexual Abuse Task Force Report and Recommendations and to review CCO's current provisions relating to Conflict of Interest, including the Undertaking signed by candidates running for CCO Election, Policy P-011: Conflict of Interest for Council and Committee Members, By-law 6: Election of Council Members and the Code of Conduct for Council Members.

## Extracts from CCO's Current Conflict of Interest Provisions

### **Candidate Undertaking:**

*If elected, I undertake to:*

*Review and comply with CCO's Code of Conduct.*

### **Code of Conduct**

*[Council] members...shall:*

*Avoid and, where that is not possible, declare any appearance of or actual conflicts of interests;*

**Policy P-011: Conflict of Interest for Council and Committee Members** (Depending on specific circumstances)

*The member shall declare the conflict prior to the matter being considered by Council... not participate in the discussion or vote... leave the room during the discussion and vote...*

### **Simplified Rules of Order**

*A member is not entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any member so interested will be disallowed.*

## 2015 AGM - Held on June 15, 2016



### **Dr. Brian Gleberzon, Council Member**

Thank you to Dr. Brian Gleberzon for his nine years on CCO Council, including as Chair of the Inquiries, Complaints and Reports and Quality Assurance Committees. Dr. Gauri Shankar thanked Dr. Gleberzon on behalf of Council and staff for his significant contributions.



### **Ms Maria Simas, Registration Coordinator**

Very few organizations are fortunate enough to have a long-standing, extremely competent employee who devotes his or her career to the organization. In June 2016, CCO bid farewell to Ms Maria Simas, Registration Coordinator, on her retirement after 27 years at CCO and the former BDC. Thank you to Maria for everything!



### **CCO Staff**

Lt-Rt: Mike Derry (Consultant), Funto Odukoya (Administrative Assistant), Madeline Cheng (new Registration Coordinator), Anda Vopni (Financial Officer), Jo-Ann Willson (Registrar and General Counsel), Rose Bustria (Administrative Assistant), Maria Simas (retiring Registration Coordinator), Tina Perryman (Manager, Inquiries, Complaints and Reports), Sarah Ostrom (Receptionist and Event Coordinator), J. Bruce Walton (Director of Professional Practice) and Joel Friedman (Director, Policy & Research).

## IN TOUCH

### Is Your *ChiroCare* Binder Out-of-Date?

All up-to-date legislation, regulations, standards of practice, policies and guidelines are available at [www.cco.on.ca](http://www.cco.on.ca), and can be printed to update your *ChiroCare* binder. If you would like to order an up-to-date *ChiroCare* binder, please contact Ms Madeline Cheng, Registration Coordinator, by email at [mcheng@cco.on.ca](mailto:mcheng@cco.on.ca).



#### **Reminder: Have you provided your email address to CCO?**

Mindful of its obligations to enable efficient and timely communication with members, members are required to provide an 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](mailto:reception@cco.on.ca).

#### **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 telephone number listed on CCO's public register.

#### **Reporting Deceased Members**

To help keep member records and the public register as up-to-date as possible, CCO requests that the death of a member be communicated to CCO in a timely manner. Details can be forwarded to CCO by email at [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca) or a fax to 416-925-9610.

#### **Your Feedback is Important!**

CCO welcomes your feedback and comments about articles and features in this issue of *ChiroPractice*. Please forward an email to [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca) or a fax to 416-925-9610.

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