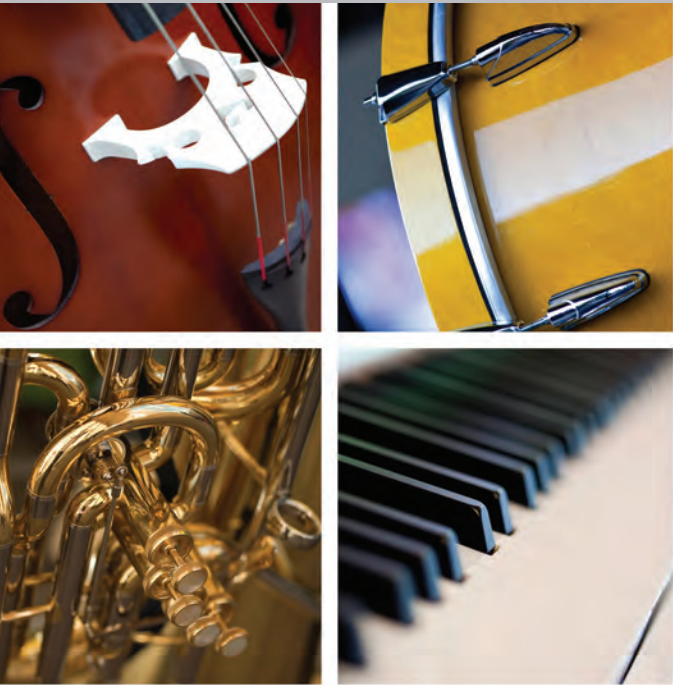


CHIROPRACTICE

GOVERNING THE PRACTICE OF CHIROPRACTIC IN THE PUBLIC INTEREST



President's Message



Dr. Gauri Shankar
President
April 2017 - Present

I've always found the beginning of the new year to be both a time of retrospection and renewal, as well as invigorating.

Looking ahead to 2018, this is an excellent time to re-focus on getting back to work at what we do best. It's a time of fresh energy and ideas. At CCO, it's also an opportunity for us to plan for and take action on certain annual events such as elections and our Annual General Meeting. I look forward to working collaboratively with our members and stakeholders in continuing to uphold our public interest mandate in ensuring Ontarians have access to safe and ethical chiropractic care.

In 2017, we were pleased to witness a number of "good news" initiatives, which I'd like to share with you.

Good News: Minister of Health Announces Enhanced Diagnostic Tools for Chiropractors

On September 20, 2017, CCO was delighted with the decision of the Honourable Minister of Health and Long-Term Care, Dr. Eric Hoskins, to enhance the diagnostic tools with which chiropractors work. The good news story will benefit the public and support the efficacy of chiropractic care to Ontarians. CCO applauds the work of the Minister and his team in enabling this advancement in the scope of practice for chiropractors.

I would also like to recognize and offer special thanks to all former CCO Council members who, over the past 15 years, worked diligently on enhancement of the chiropractic scope of practice.

Council's Strategic Planning Session and Meeting in Kingston: September 14 - 16, 2017

Like many organizations, CCO Council regularly undergoes a strategic planning review. In September, a facilitated full-day session was held in conjunction with our Council meeting in Kingston. Prior input had been solicited from key stakeholders and was considered as part of all the information before Council and the staff during the stimulating discussions. The key goal was to consider ideas, articulate opportunities consistent with our statutory mandate, and develop some tangible action steps.

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MISSION

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

VISION

Committed to Regulatory Excellence in the Public Interest in a Diverse Environment

VALUES

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

STRATEGIC OBJECTIVES

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017

Acronyms

AED	Automated external defibrillator
AODA	Accessibility for Ontarians with Disabilities Act, 2005
CCO, the College	College of Chiropractors of Ontario
CE	Continuing education
CMCC	Canadian Memorial Chiropractic College
the Code	Ontario Human Rights Code
CPR	Cardiopulmonary Resuscitation
FHRCO	Federation of Health Regulatory Colleges of Ontario
ICRC/ICR Committee	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
PPA	Peer and Practice Assessment
QA	Quality Assurance
RHPA	Regulated Health Professions Act, 1991
SCERPs	Specified Continuing Education or Remedial Programs

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.

(CONT. FROM PAGE 1)

Thanks to the hard work of all Council members and the CCO staff team, a lot was accomplished, including agreement on a new mission statement, vision statement, and strategic objectives.

Watch for details!

CCO Hosts Annual General Meeting at Koerner Hall

On June 22, 2017, CCO's Annual General Meeting was held at Koerner Hall in Toronto. Koerner Hall is an impressively restored venue, and we were pleased to welcome a significant number of members and stakeholders to an informative and collegial evening. Reports were presented from all aspects of CCO's operations, including committee accomplishments, Council-related initiatives, and CCO's overall financial health. I would like to acknowledge the efforts of Ms Jo-Ann Willson and her team for their continued dedication and making the 2016 Annual General Meeting truly memorable.

Rollout of CCO's Technology Upgrade Project

I am pleased to report that CCO has been actively reviewing its internal processes and systems as it spearheads an initiative to increase efficiencies through electronic communications with members and to reduce its dependency on paper in support of being environmentally responsible. As examples, some CCO committees have already transitioned to almost completely paperless meetings and work is well underway in rolling out electronic voting for members in the 2018 CCO elections. Stay tuned!

Online Member Renewals

[I am also pleased to report that CCO established a new portal in time to enable online member renewals for 2018 available at this link.](#) There are a number of significant reasons why this is a positive story: the portal greatly facilitates the annual process for members in registering with CCO and is, without question, more fiscally responsible. Further, internal processing and administrative tasks are now greatly reduced as is the dependency on paper.

I would like to remind members that they are required to disclose findings of guilt related to a criminal offence and findings of professional negligence or malpractice to CCO as soon as the finding is made. This information is collected by CCO on the annual registration renewal form.

Commitment to Serving the Public

As President, I have been honoured by the opportunity to meet members from across Ontario. Whether at a CCO Roadshow, a local event, or Council meeting, I have personally witnessed a strong commitment to serving the public in delivering safe and ethical chiropractic care. This is truly invigorating and positive.

When you do something with a lot of honesty, appetite and commitment,
the input reflects in the output.

A.R. Rahman (composer, musician and philanthropist)



Gauri Shankar, DC

Message du Président

J'ai toujours pensé que le début de la nouvelle année était à la fois une période de rétrospection et de renouveau, tout en étant stimulant.

Dans la perspective de 2018, il s'agit d'un excellent moment pour nous concentrer de nouveau sur ce que nous faisons le mieux. C'est un moment d'énergie et d'idées nouvelles. Chez l'Ordre des Chiropraticiens de l'Ontario (OCO), c'est également l'occasion de planifier et d'agir sur certains événements annuels tels que les élections et notre assemblée générale annuelle. Je me réjouis de travailler en collaboration avec nos membres et intervenants pour continuer à respecter notre mandat d'intérêt public en veillant à ce que les Ontariens aient accès à des soins chiropratiques sécuritaires et éthiques.

En 2017, nous avons été heureux d'assister à un certain nombre d'initiatives de « bonnes nouvelles » que j'aimerais partager avec vous.

Bonnes nouvelles : le ministre de la Santé annonce des outils de diagnostic améliorés pour les chiropraticiens

Le 20 septembre 2017, l'OCO s'est réjoui de la décision de l'honorable ministre de la Santé et des Soins de longue durée, Dr. Eric Hoskins, pour améliorer les outils de diagnostic avec lesquels travaillent les chiropraticiens. La bonne nouvelle profitera au public et soutiendra l'efficacité des soins chiropratiques aux Ontariens. L'OCO applaudit le travail du ministre et de son équipe en permettant ce développement positif dans le champ de pratique des chiropraticiens.

J'aimerais également remercier tous les anciens membres du Conseil de l'OCO qui, au cours des 15 dernières années, ont travaillé avec diligence à l'amélioration du champ d'activité de la chiropratique.

Séance de planification stratégique et réunion du Conseil à Kingston : du 14 au 16 septembre 2017

Comme de nombreuses organisations, le Conseil de l'OCO fait régulièrement l'objet d'un examen de planification stratégique. En septembre, une séance d'une journée complète a été organisée parallèlement à la réunion du Conseil à Kingston. Des suggestions antérieures avaient été sollicitées auprès des principales parties prenantes et ont été considérées comme faisant partie de toutes les informations présentées au Conseil et au personnel au cours des discussions stimulantes. L'objectif principal consistait à envisager des idées, à articuler des possibilités conformes à notre mandat statutaire et à élaborer des mesures concrètes.

Grâce au travail acharné de tous les membres du Conseil et de l'équipe du personnel de l'OCO, beaucoup a été accompli, y compris un accord sur un nouvel énoncé de mission et de vision et des objectifs stratégiques.

Surveillez les détails!

L'OCO accueille l'assemblée générale annuelle au Koerner Hall

Le 22 juin 2017, l'assemblée générale annuelle de l'OCO a eu lieu au Koerner Hall de Toronto. Koerner Hall est un lieu impressionnant restauré, et nous avons eu le plaisir d'accueillir un grand nombre de membres et d'intervenants lors d'une soirée informative et collégiale. Des rapports ont été présentés sur tous les aspects des activités de l'OCO, y compris les réalisations des comités, les initiatives liées au Conseil et la santé financière globale de l'OCO. Je voudrais souligner les efforts de Mme Jo-Ann Willson et de son équipe pour leur dévouement continu et pour avoir rendu l'assemblée générale annuelle de 2016 vraiment mémorable.

(CONT. ON PAGE 5)

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Lancement du projet de mise à niveau technologique de l'OCO

Je suis heureux d'annoncer que l'OCO a examiné activement ses processus et systèmes internes alors qu'il est à l'origine d'une initiative visant à accroître l'efficacité grâce à des communications électroniques avec ses membres et à réduire sa dépendance au papier pour favoriser sa responsabilité environnementale. À titre d'exemple, certains comités de l'OCO ont déjà fait la transition vers des réunions presque entièrement dématérialisées et le travail de mise en œuvre du vote électronique pour les membres aux élections de 2018 est bien avancé. Restez à l'écoute!

Renouvellement des membres en ligne

[Je suis également heureux d'annoncer que l'OCO a établi un nouveau portail à temps pour permettre le renouvellement des membres en ligne pour 2018.](#) Il y a un certain nombre de raisons importantes pour lesquelles cette situation est positive : le portail facilite grandement le processus annuel d'adhésion des membres à l'OCO et est, sans aucun doute, plus responsable sur le plan financier. En outre, les

tâches internes de traitement et d'administration sont maintenant considérablement réduites, tout comme la dépendance au papier.

J'aimerais rappeler aux membres qu'ils sont tenus de divulguer les conclusions de culpabilité relatives à une infraction criminelle et les conclusions de négligence professionnelle ou de faute professionnelle à l'OCO, dès que le verdict est conclu. Ces renseignements sont recueillis par l'OCO sur le formulaire de renouvellement annuel de l'inscription.

Engagement à servir le public

En tant que président, je suis honoré d'avoir l'occasion de rencontrer des membres de partout en Ontario. Que ce soit lors d'une tournée de présentation de l'OCO, d'un événement local ou d'une réunion du Conseil, j'ai personnellement été témoin d'un engagement fort à servir le public dans la prestation de soins chiropratiques sécuritaires et éthiques. C'est vraiment revigorant et positif.

Quand nous faisons quelque chose avec beaucoup d'honnêteté, de goût et d'engagement, ce que nous recevons reflète ce que nous donnons

A.R. Rahman (compositeur, musicien et philanthrope)



Gauri Shankar, DC

Registrar's Report



Ms Jo-Ann Willson
Registrar and General Counsel

So what are we working on? Here are a few of CCO's initiatives and items on our "to do" list for 2018:

Working with the MOHLTC to action the Minister's announcement in September 2017 about Enhanced Diagnostic Tools:

- The MOHLTC has a specific framework which includes data collection, and the identification of patient and system improvements; CCO is working to finalize submissions to the MOHLTC by early 2018;
- CCO's submissions will emphasize patients and protection of the public.

Exercising due diligence in considering options for a new home for CCO (stay posted).

Ensuring the Mission, Vision and Strategic Objectives developed in September 2017 become part of the culture in everything we do:

- All committees have been tasked with reviewing their activities to ensure a consideration of and compliance with Council's direction (which is a refinement of the strategic objectives that have guided CCO over the past several years);
- Thank you to everyone who responded to a request for feedback about strategic planning and participated in the survey posted on CCO's website.

Evaluating and trying to shape the future of health care regulation:

- Ontario is unique in terms of its framework for self-regulation under the *Regulated Health Professions Act, 1991*;
- Dr. Shankar and I had the benefit of hearing from and learning about the regulation of the health professions and different models of health care regulation at a conference in November 2017 facilitated by the Council on Licensure, Enforcement and Regulation in Australia. In some jurisdictions, for example, the health professions are regulated by a government agency or other umbrella organization with an overarching mandate and budget funded by the professions;
- Governments, including those in Ontario, are considering various other models for self-regulation, and it is important to be mindful of those considerations, and to be involved in a consideration of how best to protect the public. Is the current system the most efficient? What are the areas for improvement? How do regulators demonstrate accountability? These and other questions are being evaluated and debated;
- Another trend about which to be aware is the trend towards the competency-based selection of councils and others involved in the regulation of the professions. This would be a departure from the current system of elections of chiropractors by members and appointment of public members by government and bears significant discussion and consultation. Those who are interested in serving as a non-Council committee member on CCO committees will note that there will be a new process and template for the appointments in April 2018.

2018 promises to bring some interesting new challenges and opportunities. CCO remains mindful of the important role members play in self-regulation, and the important task of ensuring public engagement, accountability and trust. Thank you for continuing to be interested and engaged in the self-regulation of the chiropractic profession.



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 14, 2016 to December 31, 2017) and wishes them a long and successful career in chiropractic.

Nader S. Abdelkaker
Aleisha O. Adeboyejo
Amir Z. Ahsan
Ryan J. Albert
Jerome R. Alderson
Karim A. Ali
Matthew D. Ang
Thomas A. Angel
Ali M. Asgary
Donald Glenn T. Ashizawa
Ali Atoof
Olivia Avolio
Carmel Bachar
Leah R. Barbaro
Ashley M. Barker
Daniel M. Baronas
Samantha Bauer
Rebecca L. Bauer
Stephanie Behmer
Spencer Bell
Kyle Bendell
Nir Ben Simon
Nilav Bhowmik
David E. Blair
Michael S. Bradford
Benjamin I. Brookshaw
Melchor A. Casiano
Cody T. Caul
Har-Somal K. Chahal
Hafiz Salman Yaqub Cheema
Rosanna Cheng
Gloria M.Y. Cheung
Dominique Cholette
Adrian C.K. Chow
Kristen A. Ciesla
Daniel R. Corallo
Scott C. Coughlan
Jamie T.J. Cranston
Michael R. Czapla
Georges Dagher
Erin Dashney

Benjamin T.J. Davey
Matthew W. Davis
Lauren E. Davis
Tracy J. Debi
Vincent J. DeJong
Trevor G. Deleo
Andrea L. Desgroseilliers
Cory D. Dick
Angelica K. Dimopoulos
Roberto DiNatale Jr.
Devon Dodge
Brittany A. Dunlop
Evan D. Eindhoven
Michael Fahim
Najm-Abadi Farnaz
Talha Farooq
Joseph S. Foglia
Chloe L. Foster
Elizabeth A. Franqui
Jenna E. Freeman Phillips
Karen E. Garner
Jennifer A. Garvin
Natalie Gelman
Harpreet Ghuman
Harnoor S. Gill
Tierney M. Glenn
Zachary J. Godwin
Brendan J. Gomes
Katrina T. Greer
Ashleigh E. Harris
Bryan N. Head
Ramin Heidari
Craig L. Hindson
Victoria Ho
Dorothy Ho
Corey T. Hofkirchner
Tessa Hollenbach
Jackie Hsu
Felicia Huang
Brianna S. Hynes
Eric S.M. Jackson

Cindy A. Jakeer
Geoffrey P. Johnston
Emily A. Jones
Don Rey Juan
Yoon Seung Jung
Farshad Kanji
James K. Keung
Andrew Kniajev
Devyn L. Koczan
Fatima Korah
John Korkees
Tomasz P. Kowal
Nikolai O. Kreps
Deborah A. Kudjerski
Kathleen Kurman
Zoe Z.L. Lacasse
Tiffany T.Y. Lai
Melinda Lam
Valerie Lamarre
Sean M. Lamasz
Nicholas N. Lanigan
Cato Law
Leah V. Lawson
Mai Hoa T. Le
Min Hung Lee
Cristina Leonardelli
Donald R. Littlewood
Michael Loloyan
Natalie C. Lopez Gundin
Katharine M. Lopinski
Caitlin A. Lubberdink
Michael J. Lue Pann
Philip Luu
Shane R.E. Macey
Kyle J. MacIntyre
Jonathan D. Mackey
Brendan M. Macoretta
Luc D. Mahler
Salim G. Mana
Alireza Manavipour
Marshall R. Martinico

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Amrit Matharu	Brendan A. Parliament	Philip C. Sammut	Daphne To
Benjamin Matheson	Kyle D. Peach	Sundeep S. Sandher	Ashley M. Toomey
Adrienne B. McConnell	Jonathon P. Perry	Jessica Santos	Kristina A. Turkewitsch
Allison N. McFarlane	Monique Petricone	Daniel R. Silva	Monika M. Uhlich
Deborah E. Mechanic	Jacob Pikor	Kyle M. Simpson	Teresa M. van Leeuwen
Nadia Merchant	Payam Pirnia	Amrita Singh	Tommie L. van Veghel
Samuel R. Merotto	Dana A. Poeta	Colyn A. Smith	Roberto Villa
Lucas A. Migliazza	Karyn L. Proskos	Michelle A. Solomon	Lauren I. Walker
Arezou Mohajeri	Brendan J. Rae	Daniel S. Srouji	Scott D. Watson
Elizabeth S. Monkman	Marianne E. Ralph	Laura A. Stec	Lindsay Way
Elliott D. Montag	Carol Rego	Spencer S. Stevenson	Danielle M.J. Weisner
Francois-Xavier Montreuil	Emily F. Roback	Candice D. Stewart	Lauren E. Wight
Keirstyn J. Moran	David A. Robertson	Kailee A. Stock	Darcy P. Worthylake
Melissa L. Mullett	Sophie Rochon	Marcus R.W. Sullivan	Meital Yerushalmi
Adam L. Murphy	Dorota Roginska	Mahsa Takallou	Perrin P.L. Yiu
Derek R. Nash	Vincent S. Rosati	Samuel Tang	Martin C.K. Yuen
Stevie A. Newman Szeps	Austin V. Ruecker	Laura Tari	David J. Zanet
Eric M.Y Ng	Nicholas J. Ruitenbeek	Thinisia Thiruchelvam	Allison B. Zaruk
Monica Ngo	Savreet Saini	Laura A. Thompson	
Bryan A.L. Pankow	Marjanossadat Sajadi	Julia N. Thorpe	
Daniel A. Pardo	Vanessa S. Salerno	Mackenzie Thurston	

IN MEMORIAM (SEPTEMBER 12, 2016 - DECEMBER 5, 2017)



Name	Year of Initial Registration	Date of Death
Dr. Sandra G. Orosoy	1980	December 12, 2016
Dr. J. David Hunter	1979	December 18, 2016
Dr. Kent Winterstein	1973	January 3, 2017
Dr. Willis J. Hagan	1976	February 14, 2017
Dr. Kevin J. Gaymes	1998	February 18, 2017
Dr. Bruce K. Makos	1991	March 13, 2017
Dr. Ferdinand Mejilla	1993	March 16, 2017
Dr. David J. Cryderman	1995	September 22, 2017
Dr. Charles F. Jeffery	2007	October 1, 2017
Dr. Richard A. Greco	1994	October 17, 2017
Dr. V. Gary Dyck	1975	October 22, 2017
Dr. Glen Roberts	1988	December 1, 2017

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

Council Member Terms

as at December 31, 2017

Name	District	Date First Elected/ Appointed	Date Re-elected/ Re-appointed	Date of Expiry of Election/ Appointment of Current Term
Elected Members				
Dr. Peter Amlinger	5 (Central West)	April 2017	N/A	April 2020
Dr. Elizabeth Anderson-Peacock	3 (Central East)	April 2013	April 2016	April 2019
Dr. Reginald Gates	5 (Central West)	April 2015	N/A	April 2018
Dr. Clifford Hardick	6 (Western)	May 2011	April 2014 April 2017	April 2020
Dr. Kristina Peterson	1 (Northern)	April 2017	N/A	April 2020
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	April 2017	April 2020
Dr. Patricia Tavares	4 (Central)	April 2012	April 2015	April 2018
Appointed Members				
Mr. Shakil Akhter	Toronto	May 7, 2008	May 7, 2011 May 7, 2014 May 7, 2017	May 6, 2018
Ms Georgia Allan	Smiths Falls	September 8, 2014	September 8, 2017	September 7, 2020
Ms Karoline Bourdeau	Toronto	July 17, 2017	N/A	July 17, 2020
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



Remember to Vote!

CCO 2018 ELECTIONS IN DISTRICTS 4 AND 5

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 February 2018.

Council Meeting Dates

2018

Tuesday, April 24

Tuesday, June 19 (Annual General Meeting)

Wednesday, June 20

Saturday, September 15

Thursday, November 29

[Confirmed Council meeting dates can be found on the CCO website here.](#)

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.

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 six Council meetings held since publication of the last newsletter follow.

DECEMBER 9, 2016

Council noted/reviewed the following:

- Favourable reviews from members who attended CCO Roadshows and found them to be valuable and beneficial
- A report on efforts being expended towards technology upgrades to reduce CCO's reliance on paper and to enhance communications with members and stakeholders
- A report on current activities related to the Office Development Project's efforts in finding a new home for CCO

FEBRUARY 28, 2017

Council noted/reviewed the following:

- Positive feedback from CCO Roadshow attendees and CCO public member, Mr. Douglas Cressman, who attended one of the presentations and expressed his support for CCO's efforts in making these events available to members
- Expressions of appreciation and positive feedback from the CCO peer assessors who attended the January 28, 2017 Peer and Practice Assessor Workshop
- The efforts and contributions of retiring Council members, Dr. Bruce Lambert and Dr. Bryan Wolfe

Council approved the following:

- Amendments to Standard of Practice S-O16: Advertising
- Amendments to Guideline G-O16: Advertising
- Amendments to By-law 1: Definitions and Interpretation
- Amendments to By-law 6: Election of Council Members

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APRIL 26, 2017

Council noted/reviewed the following:

- An update on the activities, anticipated timelines, and processes related to the implementation of technological upgrades to enhance CCO capabilities in areas such as online renewals for members and enhanced access to information for the public
- A report on the well-received CCO Roadshows held in Timmins, Sudbury and North Bay
- The productive efforts of Dr. Cliff Hardick during his two years as President
- Reports and options for a new home for CCO as part of its continued due diligence

Council approved the following:

- Amendments to Guideline G-008: Business Practices
- Guideline G-012: Use of Social Media
- Policy P-056: Requirement to Disclose Police Record

JUNE 23, 2017

Council noted/reviewed the following:

- A report on current activities related to the Technology Upgrade Project
- A presentation on the implications of Bill 87, including expanded public register requirements

Council approved the following:

- Distribution of a communiqué to members regarding Bill 87

SEPTEMBER 16, 2017

Council noted/reviewed the following:

- Appointment of Ms Karoline Bourdeau as a new public member on Council
- Reappointment of Ms Georgia Allan as a public member on Council

- An update on the Technology Upgrade Project, including plans for the launch of the 2018 online registration renewal system
- An overview of the highly successful and well-attended CCO Roadshows held in various locations across Ontario, including new requests to host a Roadshow in their area
- An update on the search for a new home for CCO, including all viable options that continue to be explored

Council approved the following:

- Amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient
- Amendments to Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members
- Guideline: Re-Evaluation for circulation and feedback from members and stakeholders

NOVEMBER 30, 2017

Council noted/reviewed the following:

- A report from Dr. Shankar and Ms Willson on the informative meetings and exchange of ideas at meetings in Australia organized by the New Zealand and Australia Chiropractic Regulatory Boards
- Successful commencement of online registration by members for 2018
- A report on the well-attended and well-received Record Keeping Workshops held in Thunder Bay and Sault Ste. Marie

Council approved the following:

- Distribution for feedback on amendments to By-law 6: Elections
- Guideline on Delegation, Assignment and Referral of Care for circulation and feedback from members and stakeholders

WELCOME TO CCO'S NEWEST PUBLIC MEMBER, MS KAROLINE BOURDEAU



Ms Karoline Bourdeau,
public member, and Fenton

Karoline was born in Alexandria, Egypt and spent her formative years in the Arab Emirates, and speaks Arabic, some French, and a touch of Spanish. Karoline has Bachelor degrees in Political Science and Women's Studies (Honours) from Queen's University, as well as a Juris Doctor degree from Queen's University's Faculty of Law.

During her time at Queen's University, Karoline was very involved in many aspects of campus life. She was a residence advisor, a member of the student council, and chaired numerous committees. In law school, she was again elected to the student council and chaired the Pro-Bono Students Canada program.

Karoline continues to be involved in the community. She was a crisis worker at the Sexual Assault Centre of Kingston and the co-chair of the local Lion's Purina Walk for Dog Guides. Karoline has even traveled to the Caribbean in order to teach computer skills to the visually impaired. A member of the Toronto Beaches Lions Club where she has been President, Karoline has chaired The Beaches Lions Easter Parade and is currently serving as Sight Preservation Chair for Lions District A711. Karoline was also President of Liberty Village Toastmasters,

and has presented many seminars on human rights, including Toast Masters District Conferences.

Karoline has been and continues to be an advocate for access rights for persons with disabilities. This includes chairing the *Ontarians with Disabilities Act Committee* in Kingston, which helped result in the current *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*. She has also been a volunteer educator on the use of guide dogs and service animals, and has published a paper on academic research when using access technologies called *Searching Blind*.

Karoline believes that conflicts are better resolved through mediation rather than litigation. As a mediator, she works with small businesses in helping them retain their employees and enabling employees to keep the jobs they enjoy.

In her "off" time, Karoline enjoys cooking, reading, canoeing, back-country camping, wine tasting, and socializing. Karoline loves animals and has a wonderful guide dog named Fenton, who is a Flat-Coated Retriever. Fenton loves swimming, playing ball and, most of all, maneuvering through crowded places with Karoline.

"I am pleased to be appointed as a public member of CCO. I think this role is vital, as matters of importance to the public arise and require representation from all stakeholders and especially the public."

INTERESTED IN GETTING INVOLVED WITH CCO? BECOME A NON-COUNCIL COMMITTEE MEMBER

Every April, CCO Council appoints non-Council committee members to the Discipline, Inquiries, Complaints and Reports (ICR), Patients Relations, Quality Assurance, and Advertising Committees. Non-Council committee positions provide an opportunity for non-Council members to serve the public interest by helping to fulfill the mandate of a particular committee. [Please see the CCO website for a description of the mandates of CCO committees.](#)

In making appointments of non-Council committee members, Council considers the location and type of practice, professional experience, qualification and skills, and other qualifications and characteristics to complement the attributes of the Council members who are members of Council.

If you are interested in becoming a non-Council member, please submit a letter of intention and your curriculum vitae to CCO by mail, email (cco.info@cco.on.ca) or fax (416-925-9610). In 2018, CCO Council will be requiring interested non-Council members to appear in person or remotely by Skype or teleconference call to communicate their interest and intentions for a non-Council committee position. There will also be a template form to be completed (see CCO's website for details). Election of committee members and appointment of non-Council committee members is scheduled for the morning of April 25, 2018.

CCO WELCOMES DR. KRISTINA PETERSON TO COUNCIL



Dr. Kristina Peterson

After graduating from Northwestern Health Sciences University in 1997, Kristina moved to Thunder Bay and became an associate in a well-established chiropractic clinic, practising there for nearly 16 years. Currently, she owns and operates a multi-disciplinary health care centre.

Having grown up in a small northern Ontario town, living and practising in the north was a natural choice. Kristina can often be found camera in hand exploring the great outdoors.

Kristina has been involved with the chiropractic profession in a variety of ways throughout her career, namely as a CCO peer assessor and as a board and executive member with the Ontario Chiropractic Association.

“Chiropractors elected to the CCO must reflect their commitment to the public’s right to safe, effective, and ethical chiropractic care. As chiropractors and stewards of our profession, we all have a responsibility and duty to practise in a way that demonstrates to the public a high level of professionalism, credibility, and value. Having the opportunity to sit on Council and contribute to the governing of chiropractic in the public interest is a great opportunity and a privilege.”

CCO PUBLIC MEMBER, MS GEORGIA ALLAN, RE-APPOINTED TO COUNCIL



Ms Georgia Allan

Following completion of her three-year appointment to CCO Council on September 7, 2017, CCO is pleased to announce that Ms Georgia Allan has been re-appointed by the Ministry of Health and Long-Term Care to another three-year term effective September 8, 2017 - September 7, 2020. Congratulations, Georgia!

“I am so pleased to have been re-appointed to CCO Council as a public member. I have the opportunity to contribute to decisions that protect the public and it is a continual learning experience. In serving on committees, it is a pleasure to represent the public interest to the best of your ability. Also, the friendships that one makes are invaluable, and I look forward with enthusiasm to the next three years.”

THANKS AND APPRECIATION TO FORMER COUNCIL AND NON-COUNCIL MEMBERS

CCO expresses its gratitude to the following members who served on committees and worked diligently to uphold CCO’s public interest mandate. Their commitment and dedication are sincerely appreciated, and CCO wishes them every success.



Dr. Bruce Lambert
Council Member
April 2014 - April 2017



Dr. Lawrence McCarthy
Non-Council Member
Advertising Committee
April 2008 - April 2017



Dr. Vikas Puri
Non-Council Member
Discipline Committee
April 2013 - April 2017



Dr. Bryan Wolfe
Council Member
December 2008 - April 2017

DR. PETER AMLINGER ELECTED IN DISTRICT 5 (CENTRAL WEST)



Dr. Peter Amlinger

CCO congratulates Dr. Peter Amlinger on his April 2017 election to Council. Having previously been elected in District 5, Peter has a solid background in helping CCO to protect the public interest in Ontario, including serving as CCO President from April 2012 - April 2013 and April 2013 - April 2014.

Peter looks forward to rolling up his sleeves and getting involved where he can - from making sound policy decisions, regulating effectively and in keeping with CCO's mandate, and ensuring Ontario chiropractors are practising ethically and focused on delivering patient-centred care.

Peter's enthusiasm is supported by the previous positive experience he had on Council. He found it professionally rewarding and felt it supported his continuous goals in striving to be a better chiropractor.

Away from the clinic, Peter and his wife, Tracy, enjoy travelling and, in the summer, Peter can often be found on the golf course or barbecuing a gourmet meal for friends.

"I am passionate about chiropractic and the self-regulation of our profession in the public interest. Reflecting on my previous term on Council, it was wonderfully rewarding and also truly inspiring. I started my new term with a high level of enthusiasm and am fully committed to sharing in our collective responsibilities in protecting the public."



CCO Council and Staff – September 2017 (Strategic Planning)

UPDATE TO BY-LAWS, STANDARDS OF PRACTICE, POLICIES AND GUIDELINES

CCO has made several amendments to by-laws, standards of practice, policies and guidelines in the past year. **These amendments have been previously communicated to members by email blast.** If you have not received emails from CCO, please forward your confidential email address to reception@cco.on.ca to ensure you are receiving CCO emails.

[The most up-to-date documents available on the CCO website at this link](#), come into effect once the corresponding Council minutes are approved. Below is a summary of the updated documents.

Approved on September 15, 2016, Came into Effect December 9, 2016

Minor Amendments to Standard of Practice S-005: Chiropractic Adjustment or Manipulation

Council approved minor wording changes to include provisions related to proper patient selection and degree of skill associated with providing a chiropractic adjustment or manipulation. A reference to the mandatory continuing education hours related to the controlled acts was also updated.

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

Council approved minor wording changes to reiterate the requirement to act in a sensitive manner and ensure that the patient has a full understanding of the act, taking into account any language or cultural barriers, before performing this controlled act.

Minor Amendments to Standard of Practice S-017: Acupuncture

Sections referencing the legislative authority to use acupuncture only within the chiropractic scope of practice and in accordance with the standard of practice have been moved to the beginning of the standard to emphasize the legal authority for chiropractors to perform the controlled act of acupuncture.

Minor Amendments to Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members

Council approved amendments allowing the Patient Relations Committee to consider funding for therapy or counselling for complainants in a matter that has been referred for a discipline hearing, but where a hearing has not yet commenced. These amendments are consistent with the Ministry of Health and Long-Term Care's objectives of increasing the accessibility for funding for therapy or counselling for victims of sexual abuse.

Minor Amendments to Policy P-055: Non-compliance with Continuing Education Requirements

Council approved amendments to shorten the name of this policy.

Minor Amendments to Guideline G-001: Communication with Patients

Council approved the re-ordering of several bullets in this guideline to better represent the chronology of events involved in doctor/patient communication. As well, guidelines associated with communication by email, text, and social media were added to ensure all communication with patients is private, secure and recorded in the patient health record.

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Minor Amendments to Guideline G-005: Guidelines for Members Concerning Office Staff

Amendments to Guideline G-005 mirror the amendments related to electronic communication in Guideline G-001: Communication with Patients, namely, to ensure that when chiropractic assistants or staff communicate with patients, it is done in a private and secure manner, and recorded in the patient health record.

New Guideline G-011: Accommodation of Human Rights and Disabilities

Council passed a new guideline recommended by the Patient Relations Committee to address the accommodation of human rights and disabilities. This guideline encourages members to foster an environment in which the rights, autonomy, dignity and diversity of patients are respected and outlines members' obligations under the *Ontario Human Rights Code, 1990* and the *Accessibility for Ontarians with Disabilities Act, 2005*. The guideline defines what human rights are protected under the legislation, describes how to accommodate human rights and disabilities in the context of a chiropractic office, explains the limitations on the duty to accommodate, and gives examples of reconciling competing duties to accommodate.

Approved on February 28, 2017, Came into Effect April 26, 2017

Standard of Practice S-016: Advertising and Guideline G-016: Advertising

CCO Council approved amendments to Standard of Practice S-016: Advertising and Guideline G-016: Advertising. These amendments were approved on February 28, 2017 and came into effect on April 26, 2017, following circulation of the proposed amendments, review of feedback, and further amendments recommended by the Advertising Committee.

CCO received extensive feedback on this circulation and thanks all members and stakeholders who took the time to submit feedback. After much review and deliberation, Council approved the following amendments to the standard of practice and guideline:

Definition of Advertising to Include Electronic Media, such as Websites and Social Media

Advertising is now defined in the standard of practice and guideline as:

“Advertising is any message communicated outside a member’s office through a public medium, including electronic media such as websites and social media, 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. This standard applies equally to members acting individually, as a group, or as a professional health corporation.”

Council approved including advertising that is communicated through electronic media, such as websites and social media, under the definition of the standard of practice and guideline. The public interest is protected by applying the principles of the advertising standard of practice and guideline to advertisements communicated through all media.

Testimonials

CCO received wide-ranging feedback on the issue of the use of testimonials referring to a specific member or office in websites. **CCO was not persuaded that public protection would be enhanced and is therefore not changing the standards relating to the use of testimonials on websites. A testimonial referring to a specific member or office may still be used only in a member’s website, provided the testimonial is:**

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- (i) accurate, verifiable, and recorded in the patient health record;
- (ii) used only in accordance with the written consent of the patient, which may be withdrawn at any time;
- (iii) not obtained using any undue pressure, duress, coercion or incentives; and
- (iv) otherwise compliant and consistent with Standard of Practice S-O16: Advertising, the chiropractic scope of practice, other CCO standards of practice, policies and guidelines, and privacy legislation.

In any other form of advertising besides websites, only testimonials that refer to the benefits of chiropractic, and not to a particular member or office, may be used.

Standards of practice and guideline relating to testimonials refer only to a member's use of testimonials. A patient may always choose on their own to write a review of a chiropractor on a website or social media page.

Solicitation of Potential Patients

Members are reminded that any communication for the purposes of advertising must be consistent with CCO standards of practice and the chiropractic scope of practice, professional and respectful of patient choice and the public interest, and compliant with Canadian anti-spam legislation, no matter what the medium of communication.

Online Coupons, Contests and Giveaways

Amendments to the guideline discourage members from using online coupons, contests and giveaways. Although discounted services may be offered, various forms of online coupons, contests and giveaways may not be considered professional or appropriate and may diminish the integrity and dignity of the profession.

Members are reminded to review their websites, social media pages, and other electronic advertisements to ensure compliance with the standard of practice.

By-law 6: Election of Council Members

Council approved amendments to By-law 6: Election of Council Members, to allow members to vote electronically in CCO elections to Council. These by-law amendments will maintain the current policies concerning the election of Council members, while allowing votes to be cast and counted electronically. By-law 6 will allow voting by other mediums, such as mail, in exceptional circumstances, as determined by Council. The objective of these proposed by-law amendments is for CCO to conduct elections in an efficient, cost-effective manner, while making it easy and straightforward for members to vote.

Approved on April 26, 2017, Came into Effect June 23, 2017

Minor Amendments to Guideline G-008: Business Practices

Council approved minor amendments to Guideline G-008: Business Practices. These amendments are intended to ensure members properly communicate information relating to a plan of care as it relates to fees and billings, including:

- The nature of care
- Who will be delivering the care
- If any care is to be assigned to another individual
- Policies and procedures related to billing third-party payors.

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The purpose of these amendments is to ensure that patients are informed about the policies and procedures on fees for care, so that patients can make an informed decision and are not taken by surprise by any fees or practices related to billing third-party payors.

As well, the amendments include a more detailed example of how an unused portion of a block fee/payment plan is to be refunded. The example illustrates that if a patient opts out of the block fee/payment plan, a member may not charge a patient any additional fees for any treatments or services that were discounted or complimentary as part of the block fee/payment plan. A refund must always reference the unit cost per service, which may be complimentary or discounted, of the block fee/payment plan agreement. The example includes a scenario in which multiple services are included in the block fee.

New Policy P-056: Requirement to Disclose Police Criminal Record Checks

Council approved a policy requiring new applicants for registration to submit a Canadian Police Information Centre Vulnerable Sector check or equivalent from the applicant's current jurisdiction in Canada, as well as any past jurisdictions in which the applicant has practised chiropractic. This requirement, which is applied by several other Ontario health regulatory colleges, will help to ensure that only competent, safe and ethical applicants are registered with CCO.

This policy will only apply to new applicants for registration or applicants who were previously suspended or revoked from a discipline hearing, and not to members renewing annually at this time.



New Guideline G-012: Use of Social Media

Council approved a guideline on the use of social media, which clarifies the expectations regarding members' use of social media, including:

- Exercising caution to maintain the privacy and confidentiality of the patient;
- Refraining from providing clinical advice or communicating a diagnosis;
- Ensuring health-related links are used with appropriate permission and are within the chiropractic scope of practice;
- Adhering to the advertising standard of practice and guideline when social media is used for advertising purposes;
- Maintaining appropriate boundaries and avoiding posts that may be perceived as disgraceful, dishonourable or unprofessional; and
- Using good judgment and caution before posting to social media, as information that is posted online cannot be removed easily.

CCO Introduces Member Portal and Online Renewal



CCO was pleased to introduce the member portal for 2018 renewals. [Members of CCO can log on to their individual portal through a link on the CCO website available at this link.](#)

Using their registration number and password, members are able to use the portal to:

- Update their business address/addresses for the public register.
- Update their residential and contact information with CCO for CCO's internal database.
- Indicate languages in which they can provide care for the public register.
- View, download, and print receipts with CCO.
- Renew and pay for member renewal with CCO, including providing information for the Health Professions Database, starting with the 2018 renewal.
- Renew and pay for professional incorporation with CCO, starting with the 2018 renewal.

New Renewal Forms

In the 2018 renewal process, you will notice new questions related to demographic, geographic, educational, and practice information. CCO, like every health regulatory college in Ontario, is legally required by the Ministry of Health and Long-Term Care (MOHLTC) to collect this information for submission to the Health Professions Database for the purposes of health human resources planning. Your answers to these questions will help the MOHLTC develop policies and programs that address supply and distribution, education, recruitment and retention of health professionals. Please consult the glossary available by clicking the question mark symbol (?) throughout the renewal process. This information is provided to the MOHLTC in an **anonymous manner with no member identification associated.**

In 2018, CCO will be expanding the member portal to also include:

- Updating and reporting on quality assurance initiatives and continuing education requirements.
- Registering and paying for CCO's Legislation & Ethics examination.
- Submitting an application for a General, Inactive or Retired class of registration.
- Registering for various CCO events, such as the Record Keeping Workshop.

CCO communicated with members in late October 2017 with instructions on how to create a password for the member portal and to renew online.



Health Minister Announces Enhanced Diagnostic Tools for Chiropractors

CCO is delighted with the recent decision by the Honourable Minister of Health and Long-Term Care, Dr. Eric Hoskins, to enhance the diagnostic tools with which chiropractors work, and applauds the government's effort to enhance the ability of chiropractors to order laboratory tests and diagnostic ultrasound - with the CCO's support - so that the safety and efficacy of chiropractic care continues to be aligned with the public interest.

CCO looks forward to working with the Ministry of Health and Long-Term Care, chiropractors, the public and other stakeholders on this important advancement in the scope of practice for chiropractors, ensuring public protection and CCO's regulatory role are the focus and lens.

[Here is a link to view the Minister of Health's letter and message from CCO.](#)



CCO Council and Committees Move to Paperless Meetings

Over the last few years, CCO has been moving toward conducting paperless meetings for Council and committees. Information packages have been produced and securely delivered electronically, and many Council and committee members are using their laptops and tablets at meetings to review, reference, and take notes on meeting materials.

Council and committees are also moving towards conducting teleconferences whenever possible. Some examples are:

- The Registration Committee meets monthly via teleconference to ensure applications for registration that are referred to the committee are reviewed and decided on in a timely and cost-effective manner.
- The Patient Relations Committee has met via teleconference to review applications for funding for therapy or counselling to ensure applications are approved in a timely and cost-effective manner.
- The Advertising Committee reviews and provides feedback on proposed advertisements entirely by email and conducts most meetings by teleconference.

While there is still a benefit from having in-person, face-to-face meetings, CCO will continue to explore cost-saving possibilities in the conducting of Council and committee meetings, wherever possible.

Ontario Government Amends the *Regulated Health Professions Act, 1991* Through the Passing of *Bill 87: Protecting Patients Act, 2017*

On May 30, 2017, the Ontario Government passed *Bill 87: Protecting Patients Act, 2017*, which includes amendments to various pieces of legislation, including the *RHPA*. Through these amendments, the Ontario Government has reinforced its zero tolerance policy on the sexual abuse of patients by regulated health professionals through various amendments to the *RHPA*.

[The news release from the Government of Ontario and Bill 87 can be found at this link.](#) In the next few months, the Government will be passing additional regulations that may further affect CCO policies. CCO will be monitoring these regulatory amendments very closely.

Four major areas that are affected by the passing of Bill 87 include:

- Expansion of the public register requirements for all Ontario health regulatory colleges;
- Inclusion of additional acts of sexual abuse that result in a mandatory revocation of a member's license;
- The definition of a "patient" to include anyone who was a member's patient within the last year from the date on which they ceased to be a patient; and
- Expansion of the availability for funding for therapy or counselling from the time that a complaint involving allegations of sexual abuse is filed with a college.

Expansion of Public Register Requirements

Bill 87 has expanded the public register requirements to include oral cautions, specified continuing education or remedial programs (SCERPs), and undertakings ordered by the Inquiries, Complaints and Reports Committee (ICRC) to be included on the public register. Based on previous transparency directives from the Ministry of Health and Long-Term Care, CCO had already expanded the public register requirements through its by-laws to include oral cautions, SCERPs and undertakings issued by the ICRC. However, following the passing of Bill 87, these findings will now remain on the public register indefinitely.

CCO distributed a by-law amendment to By-law 17: Public Register to ensure CCO by-laws are consistent with the legislative requirements of the amended *RHPA*. However, CCO reminds members that in the case of any inconsistency between a CCO by-law and the legislation, the legislation governs.

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Inclusion of Additional Acts of Sexual Abuse that will Result in a Mandatory Revocation of a Member's License

The *RHPA* lists several acts of sexual abuse that, if found to have been committed by a member to a patient through a discipline hearing, automatically result in the revocation of a member's license. In such instances, a discipline panel would not have the discretion to impose a lesser penalty.

Bill 87 has expanded the list of acts to include the following acts of sexual abuse:

- Touching of a sexual nature of the patient's genitals, anus, breasts or buttocks.
- Other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the *Regulated Health Professions Act, 1991*.

CCO has amended various standards of practice to reflect these legislative amendments and enhance patient protection.

Please note, in accordance with the *RHPA*, "sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the services provided.

Definition of a "Patient" to Include Anyone who was a Member's Patient Within the Last Year from the Date on Which They Ceased to be a Patient

Bill 87 has amended the *RHPA* to include the following description of the term "patient":

"Patient", without restricting the ordinary meaning of the term, includes,

- (a) an individual who was a member's patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member's patient, and
- (b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43(1) (o) of the *Regulated Health Professions Act, 1991*; ("patient").

Therefore an individual who sees a health professional as a patient would be considered a patient of that member until one year from the date on which the individual ceased to be a member's patient.

Consequently, a member will be subject to the sexual abuse provisions of the *RHPA* relating to an individual, for a period of one year from the date that the individual ceased to be that member's patient.



CCO has amended Standard of Practice S-O14: Prevention of Sexual Abuse of a Patient to create consistency with this new definition of a patient under the *RHPA*. Please see the standard for more information about evidence of a doctor/patient relationship, evidence of the termination of a doctor/patient relationship, and factors that apply in the commencement of a sexual relationship with a former patient.

The Ontario Government may release additional regulations that further define a patient in the upcoming year.

Expansion of the Availability for Funding for Therapy and Counselling

The *RHPA* requires all health regulatory colleges to provide funding for therapy and counselling through their patient relations programs for victims of sexual abuse involving findings of sexual abuse through the colleges' discipline process. Bill 87 has expanded the availability of funding for therapy and counselling for an individual from the time that an allegation of sexual abuse against a member is made, through a complaint or report. Applications for funding may now be made to the Patient Relations Committee from the time that a complaint or report alleging sexual abuse by a member is made. The amendments to the *RHPA* include a provision that "the determination of a person's eligibility for funding in accordance with subsection (4) does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member."

CCO has amended Policy P-O18: Funding for Therapy and Counselling for Patients Sexually Abused by Members to reflect these amendments. CCO's policy already included expanded eligibility beyond legislative requirements.

ONTARIO: REQUIREMENTS FOR MANDATORY POLICIES, TRAINING AND POSTINGS



Mr. George Vassos,
Littler LLP

Employers with Ontario employees are subject to a number of statutory obligations relating to mandatory training, policies and postings. These statutes include the *Employment Standards Act, 2000*, the *Occupational Health and Safety Act*, the *Accessibility for Ontarians with Disabilities Act, 2005*, and the *Pay Equity Act*. In some cases, the obligations vary depending on the number of Ontario employees. If you employ one or more Ontario employees, then you need to make sure that you are aware of which obligations apply to your business/practice.

[Here is a link to a convenient summary of these statutory obligations \(as of August 8, 2017\) prepared by Littler LLP.](#)

BILL 148 IS NOW THE LAW OF ONTARIO



If you run your own practice with one or more staff, then you need to be aware of all of the changes to Ontario's employment laws mandated by Bill 148. Some changes were already effective on November 27 and December 3, 2017. Many become effective January 1, 2018 (and thereafter).

[To read a summary of the Bill 148 changes, visit the author's article here.](#)

Beyond the significant increases in minimum wages for 2018 and 2019, another important change is the prohibition on treating a worker as an independent contractor if the worker is really an employee.

Make sure you are aware of all of your obligations!

QUALITY ASSURANCE COMMITTEE

Continuing Education (CE) Requirements: Cycle Ends June 30, 2018

WHAT DOES THIS MEAN TO YOU?

Current CE Cycle in Effect from July 1, 2016 - June 30, 2018

Before the end of the current CE cycle on June 30, 2018, members are expected to have completed all of their CE requirements, including the new requirements of:

- **Five mandatory structured hours** consisting of diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice; and
- Maintaining a certificate in emergency first aid/ cardiopulmonary resuscitation (CPR).

While several months remain in this cycle for members to comply with these mandatory components, it is important to make arrangements to have them completed before June 30, 2018.

Please note: All continuing competency activities should be directed by both mandatory requirements and what a member learns from the completion of the self-assessment. Completion of the self-assessment is a mandatory component designed to help members direct their ongoing CE activities through each CE cycle.

Some other things to keep in mind:

The mandatory “five hours relating to diagnostic or therapeutic procedures” for each CE cycle must align with one of the controlled acts granted to chiropractors under the *Regulated Health Professions Act, 1991*. 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 adjustments/manipulations of the spine, peripheral joints; or,

- (iii) involve adjustments/manipulations of the coccyx; or
- (iv) review radiographic taking and/or interpretation, or any combination of all of these acts.

For example, a member may take a program that is dedicated to learning diagnostic skills (e.g., palpation, postural analysis, ortho-neurological testing) or a member may take a program that focuses on reviewing a clinical therapy within the chiropractic scope of practice (e.g., mobilizations, spinal adjustment/manipulation). Similarly, a member could take a program that is dedicated to enhancing x-ray taking or radiographic interpretation. As long as the course captures **at least ONE** of the controlled acts listed above, then that course would satisfy this mandatory CE requirement. The requirement must be fulfilled during every CE cycle.

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

First aid/CPR training can be taken from any organization that offers first aid/CPR training – examples are the Red Cross or St. John Ambulance basic courses that consist of a 6.5 hour course, which provides certification for three years. The minimum requirement is emergency first aid: CPR Level C = CPR + AED.

Additionally, a member may count the hours used in attaining these components as part of their structured CE hours for this cycle. These hours are NOT in addition to the 20 structured hours but can be a part of the mandatory 20 structured hours.

For the purpose of this CE requirement, any structured

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type of CE program would be acceptable. This can include in-person, online or correspondence courses, seminars, workshops, presentations, or conference, 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.

[Additional valuable resources can be found on the CCO website by following this link.](#)

Finally, **members registered in the General class of registration after July 1, 2016** are exempt from the self-assessment and continuing education requirements for the cycle ending June 30, 2018. However, all members are encouraged to engage in continuous improvement of their professional skills even if they are currently exempt from reporting those CE activities.

Questions? Contact:

Dr. J. Bruce Walton

Director of Professional Practice at 416-922-6355, ext. 106
or at bwalton@cco.on.ca or

Mr. Joel Friedman

Director, Policy and Research at 416-922-6355, ext. 104
or at jfriedman@cco.on.ca

CCO Announces Launch of Peer and Practice Assessment 2.0

In the process of fulfilling its duties to serve and protect the public interest, CCO, through its Quality Assurance (QA) program, is required to develop, establish and maintain standards of knowledge and skill and programs to promote continuing competence among the members. Building on the success of Peer and Practice Assessment 1.0 (PPA 1.0), the QA Committee recently launched a new and revised version of PPA 1.0 and now to be known as PPA 2.0.

Each year, a number of CCO members in the General class of registration will be selected to undergo PPA 2.0.

SO...WHAT'S NEW ABOUT PPA 2.0?

Similar to PPA 1.0, this new assessment will:

- Be mandatory for all members registered in the General class of registration.
- Involve an in-person interaction with a trained CCO peer assessor.
- Be another opportunity to improve compliance with CCO regulations, standards of practice, policies and guidelines.
- Be confidential to the CCO QA program.
- Be a valuable continuing education opportunity.

Building on successful elements of PPA 1.0, this assessment process will involve:

- A more in-depth, conversational review of a selection of patient files to better ensure that members are maintaining an accurate patient health record, reflective of the patient encounter and “story”.
- A review and conversation related to scenarios commonly encountered in clinical practice and that show implementation of regulations, standards of practice, policies and guidelines in real-life situations.
- A more complete review of the member’s Professional Portfolio to ensure that all components, especially the Self-Assessment Plan of Action, are being addressed by the member.

IMPLEMENTATION OF PPA 2.0

Each year, a number of CCO members in the General class of registration will be selected to undergo PPA 2.0. Upon receiving the letter from CCO outlining the steps to be taken in this process, materials will be submitted to CCO, processed and sent to the assigned peer assessor. The peer assessor will take it from there: contacting the member to set up a convenient time to meet and conduct the assessment. Once the assessment is complete, CCO staff, under the direction of the QA Committee, will review the report and provide members with a disposition, which will include recommendations for improvements, if appropriate.

WHAT YOU CAN DO NOW...

- [This link will provide you with the PPA 2.0 materials available on the CCO website.](#)
- Volunteer to undergo PPA 2.0 now to get a head start on making improvements in your professional practice. Interested? Contact Dr. J. Bruce Walton at bwalton@cco.con.ca or 416-922-6355, ext. 106.
- Wait until you receive the request to participate in PPA 2.0 and follow the instructions to comply with the request.
- Of course, continue to practise as a member of a self-regulated profession, implementing and adhering to all CCO regulations, standards of practice, policies and guidelines.

Update on CCO Roadshows: Opportunities to Connect and Learn



Between October 2016 and December 2017, CCO Roadshows were held in Barrie, Hamilton, St. Catharines, Kitchener, Ottawa, Timmins, Sudbury, North Bay, Mississauga, Sault Ste. Marie and Thunder Bay. Based on attendee feedback, the Roadshows are a valuable opportunity to hear the latest updates about chiropractic regulation in Ontario, learn about current and proposed quality assurance initiatives, interact with Council members and CCO staff, and ask questions or obtain clarity on chiropractic regulation in Ontario. Overall feedback from attendees has been extremely positive, particularly in understanding CCO's mandate in regulating the profession in the public interest.

A SAMPLING OF FEEDBACK FROM ATTENDEES

Sault Ste. Marie

"Thanks for coming to Sault Ste. Marie. Practising in the Northern Ontario town creates difficulties in attending southern Ontario chiropractic functions. We feel 'left out' a lot and the CCO Roadshow was a great way for us to grab some 'different' structured CE hours that were actually chiropractic-related."

"Just being able to converse with CCO members and ask random questions as they arise is something you can't get from the Internet/webinars/online materials, etc."

Ottawa

"The Roadshows are a great idea. It was great presentation, and from a record keeping standpoint, I know I will be incorporating something that was mentioned on a regular basis. The CCO should be very proud of its accomplishments and how it shines

ahead of other professions. Thank you for always being on the cutting-edge, and for sharing statistics and the up-to-date reports. You look after the profession with a passion."

Hamilton

"The feedback from those in attendance has been really positive. They found the informal setting enjoyable, and the material presented was informative and applicable to their current situations. Thank you for taking the time to come and visit and offer clarity about the CCO and its role in regulation..."

St. Catharines

"CCO's presence was much appreciated by members. In my opinion, these Roadshow presentations are invaluable. They provide a face to the members and increase their understanding of CCO's role and mandate. It also clearly informs them of their responsibilities when it comes to patient care."

Thunder Bay

"The most beneficial part of the meeting was hearing about the new direction CCO is taking in the sense of being able to do more online with registration and professional profile as well as feeling supported by the CCO in our daily practice."

"The CCO should come to each major city in Ontario (or in Northern Ontario) at least once every CE cycle. Topics should be similar and have the opportunity to discuss current issues."

[To find out about future Roadshows, please visit to the CCO website here.](#)

To register, contact:

Ms Rose Bustria, Administrative Assistant | rbustria@cco.on.ca or call 416-922-6355, ext. 101

To book CCO for a Roadshow in your area, contact:

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

Reminder: Continuing Education and Professional Development Providers Who Perform Controlled Acts Must Be Registered With CCO

One of the objectives of CCO's Quality Assurance (QA) program is for members to engage in life-long learning through continuing education and professional development (CE).

Often times, CE programs may involve the performance of a controlled act under the *Chiropractic Act, 1991*, such as “moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust”. Under the *Regulated Health Professions Act, 1991*, a person must be a member of a regulated health profession to perform a controlled act authorized to that profession. This is to ensure that this person has the skills, knowledge, and competence to perform a specific controlled act and, in doing so, is accountable to their health regulatory college.

Chiropractors from other jurisdictions may come to Ontario to provide CE opportunities. CCO encourages these types of CE activities, but reminds CE providers that if they are intending to perform any controlled acts under the *Chiropractic Act, 1991* as part of the CE program, they are required to:

- Be registered with CCO;
- Ensure they have appropriate malpractice protection;
- Obtain documented informed consent; and
- Otherwise comply with CCO standards of practice, policies and guidelines.

[Registration for chiropractors from another jurisdiction can be through a temporary certificate, which can be obtained at this link.](#) This requirement is also true of chiropractors registered in Ontario – CE providers intending to perform controlled acts are required to be registered in the General (i.e., active) class of registration.

One of the exceptions allowing non-members of CCO to perform a controlled act is in “fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession”. CE providers and students must be cognizant of and comply with this limited legislative exception in the course of any educational program involving the performance of a controlled act.

Restriction of Titles and Terms

One of the objectives of the *Regulated Health Professions Act, 1991* is to ensure that the public is not confused as to which health professional they are seeing and what their professional designations are. Restricted titles are identified in the profession-specific legislation and policies of health regulatory colleges. Under the *Chiropractic Act, 1991*, members of CCO have exclusive use of the title “chiropractor”. Some examples of restricted titles are:

- “Physician”, “Surgeon” and “Osteopath” under the *Medicine Act*;
- “Traditional Chinese Medicine Practitioner” and “Acupuncturist” under the *Traditional Chinese Medicine Act*; and
- “Physiotherapist” and “Physical Therapist” under the *Physiotherapy Act*.

A member may offer adjunctive therapies that are within the chiropractic scope of practice and in accordance with CCO standards of practice, such as acupuncture and physical therapy, but it must always be clear to patients that the member is acting as a chiropractor. Exceptions will apply if a member is a member of another regulated health profession and practising that particular profession. CCO has a number of dual registrants.

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[CCO Policy P-029: Chiropractic Specialties found at this link](#), also identifies which specialties are recognized by CCO:

FCCS(C)	Fellow of the College of Chiropractic Sciences (Canada)
FCCR(C)	Fellow of the Chiropractic College of Radiologists (Canada)
FRCCSS(C)	Fellow of the Royal College of Chiropractic Sports Sciences (Canada)
FCCOS(C)	Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)
FCCPOR(C)	Fellow of the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (Canada)

Members are reminded that only these five fellowships may be indicated as a specialty and used in conjunction with the term “specialist” or “specialty”. Members, however, may use educational or credential designations that they have achieved in an accurate and comprehensible manner.

Reminder: Members May Not Treat or Advise Outside of the Chiropractic Scope of Practice

Members are reminded that it is an act of professional misconduct to treat or advise outside of the chiropractic scope of practice. Members may not treat or advise with respect to controlled acts under the *Regulated Health Professions Act, 1991* that are not authorized to chiropractors under the *Chiropractic Act, 1991*, such as prescribing a drug, performing surgery, and administering vaccinations. [The Standard of Practice S-001: Chiropractic Scope of Practice found at this link](#), provides a protocol for addressing questions from patients which may fall outside of the chiropractic scope of practice, and which reads as follows:

In responding to general health-related questions by patients that relate to controlled acts outside the chiropractic scope of practice (such as prescribing a drug as defined in the *Drug and Pharmacies Regulation Act, 1990*, performing surgery and administering vaccinations), a member shall:

- advise the patient that the performance of the act is outside the chiropractic scope of practice and the patient should consult with a health professional who has the act within his/her scope of practice;
- respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the chiropractic scope of practice; and
- encourage the patient to be an active participant in his/her own health care which allows the patient to make fully informed decisions concerning his/her health care.

Advising outside of the chiropractic scope of practice can include literature in a member’s office, information in a member’s advertising, and postings on a member’s website and social media. Members shall not post any information that could reasonably be perceived as advising outside of the chiropractic scope of practice.

[Please see Standard of Practice S-001: Chiropractic Scope of Practice and Guideline G-012: Use of Social Media for more information.](#)



Dr. J. Bruce Walton Director of Professional Practice CCO Member Since 1990

As Dr. Bruce approaches 30 years in chiropractic practice, he admits to spending lots of time reflecting on his professional career. He can still remember Nick J., the only patient he had on the first day he started practice in Guelph. Now, all these years later, a practice retirement succession plan in place, he feels very satisfied with what he built and is passing on, for the accomplishments he has enjoyed in his professional career beyond clinical practice and above all, the experience of raising his daughters with his wife of 28 years, Jennifer.

While he reached many of his goals and learned a great deal over the past years, he admits that some of the most important things he has learned have come quite unexpectedly: remain open to unimagined possibilities; trust what others might see in you and your capabilities; and say “yes” more often than “no”. Balancing these things with a sound, reasonable, goal-oriented plan has likely taken him further than he ever thought possible in his career as a chiropractor and life in general.

Initially inspired to pursue chiropractic by a long-time family friend, Dr. Don Moore of Oakville, Bruce graduated from the University of Toronto with a degree in psychology before entering Canadian Memorial Chiropractic College (CMCC). Immediately after graduation, he and Jennifer settled in Guelph knowing only a couple of people but excited to start a new adventure.

“Guelph’s been a great place to raise a family,” says Bruce. “I won’t say there weren’t challenges starting practice in a place where I didn’t know anyone. Eventually though, with persistence, hard work, and the common-sense approach of a patient-centered family practice, efforts did pay off. I have been very fortunate to build what I initially imagined: a family chiropractic practice, creating relationships with and caring for all kinds of people. I really think the best

rewards have come when parents brought in their children, handed them over and trusted that I would do my best to help. Now, almost 30 years later, those children are bringing in their children to have a spinal check-up and that’s just icing on the cake!”

Bruce feels he was incredibly fortunate to connect with some great classmates at CMCC and, together, they have supported each other through all the challenges of professional private practice and celebrated all the accomplishments each has achieved. Dr. Susan Shaw of Barrie and Dr. Carolyn Wood of Clinton were both raised as children of chiropractors so Bruce was able to see, first-hand, the long-term benefits of a “chiropractic lifestyle”. This really cemented for Bruce the important and integral role chiropractic plays in the overall health and well-being of all people.

Bruce regularly travelled with this core group of chiropractic colleagues to a wide range of continuing education (CE) opportunities over the years. These diverse experiences served to help him design his style of practice with a focus on providing families in his community with the best possible chiropractic care. He’s strived to base his practice on the principles that started this profession while remaining committed to advancing the profession forward by integrating the latest research and evidence.

Since starting practice and building on his student life commitment to the importance of extra-curricular activities, Bruce has contributed to the chiropractic profession in a number of different capacities. Over the years, he served roles in chiropractic advocacy groups, as a peer assessor for CCO, and as the last Chair of the Chiropractic Review Committee before finally finding his home working in chiropractic regulation, where he currently serves as CCO’s Director of Professional Practice.

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“This journey has been incredible and one I never would have imagined way back when I walked across that CMCC graduation stage,” he says with a wide grin. “I’m still amazed that I have been given these opportunities to serve this profession, the public of this province, challenge myself and grow beyond what I thought possible. I’ve travelled to almost every province working with other chiropractic regulators and enjoyed interacting with chiropractors across the country. It certainly has been a case of trusting that someone else sees something in you that you never even thought was there!”

In his current CCO role as Director of Professional Practice, Bruce primarily works with the Quality Assurance Committee on proactive initiatives designed to help members provide high-quality care in the public interest. “I see my position as bringing the unique perspective of a practising chiropractor to the CCO’s administrative team. My goal is to help bridge the gap between a member’s understanding of regulations, standards of practice, policies and guidelines and the implementation of those standards in everyday practice. Sometimes it’s simply a matter of reminding members that self-regulation is a privilege, one many of us often take for granted, and that the real mandate is to protect the public interest.” Bruce accomplishes this by coordinating the Peer and Practice Assessment program, helping the QA Committee draft and amend standards of practice, policies and guidelines, implement CE standards, organize, implement and deliver Record Keeping Workshops and CCO Roadshows, and work with the rest of the CCO team to help in any way he can to accomplish the CCO’s mandate.

“I thank and credit Jo-Ann Willson for giving me these opportunities and trusting in my skills to get a wide range of tasks completed at CCO,” says Bruce. “It’s been a great privilege to be a part of the CCO staff team, an experience few solo practitioners ever get! I’ve become a pretty good event planner, a good organizer, and learned what it’s like to work in a bigger organization. Above all I greatly appreciate what I have learned about the importance of regulation for our profession and I see that the future success, vitality and, in fact, the unity of this profession is rooted in our legislated *Chiropractic Act, 1991* and the chiropractic scope of practice.

It’s really been wonderful to live simultaneously in the worlds of clinical practice and regulatory administration. One day I get to work with a great CCO staff team, can assist in developing a new standard of practice and the next I can adjust people thinking... hmmm, would that standard

really protect the public the way we worded it? Would my professional peers really understand the meaning of the policy the way it has been drafted?”

For several years, Bruce has been imagining what a successful succession plan would look like in his clinical practice. “The best thing I figure I can do for all these people I have cared for is to ensure they continue to receive great chiropractic care and, if at all possible, even improve their experience!” He rationalized that if he found the right person, planned a gradual transition of patient care responsibilities over time sufficient to give both the patients and the new doctor time to get to know each other, and that if he could play a mentoring role in that transition, he’d rest easier and go out of clinical practice on a high note.

This vision is now becoming a reality as Dr. Bruce recently welcomed Dr. Jenna Arts into his practice, handed over the day-to-day operations to her and is now also focused on helping mentor the transition of patient care.

“It’s been a great experience thus far. I appreciate the youthful enthusiasm, ideas and energy Dr. Jenna brings into the practice. It reminds me so much of my early days in practice. I am also appreciating how the cycle of life is revealing itself right before my eyes. Having built from scratch and then reworked, rebranded and revitalized the practice several times over the years, I am now enjoying seeing how Dr. Jenna is taking what I built to the next level and making it hers. Further, I get the assurance that the people I’ve cared for all these years are being left in great hands. I really don’t think there is a better way to make this transition and I am so thankful I am able to be an integral part of the process.”

So, what is Bruce looking forward to? Well, he loves spending time with his wife at their cabin on the river in the woods so there will be a little more time for that. And, as he’s often found his “flow” making music or setting up shots behind the lens of his camera, he is looking forward to expanding those creative horizons. Both his daughters, having graduated from universities in the Maritimes, have yet to return to Ontario so he’ll have to make room for some extra motorbike trips to the east coast!

Of course he’s not ready to stop his chiropractic career entirely. His practice transition plan will allow him to at least celebrate 30 years in clinical practice. Also, he hopes to remain a vital part of the regulatory process at CCO, as long as his contributions are useful, productive and his made-from-scratch pies are appreciated!

PATIENT RELATIONS COMMITTEE

Guideline G-011: Accommodation of Human Rights and Disabilities

In any office that provides health care services, situations will arise where an individual patient requires accommodation. Some examples of these situations are:

- A patient, due to cultural or religious sensitivities, may be uncomfortable receiving certain types of care, or would prefer to receive care from a health care provider of a certain gender;
- A patient may have a disability or language barrier that prevents them from reading or writing an intake form;
- A patient may have physical disabilities that prevent them from climbing stairs or accessing certain facilities in the office; and
- A patient may bring a service dog or wear perfume that triggers an allergy of another patient ([see the article “Service Animals” in the Fall 2016 edition of *ChiroPractice*](#)).

Under the *Ontario Human Rights Code* (the *Code*), individuals have a right to receive equal treatment with respect to services, goods and facilities, without discrimination on the grounds of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, or disability. The *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* is a law that has the specific intention of increasing accessibility for individuals with disabilities. Under these laws, health care providers have an obligation to provide services to the public of Ontario free of discrimination. Guideline G-011: Accommodation of Human Rights and Disabilities, a guideline passed by CCO Council in September 2016, summarizes these obligations and provides some examples of how to apply the duty to accommodate.

Discrimination may manifest itself in many ways; it may be direct or indirect, intentional or unintentional, or it may result from an action that imposes a burden on an individual. It is the responsibility of a health care provider to establish policies and procedures that are free of discrimination,

and to communicate with individual patients who may have specific needs in an effort to accommodate them.

The duty to accommodate reflects that each patient may have different needs and require different solutions to gain equal access to health care services. Having a rigid policy that is broadly applied may not be feasible in all circumstances. Accommodation will require problem-solving on an individual basis to develop a solution that can provide reasonable solutions to individual patients. Clear communication with patients is essential in these circumstances – to have an understanding of the patient’s needs and to devise a solution that is reasonable and practical in the circumstances. If there are multiple individuals affected, there may be a necessity to consult with each patient individually, gather feedback, and devise a practical solution for all affected individuals.

Under the *Code*, accommodation is required up to the point of undue hardship, which includes issues related to cost, outside sources of funding, if any, and health and safety requirements. There is, however, a high standard for establishing undue hardship, and business inconvenience may not reach this threshold.

There may be legitimate reasons for refusing or limiting chiropractic care provided to a patient, such as lack of certain competencies or focus of practice to address the health care needs of a patient, or referring a patient to a more appropriate health care provider. Members must always ensure that in refusing or limiting care for a legitimate reason, they are not abandoning the patient. This can be accomplished by communicating in a timely, direct, clear, and straightforward manner, providing referrals to other chiropractors or health care professionals in the area to ensure that the patient can continue to receive care, and ensuring that the patient can access copies of their records.

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For more resources, please see:

- Guideline G-001: Accommodation of Human Rights and Disabilities
- Guideline G-009: Code of Ethics
- The *Ontario Human Rights Code*
- The Ontario Human Rights Commission *Policy and Guidelines on Disability and the Duty to Accommodate*
- *Accessibility for Ontarians with Disabilities Act, 2005*

Partnership of Care Provides Responsibilities of Chiropractors and Patients

As regulated health professionals, chiropractors have the responsibility to practise in a safe and ethical manner with the best interests of the patient at the forefront. This is set out in various pieces of legislation, standards of practice, policies and guidelines that govern chiropractors in Ontario.

The *Partnership of Care* document summarizes the various responsibilities of chiropractors to protect the rights of patients, including respectful, honest and clear communication, relevant, safe and supportive patient-centred care, maintenance of complete, accurate and confidential records, and accommodation and accessibility of disabilities and human rights. The *Partnership of Care* document also summarizes the responsibilities of patients, which include honest, accurate and full disclosure of health information, constructive feedback, courtesy and respect for the office environment, staff and other patients, and compliance with office policies, procedures and fees.

It is through this partnership of rights and responsibilities between chiropractor and patient that the pursuit of patients' optimum health and well-being can be achieved.

[Please see the online version of the *Partnership of Care* document, and translations of the document into several languages available on the CCO website at this link.](#) Members are encouraged to display the *Partnership of Care* document in their offices.

Meeting Patients' Needs in Accessing Your Office: Where Do You Draw The Line?

By: Ms Karoline Bourdeau



Jake and Molly are friends and recent graduates who have just opened individual chiropractic practices. They do not work in the same city, but often speak about their daily lives to one another. When planning out their practices, they chose to locate in differently designed locations - Molly purchased and renovated an old home and then opened her practice there. Accessing Molly's office and treatment room on the second floor involves climbing up a narrow staircase.

Meanwhile, Jake decided to rent space in a mid-sized office building and then undertook renovations to make it appropriate for his practice.

One day, Molly called Jake in a panic because two patients had complained to her - one who relied on a walker could not make it up the narrow staircase and another who was not happy about the lack of privacy between the adjustment tables in the treatment area. As Jake has an accessible and spacious office, he didn't really know what to tell Molly. But, as the conversation evolved, it became evident that Jake did have some "issues" to manage, including negative feedback from some elderly patients about the lack of easily visible signage to indicate where he can be found, and several patients in wheelchairs voiced their difficulties in getting themselves through the front door of his office.

Molly and Jake now feel frustrated and concerned. They are new chiropractors and worry about the impact of patients' complaints and want to do the right thing in helping their patients with their health-related needs.

Could Molly and Jake have foreseen some or all of these issues before spending money on expensive

renovations? Of course they could have spent some time researching best practices in clinics, finding out about and understanding the legal requirements, and speaking to established professionals who could have pointed them to the correct resources in order to establish the best accessible chiropractic clinics they could.

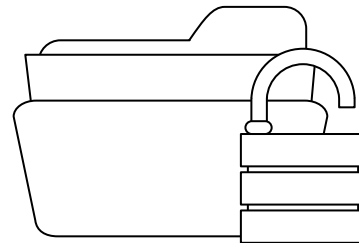
How could they each correct the situations that appear to have taken them by surprise? There are various options for consideration. Molly could sell her property and rent or purchase another more suitable and patient-centric location, and erect partitions in the treatment room. Jake could invest in easy-to-read signage for his practice and enlarge his front door for enhanced access. Both chiropractors could also start asking new patients about their needs before their first appointment in order to make sure they are prepared, including ample time set aside to make them feel welcome and comfortable.

Should chiropractors be concerned about these types of situations? While some matters around accessibility are more complex than others, there are duties and obligations for chiropractors in accommodating their patients' needs. As a public member, I urge you to ensure that you are familiar with the current regulatory requirements in ensuring patients in Ontario receive safe and ethical care. You can also look at the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* and CCO's Guideline G-011: Accommodation of Human Rights and Disabilities.

I don't believe any chiropractor wants to end up answering to the Ontario Human Rights Tribunal, Provincial Offences Court or a CCO discipline panel.

Ms Karoline Bourdeau is a public member on CCO Council, and serves on the Patient Relations Committee and the Advertising Committee.

Maintaining Office Privacy - Obligations Extend to Staff Too



Patients have an expectation of privacy when they seek the help of a regulated health professional. The expectation of privacy is essential in establishing trust and confidence in the doctor/patient relationship. Members must not only establish their own privacy practices, but ensure all staff and independent contractors who may be under their supervision maintain these privacy practices as well. Establishing consistent privacy policies and educating staff on the application of these privacy policies are essential in ensuring that patient privacy and confidentiality is maintained.

[Members are encouraged to review the CCO's privacy resources at this link.](#)

Scenarios Involving Breach of Privacy

Your chiropractic assistant is sending out an email to all patients informing them of a change in hours of the practice. Patient emails are labelled as "CC" instead of "BCC" so that all patient emails are there for all to see.

All personal health information of patients must be protected in a private and confidential manner, including contact information. Members and staff should always be sure that any communication is to the intended recipient and does not include any other patient's personal health information.

Your receptionist is reviewing the intake form filled out by a prospective patient and notices that the patient has checked off that he has a heart condition but has not filled out any follow-up questions. In the middle of a crowded waiting room, the receptionist says in a loud voice: "You have to fill in some details about your heart condition."

A patient's health history is personal health information and must be maintained in a private and confidential manner. Any conversation regarding a patient's intake form should be done privately.

You want to send an email to a patient following up from his appointment. You do not have an email address for this patient but do have an email address for the patient's wife, who is also a patient at the clinic. You instruct your assistant to send the email to the patient's wife.

Communication with a patient must always be through a confidential method directed to that particular patient, unless there is a substitute decision-maker involved.

A representative from an insurance company comes into the office and asks for copies of all patient records for care delivered between the dates of April 1-15. He explains that the insurer is doing a spot audit. The receptionist provides the representative with all of the requested copies.

Insurance companies do not have a right to a patient's personal health information. A member must receive patient authorization or some other legal authority for a member to disclose personal health information to a patient's insurer.

Your chiropractic assistant is removing some old files of former patients who have not been in the office for at least seven years. The assistant places the entire files in a garbage bin outside the office.

Destruction of personal health information must be done in a method so that the information cannot be retrieved, such as shredding. Members are responsible for the actions taken by their staff relating to patient personal health information.

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DISMISSING A PATIENT

There may be a situation when a regulated health professional wishes to dismiss a patient from care. It could be that this patient has been disrespectful or inappropriate with your office staff or is not paying fees that are owed to the clinic. Maybe the patient has started dating the massage therapist in your office, and you wish to avoid any potential conflicts, or perhaps the patient may benefit from another style of practice.

Members may choose to dismiss a patient in such an instance, as long as a dismissal does not violate any human rights or accessibility issues with the patient. It is essential, however, that patients are not abandoned and have an opportunity to arrange for care elsewhere. To accomplish this, if a member does choose to dismiss a patient, the member should ensure that the following procedures are followed:

- The patient should be notified about the dismissal in a respectful and courteous manner. There should be a written record communicated to the patient and maintained in the patient health record;
- A member should always provide the patient an opportunity to arrange for care elsewhere by providing referrals to other chiropractors in the area. Members may also reference the CCO public register to search for chiropractors, but specific referrals should be provided; and
- A member should always ensure that the patient can access copies of his/her records or have them transferred to a new chiropractor. The information in the patient records is the property of the patient.

RESPONSIBILITY TO MAINTAIN PATIENT RECORDS EXTENDS BEYOND CLINIC CLOSURE

Regulated health professionals are required to maintain records of personal health information in a safe, secure, and confidential manner. Standard of Practice S-002: Record Keeping requires:

“Every record of personal health information, which includes the patient health record (including diagnostic images and accompanying reports) and the financial record shall be retained for at least seven years following the patient’s last visit, or, if the patient was less than 18 years old at the time of his/her last visit, at least seven years following the day the patient became or would have become 18 years old.”

Members must ensure that these requirements are maintained when there is a change to the clinic or practice. This can include:

- Selling a clinic or practice to another chiropractor.
- Leaving a clinic or practice.
- Retiring or taking a leave of absence from practice.
- A clinic or practice is closing down.

Members are encouraged to have an agreement in writing that clearly articulates responsibility for records of personal health information upon any change to a clinic or practice. Patients must always be informed of any change to the custody of their records and must always be able to access and request copies of their records.

[Please see Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information at this link](#) for more information on practices around patient records upon dissolution of practice.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

ORAL CAUTIONS PERMANENTLY POSTED TO PUBLIC REGISTER

On May 30, 2017, the Ontario Government passed the *Protecting Patients Act, 2017*. This legislation affects the *Regulated Health Professions Act, 1991 (RHPA)* and impacts the way CCO regulates its members.

In particular, the information to be posted on the public register has been expanded – specifically that an oral caution or specified continuing education or remedial program delivered by the Inquiries, Complaints and Reports Committee to a member will now result in a permanent posting of that information on the College’s public register.

OBLIGATIONS TO MAINTAIN RECORDS OF PERSONAL HEALTH INFORMATION



As custodians of their patients’ records, members must be cognisant of their obligations in collecting and maintaining them appropriately, including specific requirements related to the different requirements related to the ownership, storage, confidentiality, and destruction of those records.

Who Owns the Patient’s Record of Personal Health Information?

Ownership of a patient’s physical record is generally a matter of private contract or agreement. Usually the primary treating chiropractor is the owner of the physical record; however, there may be situations where the owner is a clinic owner or another regulated health professional is responsible for the records. Members must always have an understanding of who owns the physical records and what happens to ownership of those records upon dissolution of a practice.

The information in a patient record is always owned by the patient. A patient always has the right to request a copy of their records or have a copy of their records transferred to a health care provider of their choice.

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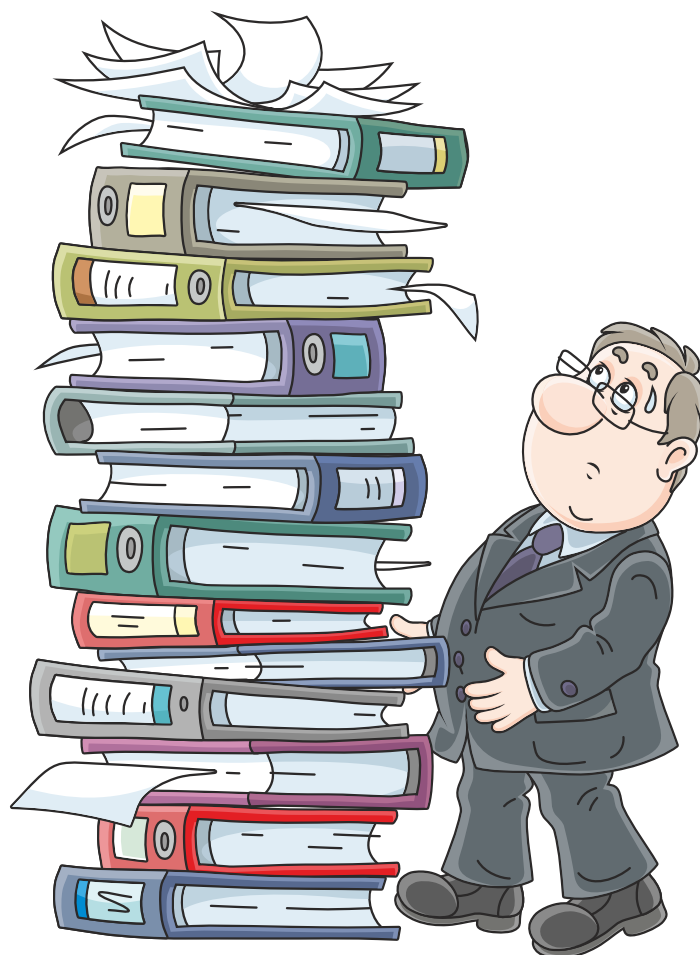
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Who Owns the Patients' Records of Personal Health Information in a Clinic not Owned by a Health Care Professional?

There may be circumstances where a member practises in a group setting where the owner of the clinic is not a member of CCO or not a member of an Ontario regulated health profession. CCO reminds members that although the principles of *Personal Health Information Protection Act, 2004* apply to owners of health care facilities, CCO does not have jurisdiction over individuals who are not members of CCO. Moreover, an owner of a clinic who is not a regulated health professional may not be regulated by any health regulatory college. A member practising in such a group setting must ensure that he/she is compliant with privacy legislation and standards of practice, including but not limited to those related to access, retention and transfer of records of personal health information.

More Information

For more information around record keeping practices and on practices around patient records upon dissolution of practice, please see [Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information available at this link.](#)



REGISTRATION COMMITTEE

Reminder: Members Required to Disclose Criminal Offences and Findings of Professional Negligence and/or Malpractice

Members of all regulated health professions in Ontario are required to disclose to their respective colleges findings of guilt related to a criminal offence and findings of professional negligence or malpractice. Such findings are reviewed by the appropriate CCO committee, which has the discretion to determine if the finding affects the member's ability to practise and if any terms, conditions or limitations should be applied to the members' license.

CCO collects information related to findings of criminal offences and professional negligence or malpractice annually on the renewal form; however, members are required to disclose this information to CCO as soon as the finding is made.

RULES OF PROFESSIONAL INCORPORATION

Under the *Regulated Health Professions Act, 1991* and the *Ontario Business Corporations Act, 1990*, regulated health professionals may incorporate for the purpose of professional practice. The process of incorporation includes obtaining a certificate of authorization from the respective health regulatory college. The provisions outline the conditions and requirements that must be met in order to obtain a certificate of authorization from CCO, including:

- All of the issued and outstanding shares of the corporation shall be legally and beneficially owned, directly or indirectly, by one or more members of the same profession, who hold a certificate of registration issued by the College;
- All officers and directors of the corporation must be shareholders of the corporation;
- The articles of the professional corporation must provide that the corporation cannot carry on a business other than the practice of the profession governed by the College and activities related to or ancillary to the practice of the profession, including the investment of surplus funds earned by the corporation; and
- The name of the corporation and must comply with the rules respecting the names of professional corporations set out in the regulations and with the rules respecting names set in the regulations or by-laws under the Act governing the profession.

[Please see the various CCO resources related to professional incorporation at this link.](#) Members are encouraged to obtain accounting and legal advice if considering setting up a health professional corporation.

Playing Defence When Charged with an Offence

By: Mr. Richard Steinecke¹



Nathalia, a chiropractor, got into an altercation with a neighbour about his dog's barking all hours of the night. A "shoving match" ensued. The police were called and both ended up being charged with common assault. There were no arrests and no terms of release.

Meanwhile, Nathalia's practice colleague, Sergio, was arrested with scores of other people in a child pornography crackdown. Sergio was released on bail with a condition that he not be alone with a child.

Both Nathalia and Sergio intend to plead not guilty. Do they have to tell the College about the charges?

Meanwhile, another chiropractor, Conrad, has been convicted of criminal negligence causing bodily harm as a result of a boating accident. He was sentenced to a lengthy period of community service and probation. Does Conrad have to tell the College about his criminal conviction and, if so, what will happen?

Being charged with any offence is a traumatic experience. The spectre of a trial, possibly being convicted and sentenced and having a record, is present. Hiring a lawyer to defend you can be quite expensive. The publicity can be humiliating. And then there is the uncertainty as to the implications of the charges, or any conviction, on one's career.

Offence charges and findings can have implications for your status with the College. Until recently, there was a significant difference between offence charges and offence findings. That distinction is narrowing substantially.

Offence Findings

Since 2009, the *Regulated Health Professions Act, 1991 (RHPA)* requires all regulated health practitioners, including chiropractors, to report offence findings to the Registrar of their College. This self-reporting requirement applies to all offence findings, not just criminal offences. For example, a provincial offence finding, such as failing to report a child in need of protection under the *Child and Family Services Act*, has to be reported to the Registrar of the College. This duty to report applies even where no significant consequences flow from the finding, such as an absolute discharge.

The College reviews every report and takes appropriate action. For many offence findings that have little to do with the protection of the public related to the practice of chiropractic, no action may be taken. For example, it would be rare for a conviction related to employment standards offences to warrant College intervention. In Conrad's case, the College would likely make inquiries of Conrad to ensure there were no circumstances signalling a broader issue, such as alcohol abuse. Absent that, it is unlikely that the College would view such an offence as impacting Conrad's ability to practise safely and ethically.

Since July 1, 2016, offence findings of a criminal nature will be posted on the public register with the chiropractor's name and practice information. This change flowed from the recent push for greater transparency by Colleges. This information enables the public (e.g., prospective patients and employers) to make fully informed choices about their chiropractor. Non-criminal offence findings, such as for provincial offences, are not posted on the public register even though they have to be reported to the Registrar.

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¹Richard Steinecke is a lawyer with the firm Steinecke Maciura LeBlanc and is the author of the book *A Complete Guide to the Regulated Health Professions Act*.

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Offence Charges and Conditions of Release

Bill 87, the *Protecting Patients Act*, was passed on May 31, 2017. It contained a number of provisions that will affect the handling of offence charges. **These provisions are not yet in force, but are expected to be proclaimed soon.** They are awaiting the making of supporting regulations by the Minister.

There are four main features to the new provisions.

1. **Mandatory Self-Reporting of All Charges.** Again, this will apply to all offences. It will be for the College to assess whether the charges require further inquiry or action.
2. **Mandatory Self-Reporting of All Conditions of Release.** For example, bail conditions or other forms of restrictions imposed through the offence process will have to be reported to the Registrar of the College. The College can then evaluate which are relevant to the chiropractor's suitability to practise.
3. **Selective Posting on the Public Register.** The Minister will make regulations specifying which offence charges (e.g., all criminal charges?) and possibly which conditions of release will have to be posted on the public register. It is too early to know what these regulations will say.
4. **Mandatory Revocation Provisions.** Certain offence findings will result in the mandatory revocation of a chiropractor's registration for a minimum period of five years. Again, these will be specified in a Minister's regulation that has not been made yet. Likely this list of offence findings will be limited to very serious matters with an emphasis on sexual offences.

Reviewing the case study, **if the pending provisions are proclaimed into force at the time**, Nathalia will have to report the charges against her to the Registrar on a timely basis. Since these are criminal charges, there is a good chance that the Minister's regulation will require them to be posted on the public register. The College will likely seek particulars from Nathalia to ensure that they do not have implications for the safe and ethical practice of chiropractic. If there are no other incidents of a similar nature, the College might choose to simply monitor the outcome of the criminal proceedings in Nathalia's case.

Sergio's case, on the other hand, might receive more intensive scrutiny. **If the pending provisions are proclaimed into force at the time**, Sergio would have to report both the charges and the bail conditions to the Registrar. The Minister's regulation would probably require one or both of them to be posted on the public register. Given the seriousness of the allegations, the College will likely initiate its own investigation immediately. If the College were concerned that the bail conditions did not adequately protect the public, the Inquiries, Complaints and Reports Committee might impose an interim order of its own. If Sergio is found guilty of the offence, this offence might well be one of those listed in the upcoming Minister's regulations requiring mandatory revocation.

Chiropractors need to be aware of their obligations to the College when they are charged with, or found guilty of, an offence. Particular attention should be paid to when the new provisions are proclaimed into force.

The Implications of Incorporation: What You Need to Know

By: Ms Rebecca Durcan¹



Chiropractors are permitted to practise through a number of different business arrangements. The College of Chiropractors of Ontario (the “College”) does not regulate how chiropractors decide to manage or arrange their business. However, there may be situations, depending on the nature of the business or a chiropractor’s involvement in a business, which could trigger the involvement of the College. For example, the College could take issue with a chiropractor performing illegal activities through a business. The College will also be involved when a chiropractor decides to practise through a chiropractic professional corporation. The purpose of this article is to discuss some issues that chiropractors should take into account when considering practising through a chiropractic professional corporation. As will be seen in this article, a chiropractic professional corporation places certain restrictions on chiropractors.

What is a chiropractic professional corporation?

A chiropractic professional corporation is a corporation that carries on the professional practice of a chiropractor. Certain regulatory requirements must be met before a corporation can call itself a chiropractic professional corporation.

If a corporation meets the necessary regulatory requirements, it will receive a certificate of authorization from the College. The certificate of authorization indicates that the corporation is now a chiropractic professional corporation. Unless a certificate of authorization is received from the College, the corporation is not a chiropractic professional corporation.

A chiropractic professional corporation is a distinct beast. It differs from a “normal” corporation in that normal corporations do not have the same specific statutory requirements imposed upon them.

All 26 regulatory health colleges in Ontario are able to issue certificates of authorization. As such, there are medical, massage, dental hygiene, and dietetic professional corporations. The requirements to issue a certificate of authorization are similar (but not identical) amongst all 26 colleges. In order to obtain a certificate of authorization for a chiropractic professional corporation, a chiropractor must:

- Incorporate an Ontario corporation:
 - The articles of the corporation provide that the corporation cannot carry on a business other than the practice of chiropractic and activities related to or ancillary to the practice of chiropractic.
 - All of the shares are legally and beneficially owned, directly or indirectly, by one or more members of the College.
 - The name of the corporation:
 - Must include the words “professional corporation”;
 - Must include the surname of one or more shareholders of the corporation, as the surname is set out in the College register (and may also include the shareholder’s given name, one or more of the shareholder’s initials or a combination of his or her given name and initials);
 - Must include the word “chiropractic”; and
 - Must not include any information other than the information permitted or required.
- Submit a completed application form to the College.
- Submit the application fee to the College.
- Provide:
 - a copy of a corporation profile report that is dated not more than 30 days before the application is submitted;

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¹Rebecca Durcan is a partner at Steinecke, Maciura, LeBlanc, a law firm dedicated to assisting regulators. The College retains Ms Durcan to explain the College’s position on the requirements for a certificate of authorization. Ms Durcan does not and cannot provide advice to chiropractors. Chiropractors need to retain their own legal and accounting consultants to assist them with their business decisions.

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- o a copy of the certificate of incorporation of the corporation;
- o a declaration of a director (signed no more than 15 days before the application is submitted);
- o a complete list of the name of shareholders, directors and officers; and
- o the address of the premises where the corporation carries on activities.

The College will not assist chiropractors in drafting the articles or completing the application. However, we highly recommend that chiropractors ensure that the requirements are met. Failure to do so will delay your application for a certificate of authorization. For example:

- Ensure the name of the chiropractic professional corporation complies with the naming requirements described above. This is a common error. An example of an acceptable name would be *R.J. Singh Chiropractic Professional Corporation*.
- Ensure that the objects of the corporation state the following:
 - o “The corporation shall not carry on a business other than the practice of chiropractic and activities related to or ancillary to the practice of chiropractic.”
- Ensure that all shareholders and directors are chiropractors. Although it is not required, you may wish to include this requirement in your articles of incorporation. This will reinforce your commitment to complying with the requirements.

What does “related or ancillary to” mean?

As noted above, the articles of professional corporations must state that the corporation shall not carry on a business other than the practice of chiropractic and activities *related to or ancillary to* the practice of chiropractic. The phrase “related or ancillary to” is admittedly vague. However, despite this vagueness, a chiropractor needs to ensure that any activity related to the professional corporation is tethered to the profession of chiropractic. This will ensure that it is in fact *related to or ancillary to*

the practice of chiropractic.

For example, if a chiropractic professional corporation offered other health services such as naturopathy or massage therapy, it would be breaching the articles of the professional corporation and the certificate of authorization. These services cannot be provided through or billed through the chiropractic professional corporation. These professional services are not considered *related or ancillary* to the practice of chiropractic.

Do I have to practise through a professional corporation?

No. Please note that chiropractors are not required to practise through a chiropractic professional corporation although they are free to do so. Chiropractors should speak with their accountant and lawyer to determine if this is an appropriate model for them.

Can I still be involved with “normal” corporations?

Chiropractors should know that the professional corporation rules and the College’s rules and regulations do not prevent chiropractors from owning shares in a regular business corporation where some shareholders are not members of the College. However, the practice of any health profession, including chiropractic, by a corporation other than a health profession corporation is prohibited.

A general business corporation could be used to provide non-professional services (e.g., space, equipment, support staff) but it cannot provide or bill patients for professional services. In other words, a normal corporation can administer a practice, however, a normal corporation cannot perform the controlled acts that chiropractors are authorized to perform.

If a chiropractor is employed by or is a shareholder in a regular business corporation, he or she must bill the patient or insurance company directly for their services and the invoices need to indicate that the chiropractor is billing the patient (or their insurance company), not

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the regular business corporation.

If the chiropractor is specifically delineated on the invoice and is responsible for complying with the College's standards of practice, etc., it is possible to provide a global invoice for the patient (one that includes multiple health services), but the chiropractor is still responsible for the portion of the invoice that relates to the provision of chiropractic services.

What about multi-disciplinary practices?

Multi-disciplinary practices cannot operate directly through a chiropractic professional corporation. This is due to the fact that a chiropractic professional corporation can only provide chiropractic services. Multi-disciplinary practices can operate through a partnership of professional corporations or be bound together by a management corporation so long as it does not practise or bill out for chiropractic services. Chiropractors should speak with their accountant and lawyer to clarify these boundaries.

Once a professional, always a professional

It is important that chiropractors understand that no matter what their business arrangement is, there are certain professional obligations with which all chiropractors must comply. This means that chiropractors must not enter into a business arrangement that would place any barriers to a chiropractor meeting his or her legal and professional obligations. This includes (but is not limited to) record keeping requirements, billing practices, and professionalism at all times. If a business arrangement requires a chiropractor to possibly breach a requirement

or expectation of the College, the chiropractor cannot and should not enter into such an arrangement.

Before you decide - or act - get appropriate advice

Although we have highlighted certain legal requirements in this article, there are several others that could be relevant to any business relationship. Before establishing a business model, a chiropractor should retain a lawyer and accountant who both possess specialized knowledge in regulated health professions. The bottom line is that chiropractors must maintain control over their professional practice and cannot be prevented from meeting their professional obligations as a result of any business arrangement.

[The College's website, at this link](#), has detailed information on professional corporations. Most of the actual rules relating to professional corporations are contained elsewhere such as in the *Regulated Health Professions Act, 1991 (RHPA)* and the regulations made under that Act and in the *Business Corporations Act*.

For information on how to apply for a certificate of authorization for a professional corporation, [please refer to the College's Guide to an Application for a Certificate of Authorization for Health Profession Corporations available on the College's website at this link](#).

[When determining any business arrangement, chiropractors should also consult the College's Standard of Practice S-019: Conflict of Interest in Commercial Ventures available at this link](#).

FITNESS TO PRACTISE COMMITTEE

ILL vs. UNSKILLED

By: Mr. Richard Steinecke¹

Grace and Koosh practise together. Grace has become increasingly concerned about Koosh's practice skills. Koosh's new patient assessments have decreased from an hour to about ten minutes. His records are becoming sparse and his treatments now uniformly consist of thoracic adjustments. In addition Koosh's behaviour has become erratic. He arrives late many days, his appearance is more disheveled, and some patients and staff have reported that Koosh has smelled of alcohol. Grace learned that Koosh was charged with impaired driving. When she confronted him, Koosh said that he had one too many at a friend's divorce celebration. Yesterday Koosh arrived at the clinic and was clearly intoxicated. Fortunately Grace was there and she persuaded him to go home and covered his patients. Today Grace met with Koosh and persuaded him to take a leave of absence and enter a rehabilitation program.

Does Grace have to do anything more? What is the College's role?

Koosh's case illustrates the difference between incompetence and incapacity. Koosh's behaviour may initially appear to be incompetence. Incompetence involves the demonstration of a lack of knowledge, skill or judgment, usually of a clinical nature, towards patients. Typically it involves an inability (or a lack of desire) to practise safely or in accordance with professional standards. Incompetence is addressed through the College's complaints and discipline process.

Incapacity, on the other hand, involves an illness that can interfere with a chiropractor's ability to practise safely and effectively. Incapacity is defined as a physical or mental condition that warrants restrictions on a chiropractor's practice. Since there is no need to restrict the practice of



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¹ Richard Steinecke is a lawyer with the firm Steinecke Maciura LeBlanc and is the author of the book *A Complete Guide to the Regulated Health Professions Act*.

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an ill or disabled chiropractor who is fully aware of their condition and is addressing it (e.g., a heart condition or a physical disability), incapacity relates to conditions that impair one's judgment. The vast majority of incapacity cases involve substance abuse or mental illnesses that affect sound decision-making, such as bipolar affective disorders. Incapacity is addressed through the College's fitness to practise process.

In our scenario, Grace has a mandatory reporting obligation as the de facto operator of the facility (i.e., the clinic) to report her incompetence/incapacity concerns to the College. The leave of absence amounts to a limitation on Koosh's ability to practise that triggers the reporting requirement. Grace would have an additional duty to make a mandatory report if she ended her practice arrangement with Koosh in these circumstances. Grace cannot avoid the mandatory reporting requirement by having Koosh resign or agree to quietly move on.

On receiving a mandatory report, a complaint or other information about Koosh's behaviour, the concern would be taken to the Inquiries, Complaints and Reports Committee (ICRC). The ICRC would handle the concern differently depending on whether it believed the conduct was about incompetence or incapacity. In Koosh's case, the concern would likely be identified as relating to the incapacity, as the lack of clinical effort would probably be seen as a consequence of Koosh's substance abuse. Even if the matter was initially identified as an incompetence concern, the ICRC could divert the case to the incapacity route when it realized the primary issue related to Koosh's illness. Also, Koosh could certainly respond to the ICRC

by raising his substance abuse issues as the explanation for his behaviour.

There are a number of advantages to Koosh in having the concern addressed as an incapacity issue. They include the following:

1. **No-Fault Approach.** Incapacity cases involve no assignment of blame. The only issue for the College is ensuring that the public is protected from any consequences of the illness. This approach permeates every aspect of how the incapacity concern is addressed.
2. **Inquiry, not an Investigation.** Section 75 investigators, with the power to inspect a practice, issue summonses to witnesses and obtain a search warrant, are not appointed. Rather, the ICRC gathers health information about the nature, history and extent of a chiropractor's condition. However, this often will involve an independent expert (often medical) examination of the chiropractor by a practitioner selected by the ICRC to provide an objective and comprehensive report.
3. **Frequent Resolution.** Incapacity cases have a very high rate of resolution. Once the health information has been gathered, there is not usually a significant dispute about the nature of the condition. Going through the process usually provides the opportunity for the chiropractor to develop insight into their condition and develop a plan for recovery. The College and the chiropractor usually have the same goal: ensuring a safe return to practice. There is never the need for the College to make "an example" of an incapacitated chiropractor.

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4. **Revocations and Suspensions are Rare.** So long as the chiropractor accepts that they have an illness (where the medical evidence indicates that they do), there is no need to revoke or suspend their registration. Resolutions typically involve a requirement to remain in treatment, some monitoring of the chiropractor's practice to ensure that they have not relapsed, and regular reports of progress. These terms, conditions and limitations are individualized to the particular circumstances of the chiropractor.²
5. **Less Formality.** Even where a matter goes to a contested hearing before the Fitness to Practise Committee, which is rare, the process is more informal. Simplified rules of evidence are used. The hearing usually focuses on health documents. Credibility disputes are rare. The issues are always the same: does the chiropractor have a condition or disorder and, if so, does it require restrictions on their practice?
6. **Lack of Publicity.** Accountability requirements for discipline mean that the hearing process is open to the public and that the outcomes are published. However, because incapacity cases involve intimate details to the health of the chiropractor, there is a high degree of privacy to the process. Even where the matter goes to a contested hearing, that hearing is not public. While all terms, conditions and limitations do appear in the public register, the details are often reduced in incapacity matters.
7. **Opportunity to Vary.** Once a resolution is reached, even where it takes the form of an order of the Fitness to Practise Committee, that is not the end of the story. Both the College and the chiropractor can request that the terms, conditions and limitations be changed. For example, if the chiropractor has been in stable recovery for some time, the extent of the treatment, monitoring and reporting can be reduced and eventually eliminated.

The incapacity process is significantly different from the misconduct or incompetence process.

Once the College received Grace's mandatory report, the Registrar identified the primary issue as relating to Koosh's capacity. The Registrar referred Grace's report to the ICRC for an incapacity inquiry. The ICRC sent Koosh notice of the inquiry. Koosh provided his rehab records and a copy of his aftercare plan. The ICRC obtained further information from Koosh's physician and substance abuse specialist. Since Koosh was still in early recovery, the ICRC had him examined by an independent specialist who recommended that Koosh comply fully with his aftercare plan and practise with another chiropractor to monitor against any relapse. Grace agreed to be the monitor and signed an undertaking to do so. This formed the basis for a full resolution with the College. Despite a couple of slips during his first year of recovery, Koosh progressed well and continued to practise. After five years of stability, all terms, conditions and limitations were removed.

² The ICRC can impose an interim order, including an interim suspension, where the chiropractor's condition exposes or is likely to expose patients to harm or injury. These orders are rare and generally only occur where the chiropractor's condition is acute and persistently unrecognized and where there is a risk that the chiropractor will still try to practise.

Strategic Objective 1

Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders

CCO ROADSHOWS



North Bay, Saturday, April 22, 2017 at the office of Dr. Bryan Wolfe



Thunder Bay, Saturday, October 28, 2017

IN TOUCH

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

All up-to-date legislation, regulations, standards of practice, policies and guidelines are available on the CCO website at [this link](#), and can be printed to update your *ChiroCare* binder.

To order an up-to-date *ChiroCare* binder, please contact Ms Madeline Cheng at 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 it during your next renewal or by email to 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 death of a member be communicated to CCO in a timely manner. Details can be forwarded to CCO by email to cco.info@cco.on.ca or by fax to 416-925-9610.

Your Feedback is Important!

CCO welcomes your feedback and comments about articles and features in this newsletter. Please forward an email to cco.info@cco.on.ca or by fax to 416-925-9610.

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