MISSION

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care.

The College examines, registers and regulates the chiropractic profession, and partners with other health professions, their licensing bodies, organizations and government.

Approved by Council:
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CHIROPRACTIC

College of Chiropractors of Ontario

August 2010

President's Message

Dr. Peter Amlinger
President

CCO exists to serve and protect the public interest. This is our mandate as defined in law. CCO, contrary to what some may think, is not focused on protecting the public from chiropractors. In actuality, we protect the public of Ontario's right to ethical, competent, purposeful and professional chiropractic care.

This mandate of regulating the profession in the public interest is not peculiar to CCO. All regulated health professions have the same responsibility, outlined in the legislation that governs the 21 regulated health professions in the province, the *RHPA*.

We work within and apply the legislation by developing regulations, standards of practice, policies and guidelines, which must be consistent with the governing legislation. If we did not, we would lose the privilege of self regulation.

I recall when I was first elected to Council in 2005, I looked at every issue as a chiropractor. However, as I spent more time on various committees, and as our very diligent and competent public-appointed members reminded me about the public interest, I learned a very interesting truth, which now seems self evident to me - what is in the public's best interest is in the profession's best interest. The magic that happens as we gather around the Council table is that through discussion and debate, sometimes heated debate, the truth, the course that we, as a college must take, becomes evident. The public interest is presented, the chiropractic interest is presented, and as we talk it down the solution that serves both best becomes apparent.

The other lesson that I have learned during my tenure on Council is that as I trained myself to consider the public interest, the patient's point of view, as Bill Esteb would say, I became a better chiropractor. As you read through this newsletter and other CCO publications, you will become more aware of our robust quality assurance program, from the record keeping workshops to the peer and practice assessments, to the new self assessment and continuing education program. You will

Acronyms

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

Acronym	Full Name
ADM	Assistant Deputy Minister
AGM	Annual General Meeting
AIT	Agreement on Internal Trade
BDC	Board of Directors of Chiropractic
BDDT-N	Board of Directors of Drugless Therapy - Naturopathy
CAC	Chiropractic Awareness Council
CCA	Canadian Chiropractic Association
CCEB	Canadian Chiropractic Examining Board
CCE(C)	Council on Chiropractic Education (Canada)
CCO	College of Chiropractors of Ontario
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
CMRTO	College of Medical Radiation Technologists of Ontario
CMTO	College of Massage Therapists of Ontario
Code	*Health Professions Procedural Code, Schedule 2 to the RHPA*
CPGs	Clinical Practice Guidelines
CPO	College of Physiotherapists of Ontario
DC	Doctor of Chiropractic
DPA	*Drugless Practitioners Act*
FHRCO	Federation of Health Regulatory Colleges of Ontario
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
OFC	Office of the Fairness Commissioner
QA	Quality Assurance
RHPA	*Regulated Health Professions Act, 1991*

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see that all these programs and all our standards of practice foster and encourage our growth and improvement as chiropractors so the people we serve receive high quality chiropractic care. You will also notice that we strive to create programs and standards that respect the diversity within our profession.

Other chiropractic organizations may talk about their perception of credibility issues within the chiropractic profession, particularly relating to marketing and billing practices. CCO's complaints and discipline history does not support that claim. You will see in the annual reports summaries of what our complaints and disciplines committees are dealing with. You will see from these summaries that CCO is indeed engaged in regulating the profession in the public interest by dealing with those who choose to violate the regulations and standards that govern our profession.

At the same time there are some things that we can all do as we interact with the people of Ontario inside of our clinics and out in the public arena, which will inspire the public's trust and confidence in chiropractic. We can and should teach them what chiropractic is. Review our scope of practice statement and make sure your description of chiropractic is consistent with it.

When we try to make chiropractic something that it is not we confuse the public. We deal with disorders of the spine and their effects on the nervous system and health, primarily by adjustment. Do a consultation and exam that is designed to determine if chiropractic care can help them and that they can be safely adjusted. As Dr. Sid Williams taught me, are they a chiropractic case, do they need immediate referral for an emergency situation, or do they need chiropractic care and concurrent care from another health professional?

Explain their issues clearly, provide a care plan and reassess them to see if they are responding as you thought they would. Communicate with them, answer their questions. Show them that you care, show them that you can help, and show them that you can be trusted! If all chiropractors followed these rules the credibility we now enjoy will only grow.

Until my next communication with you I leave you with the following thought from the Great Law of the Iroquois Confederacy. "In our every deliberation, we must consider the impact of our decisions on the next seven generations."

If we tell the public the truth about what chiropractic is and what it can do and if we all care for our patients according to the principles outlined above, the next seven generations of the public will be well served. If we all commit to mastering our chiropractic philosophy, science and art so we can better serve the people of Ontario, the next seven generations and more will be well served and so will our beloved profession.

When you want to fool the world, tell the truth.

OTTO VON BISMARCK
GERMAN CHANCELLOR

How many legs does a dog have if you call the tail a leg?

Four! Calling a tail a leg doesn't make it a leg!

ABRAHAM LINCOLN
U.S. PRESIDENT

Message du président

Dr Peter Amlinger
président

L'ordre des chiropraticiens de l'Ontario (OCO) existe pour servir et protéger l'intérêt public. Il s'agit de notre mandat qui a été défini par la loi. L'OCO, contrairement à ce que certains pourraient croire, ne cherche pas à protéger le public des chiropraticiens. En réalité, nous protégeons le droit des Ontariens à recevoir des soins chiropratiques éthiques, professionnels et assurés.

Ce mandat consistant à réglementer la profession dans l'intérêt du public n'est pas propre à l'OCO. Toutes les professions réglementées de la santé ont la même responsabilité qui est décrite dans la loi régissant les 21 professions de la santé réglementées de la province, la *LPSR*.

Nous intervenons dans le cadre de la loi et l'appliquons en mettant au point des règlements, des normes de pratique, des politiques et des directives qui doivent être conformes à la loi applicable. Si nous ne procédions pas ainsi, nous perdrions notre privilège d'auto-réglementation.

Je me souviens que lorsque j'ai été élu au conseil en 2005, j'examinais chaque problème de mon point de vue de chiropraticien. Toutefois, en passant plus de temps à siéger à différents comités, et en me faisant répéter l'importance de l'intérêt public par nos membres appliqués et compétents désignés par le public, j'ai tiré un enseignement très intéressant, qui me semble maintenant évident : l'intérêt de la profession passe par celui du public. La magie s'opère lorsque nous nous réunissons autour de la table du conseil : c'est à travers les discussions et les débats, parfois des débats animés, que la vérité et la voie que nous devons suivre deviennent évidentes. L'intérêt public est présenté, ainsi que celui de la chiropratique, pendant que nous cherchons la solution qui convient aux deux.

L'autre enseignement que j'ai tiré pendant mon mandat au conseil, c'est qu'en me poussant à prendre en compte l'intérêt du public et le point de vue du patient, je suis devenu un meilleur chiropraticien comme le dirait Bill Esteb.

Lorsque vous lirez ce bulletin d'information et les autres publications de l'OCO, vous prendrez toute la mesure de notre solide programme d'assurance de la qualité, des ateliers de tenue des comptes aux évaluations des collègues et des cabinets, en passant par le nouveau programme d'auto-évaluation et de formation continue. Vous constaterez que tous ces programmes et toutes nos normes de pratique stimulent notre croissance et notre perfectionnement en tant que chiropraticiens, de façon à ce que nos patients bénéficient des soins chiropratiques de la meilleure qualité possible. Vous remarquerez également que nous nous efforçons d'élaborer des programmes et des normes respectant la diversité de notre profession.

Il se peut que d'autres organismes de chiropratique parlent de problèmes de crédibilité au sein de la profession, en particulier en ce qui a trait aux pratiques de marketing et de facturation. Les antécédents disciplinaires et les plaintes déposées auprès de l'OCO ne permettent pas d'étayer ces affirmations. Vous pourrez lire dans les rapports annuels des récapitulatifs des plaintes et des mesures disciplinaires auxquelles les comités font face. En les lisant, vous constaterez que l'OCO veille à réglementer la profession dans l'intérêt public en s'occupant des personnes qui décident d'enfreindre les règlements et les normes régissant notre profession.

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Nous pouvons en même temps faire notre part des choses, étant donné que nous communiquons avec les Ontariens dans nos cliniques et dans le domaine public afin de gagner la confiance du public et d'encourager la confiance envers la chiropratique. Nous pouvons, et nous nous devons de leur expliquer en quoi consiste la chiropratique. Relisez la déclaration de notre champ d'activité et assurez-vous que votre description de la chiropratique est conforme à celle-ci.

Nous désorientons les patients lorsque nous essayons de faire de la chiropratique ce qu'elle n'est pas. Nous traitons les troubles de la colonne vertébrale et leurs conséquences sur le système nerveux et sur la santé principalement par ajustements. Il s'agit de procéder à une consultation et à un examen visant à déterminer si les soins chiropratiques peuvent les aider, et s'il est possible de les soulager en toute sécurité. Comme me l'a appris le Dr Sid Williams, le patient est-il un candidat adapté à la chiropratique, doit-il être renvoyé immédiatement à un autre professionnel pour une urgence, ou a-t-il besoin à la fois de soins chiropratiques et de soins dispensés par un autre professionnel de la santé?

Il faut leur expliquer leurs problèmes clairement, leur fournir un plan de traitement et les réévaluer pour déterminer s'ils réagissent au traitement selon vos prévisions. Vous devez parler avec eux et répondre à leurs questions. Montrez-leur que vous attachez de l'importance à leur bien-être, que vous pouvez les aider et qu'ils peuvent vous faire confiance! Si tous les chiropraticiens suivent ces règles, la crédibilité dont nous jouissons ne pourra qu'être renforcée.

En attendant ma prochaine lettre, voici une pensée tirée de la Grande loi de la Confédération iroquoise : « Dans toutes nos délibérations, nous devons tenir compte de l'impact de nos décisions sur les sept prochaines générations. »

Si nous disons la vérité au public en expliquant en quoi consiste la chiropratique et ce à quoi elle peut servir, et si nous attachons tous de l'importance à nos patients selon les principes décrits ci-dessus, les sept prochaines générations du public recevront un traitement approprié. Si nous nous engageons tous à appliquer consciencieusement la philosophie, la science et l'art de la chiropratique, nous traiterons mieux les Ontariens, et les sept prochaines générations et bien plus en profiteront, de même que notre précieuse profession.

Quand vous voulez tromper le monde entier, dites la vérité.

OTTO VON BISMARCK
CHANCELIER ALLEMAND

Combien de pattes un chien possède-t-il si vous comptez sa queue comme une patte?

Quatre! Appeler une queue une jambe n'en fait pas une jambe pour autant!

ABRAHAM LINCOLN
PRÉSIDENT AMÉRICAIN

Registrar's Report

Ms Jo-Ann Willson
Registrar and General Counsel

I've now had a chance to review the newsletter you are reading, and I'm impressed. I always draft the Registrar's Report last because I like to know what everyone else is going to say. When I read the newsletter, I'm impressed because I realize just how far this organization has come over the past two decades.

The current newsletter has given me an opportunity to reflect back on my years at CCO. I joined the BDC in 1993 as Director, Policy and Research, to help the former BDC ease into the transition from the *DPA* to the *RHPA*. It is 17 years later, and I'm still here except now I'm helping CCO transition through the numerous changes required as a result of amendments to the *RHPA* and many other pieces of legislation.

Some of you will know that I was quite fond of the late Dr. Stan Stolarski, former Registrar, who in the early days was my boss. However, I have a clear recollection of one day asking him a question about a policy, and when I asked where the policy was written down, Stan thoughtfully pointed to his head, looked over his glasses, and said "Jo-Ann, it's all up here!" As a young lawyer at the time, I just couldn't believe it. I can tell you that things have changed because there is no way I could show up at a discipline hearing now and tell a defence counsel that the college policies, although not written down, were all "in my head." I would be drawn and quartered (in the legal, not literal sense).

What has also changed over time is members thinking that the best way to solve an issue with the college is to pick up the phone and call the most powerful person they know on Council. This is one of the historical criticisms of self-regulating professions - namely, that "members protect their own behind closed doors without due process or real transparency." There are very specific legal requirements relating to registration, quality assurance, complaints and discipline that have to be followed to ensure CCO complies with its duty of fairness (to all parties) and its obligations to ensure natural justice is served and seen to be achieved. These obligations are the same for all health regulatory colleges under the *RHPA*, and are consistent with fundamental administrative law principles as well as being essential to the privilege of self regulation. That's not to say that it doesn't still sometimes happen that someone will call and say they should get a specific break on something because of who they know on Council or in the profession (note to reader: this doesn't work and is probably counterproductive).

Stan used to tell us stories about how the BDC was situated in a small one-bedroom apartment on Prince Arthur Ave. The bedroom was Stan's office, and the living room and kitchen were the meeting and discipline hearing facilities. Stan said everyone would sit around and talk things out. I didn't believe him then, but I now think it is at least a possibility. Council meetings are quite different now. There is a detailed agenda, committee reports, recommendations for the consideration of Council, a public information package for guests, and discussions generally take place in open meetings (subject to the limited exceptions identified in the legislation). Anyone can attend a Council meeting, and we have regular attendees from not only the profession, but from the MOHTLC and other organizations.

One of "urban myths" about why the office moved from the Prince Arthur location to Bloor St. and Avenue Rd. is because Stan wanted to

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be closer to his favorite restaurant, namely, Hemingway's. Again, I thought people were making this up. I naively thought maybe the office moved to be closer to Queen's Park so we could meet with government, be closer to other regulators to facilitate interprofessional collaboration, and generally be closer to the "regulatory action."

I remember going to Stan's funeral, which was a Catholic service, officiated over by Dr. Leo Rosenberg (because the priest, who had the wrong start time, did not show up). In the church that day, there were many people from Hemingway's Restaurant across the street from the CCO office. These many years later I admit to having days when I understand why Stan had his own bar stool at Hemingway's. I also have a clear recollection of the wait staff and owner of Hemingway's cheering when the restaurant was mentioned in what has turned out to be a memorable eulogy.

Recently, as most of you know, CCO purchased land at 29 Pleasant Blvd. on which the new CCO home will be built. We have survived renovation hell in the current premises which has included three of the plagues - fire, water and pestilence. It's time to move. The vision is to have a healthy building, for a healthy public, and a healthy profession. It will take time to design and build, but a new home for CCO is not only required, it is a wise long-term investment strategy.

When I reflect back, I feel quite proud of the accomplishments everyone involved at CCO has helped to achieve. The articles you read in this newsletter from committee chairs and others reflect a mature, sophisticated knowledge of the self-regulatory process. What has evolved is CCO's commitment to serving the public interest through openness, transparency, objectivity, consistency and, most importantly, fairness. CCO's ongoing commitment to these principles not only protects the privilege of self regulation, but enhances and maintains the credibility of the profession.

CCO's 2009 AGM (L-R) Dr. Peter Amlinger, Ms Lori Boyd (CMRTO), Ms Beth Ann Kenny (FHRCO Coordinator), Ms Jo-Ann Willson, Ms Linda Gough (Registrar, CMRTO), Mr. David Price (President, CMRTO). In the spirt of cooperation, CMRTO offered their premises for a CCO Council meeting after the fire at 130 Bloor St. West.

Registrar's Investigations – Some Clarification!

The following is an attempt to clarify some of the misperceptions circulating concerning "Registrar's Investigations."

Concerns brought to the attention of CCO, whether through a formal complaint or through an inquiry or report, are treated in the same way in the following respects:

- CCO conducts a thorough and fair investigation of any accusation of professional misconduct, as required by the *RHPA*;
- Members are required to cooperate with investigators;
- The ICRC reviews all relevant information, including the results of an investigation, to determine how to exercise its discretion, which includes taking no further action, cautioning the member, requiring the member to participate in a specific continuing education program or referring specified allegations of professional misconduct to the Discipline Committee.

For complaints matters only, there is a right to request a review of the ICRC decision by HPARB unless the matter has been referred to a discipline or incapacity hearing, and both parties (the complainant and member) are kept appraised of the process and are provided with an appropriate level of disclosure of all relevant information.

Registrar's investigations are different in that:

- there must be reasonable and probable grounds to believe the member has committed an act of misconduct or is incompetent and the ICRC must approve of the appointment of investigator; and
- an individual or organization that brought the concern to the attention of CCO is not involved in the process and does not for example receive disclosure of relevant documents including the member's response to the concern.

By whatever route a concern is brought to the attention of CCO, at the end of the day, if there is a discipline hearing, CCO needs a witness (or several) to sit in the witness box and testify under oath, to the applicable standard of proof, about what he or she experienced or observed, in a manner sufficient to persuade a discipline panel (consisting of a panel of peers and public members) that the member before the discipline panel committed an act of professional misconduct or is incompetent.

The credibility of the profession is enhanced not only by a thorough and fair complaints and discipline process, but by a robust quality assurance program, both of which work independently but with the same demonstrated commitment to ensuring the public has access to competent and ethical chiropractic care.

AND THE BEASLEY GOES TO...

Congratulations to the 2010 winner of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence – **Ahmad Rostayee**, DC, a CMCC graduate.

The award is open to any student from an accredited chiropractic educational institution in North America who intends to practise in Ontario. The winner of the award has his/her application and registration fee waived for the first full year of practice.

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Complaints lost in the ether: Why complaints cannot be anonymous

"I made a complaint to CCO, but nothing happened. It was just a waste of my time. I think the guys on CCO just cover for each other!"

Have you ever thought or said this? If so, you are not alone. Some recent surveys and conversations resonating around the profession echo these sentiments. Here's a typical scenario: chiropractor X called CCO complaining about the conduct of chiropractor Y, but nothing ever happened. Not only was chiropractor Y not ever contacted or questioned about his/her purportedly egregious actions or behaviours, but the chiropractor who made the complaint was never updated about what actions were being taken by the ICRC, if any. Chiropractor X may later learn that the ICRC was never even made aware of the allegations! Worse still, the actions or behaviour that prompted the first chiropractor to complain about the second chiropractor continue to go on unabated. The result? Chiropractor X concludes that CCO is a secret cabal that only investigates whomever it chooses, whenever it chooses, and protects those field practitioners who are friends of Council members.

This communiqué will try and deconstruct this particular complaint directed towards the complaint process and explain why things are done the way they are.

The right to face one's accuser

We've all watched enough serialized police dramas to have heard this gem. Apparently it's so entrenched in law (and it is) that even the worst offenders are guaranteed this right. But why? Why can't our hypothetical chiropractor X, who has seen some wrong-doing (at least in his/her opinion), simply launch an anonymous complaint to CCO and let them take over from there? Isn't it enough that chiropractor X, like all chiropractors in Ontario, not only pays the almost $1,000 in registration fees annually but has gone out of his/her way to pick up the phone (or put finger to key pad), and inform the regulatory body that chiropractor Y is up to no good? After all, chiropractor X has legitimate safety concerns. If chiropractor Y finds out who lodged the complaint, it is entirely likely that he/she may start to harass or even threaten chiropractor X and ask out loud, "who made chiropractor X the moral conscience of the profession?" Moreover, a patient who launches a complaint against a chiropractor may have similar fears with respect to reprisals from the chiropractor.

Dr. Brian Gleberzon
Chair
Inquiries, Complaints & Reports Committee

Complaints process: The very short version

When a complaint reaches the ICRC, the committee has three questions to ask: How serious is it? Is it provable? Is it our business (is it within our jurisdictional ambit)? The point is, the deliberations undertaken by the ICRC are a serious matter. If a complaint is considered

COMPLAINTS LOST IN THE ETHER: WHY COMPLAINTS CANNOT BE ANONYMOUS *(CONT.)*

to be serious, provable and within the jurisdiction of CCO, the matter can be referred to the Discipline Committee. The Discipline Committee has the statutory authority to do any number of things, up to and including revoking a chiropractor's licence to practise chiropractic in Ontario. And that, by anybody's yardstick, is a BIG deal. But that still doesn't answer the question of why some complaints are not followed up, whereas others are.

Que bono: Who benefits?

Sometimes the answer to why certain procedures are followed today can be found in lessons learned from the past. Here's an example:

Consider poor Sextus Roscius. Here he was, a simple merchant living in ancient Rome, minding his own business, when all of a sudden he finds himself arrested, accused of murdering his father, a wealthy land owner. Sextus, as the oldest son, was in line to inherit his father's vast estate. Only one problem - in ancient Rome, if a person was found guilty of the crime of patricide, after being stripped naked and beaten with rods, he/she was sown into a sack with a serpent, mongrel dog, ape and angered rooster, and tossed into the nearest body of water. Surely nobody's idea of a fun day at the beach.

Now, given the nature of the crime, nobody wanted to defend Sextus, especially when it was found out that Chrysogonus, confidant and lover of the most powerful man of the day in Rome, the Dictator Sulla, seemed to have an interest in this case. Although Sextus had never had any interest in his father's farm, seemingly happy with his unassuming life in Rome, and although it seemed he had no way available to him to have committed the crime, things didn't look good for him.

Luckily for Sextus, a young naïve lawyer by the name of Marcus Tullius Cicero was hired by a noblewoman to take the case. The trial began soon thereafter. After questioning some key witnesses, including neighboring noblemen who seemed interested in acquiring the estate, Cicero asked one key question: Que bono? Who benefits? The answer: Chrysogonus, who was planning on buying the estate for a fraction of its true value once Sextus was found guilty of patricide and his father's estate was auctioned off. The end of the story: Sextus was acquitted, Chrysogonus mysteriously disappeared soon thereafter (presumably by order of Sulla who didn't want any such distractions) and Cicero went on to be widely heralded as one of the best legal minds in ancient Rome.

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COMPLAINTS LOST IN THE ETHER: WHY COMPLAINTS CANNOT BE ANONYMOUS *(CONT.)*

Natural justice

Because the stakes can be so high (losing one's licence may not be equivalent to being thrown into Lake Ontario with four unhappy varmints, but still not something anyone ought to take lightly), the deliberations and investigations undertaken by the ICRC must not only be fair, they must appear to be fair. That's the idea behind 'natural justice'. It means that everyone's rights, including the person making the allegation, the person accused of wrong-doing, any other interested parties and, perhaps, most importantly, the rights of the member of the Ontario public, must be maintained, regardless of anyone's wealth, position or status within the profession or community. The rules must apply to everyone the same if they are to have any meaning.

But that still doesn't answer the original question: why does it appear that some complaints are simply ignored and not pursued? Bearing in mind the story of Sextus, the answer also lies in the scenario that follows...

Nobody's idea of a good day

Imagine you go to your office on the proverbial Monday morning. You kick the snow off your boots, you're still grumbling about the Leaf's latest loss, and your favourite coffee shop ran out of your favourite flavour of donuts that morning. You greet the patients already waiting in your reception area - always a good sign - but your receptionist looks very concerned. She hands you a letter she just received by registered mail - never a good sign - from CCO, mailed to you, and marked "Private and Confidential."

You tell your patient you'll be a few minutes and lock yourself in your office. You nervously tear open the letter and, sure enough, it's addressed to you, on CCO letterhead. It reads:

FICTIONAL LETTER

Dear Doctor:

A complaint has been lodged against you with CCO from another chiropractor. You are accused of defrauding insurance companies, of having not kept any records since the time Trudeau was in office, and you are engaging in sexual relationships with all of your patients over the age of 18. Since these are serious allegations, we are suspending your licence pending a disciplinary hearing scheduled two weeks from today. Be advised that it is an act of professional misconduct to practise chiropractic without a licence, and any report that you are doing so will only serve to worsen any penalty directed towards you.

To continue with this imaginary scenario, the letter is signed by the registrar of CCO. After you get over the original shock, you feel an overwhelming sense of outrage. These allegations are all untrue! They are egregious and vexatious! Not only would you not engage in such heinous behaviour, you haven't, and there's no proof that you did! But what to do? You proceed to call the registrar and ask who made these allegations against you. The registrar informs you that this is privileged information and you have no right to know. You now have to hire a lawyer and must defend yourself.

When you go to the hearing, you happen to see another chiropractor sitting there, looking rather smug. It's the only chiropractor in the town in which you practice. Que bono indeed! It then dawns on you: could it be that it was that

chiropractor who made these allegations, hoping to have your office shut down, leaving all the patients in town with nowhere else to go but to the chiropractor who lodged the complaint?

Natural justice denied is no justice at all

In the previous scenario, you've been denied your natural justice. If you were told who was making the allegations against you, and were given an opportunity to defend yourself, it is entirely possible that any reasonable person deliberating the facts would have come to the obvious conclusion: these serious allegations were leveled against you by your competitor for purely financial gain. Not only was this process unfair, it didn't even appear to be fair.

So, we've seen a worst-case scenario. How a chiropractor denied the process of natural justice can have his/her entire professional life turned upside down. And that is why anyone making a complaint against a chiropractor must sign the complaint. The chiropractor required to defend himself/herself against any allegations has a right to know the identity of his/her accuser. Wouldn't you want the same right extended to you, if the roles were reversed? In other words, as part of a defence, it may be relevant for the ICRC to know that the complainant and defendant had a previous relationship, or that the complaint may have been spawned for nefarious or personal reasons.

> *Better that 10 guilty persons escape than that one innocent suffer.*
>
> WILLIAM BLACKSTONE

Complaints lost in the ether

And this is why some members of the profession spread stories that a complaint they have made to CCO was not acted upon, or was ignored, or that they never heard anything further about it. The reason the complaint was not brought forward to the ICRC is simple: If the person is unwilling to sign his/her complaint, in the interest of natural justice, the ICRC will not consider it. Truly, how can it? It would be grossly unfair to the chiropractor towards whom the complaint is leveled, which, given the right set of circumstances, could be you! Thus, it may appear that the complaint was lost in the ether.

True, the process is not perfect, and perhaps chiropractors who are engaged in wrongdoing slide under the radar. But, as the English jurist William Blackstone was been credited as saying, "Better that 10 guilty persons escape than that one innocent suffer."

For more information on the complaints process and two additional articles by Dr. Brian Gleberzon, please review CCO's website www.cco.on.ca. The articles are posted in the "Publications" section under Tab 1: About CCO.

Please note: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

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PATIENT RELATIONS COMMITTEE

Message from the Chair

The nature of professional practice is evolving and what we, as chiropractors, took for granted may no longer be the reality. What I am referring to is the Ontario Court of Appeal Decision of *Leering v. the College of Chiropractors of Ontario*. A synopsis of the decision and some myths and facts surrounding the case are included in this newsletter.

Briefly, the Ontario Court of Appeal upheld the decision of CCO's Discipline Committee that a chiropractor who provided care to a patient with whom he was engaging in a sexual relationship had committed an act of sexual abuse under the *Health Professions Procedural Code* (*Code*).

Whether we agree with the decision, we must nevertheless abide by it, as must all the other regulated health professions in Ontario. We are all governed by the same legislation.

As such, the Patient Relations Committee is committed to developing appropriate programs and guidelines to enhance the doctor-patient relationship, and develop and implement measures for preventing and dealing with sexual abuse of patients. Most importantly, we are committed to providing you with information regarding the nature of professional relationships and maintaining professional boundaries.

The committee is in the process of revising the "Boundaries in Professional Relationships" document to reflect today's practice environment. The revisions are being spearheaded by Dr. Stuart Kinsinger, a non-Council member of the committee and an associate professor at CMCC. Dr. Kinsinger has considerable expertise on the subject of setting and maintaining professional boundaries. It is intended that the revised document will help members identify and avoid situations that may lead to allegations of sexual abuse.

Dr. Bryan Wolfe
Chair
Patient Relations Committee

On a positive note, the *Partnership of Care (Patient's Charter of Rights & Responsibilities)* is undergoing a facelift. The document will be printed in various forms and distributed to members for display in their offices and/or distribution to patients. In addition, I am pleased to announce that this committee was instrumental in setting up the toll free number for CCO. The number is **1-877-577-4772.** Call us with any comments or questions you might have as a result of reading our committee message!

As always the work of the committee is a team effort and I am very grateful to the contributions of those dedicated individuals – elected members, public members, non-Council members and staff – who contribute to the work of the committee. Thank you!

ADVERTISING COMMITTEE UPDATE

In keeping with its mandate to review the advertising regulation, standard of practice, policies and guidelines on a yearly basis, the Advertising Committee solicited input from interested stakeholders. In addition, the committee continues to review advertisements submitted by members for pre-approval. Turnaround time for a response is within approximately 10 business days. Please submit your proposed advertisements to the committee for review to ensure they comply with the standard of practice.

Leering v. CCO

Mr. Joel Friedman
Director
Policy & Research

Ontario Court of Appeal Confirms Zero Tolerance Rule: Concurrent Sexual and Doctor/Patient Relationship Constitutes Sexual Abuse

In February 2010, in the decision of *Leering v. the College of Chiropractors of Ontario*, the Ontario Court of Appeal unanimously held that a chiropractor who provided care to a patient with whom he was engaging in a sexual relationship had committed an act of sexual abuse under the *Code*. The Court of Appeal overturned a decision of the Ontario Divisional Court and re-affirmed the decision of professional misconduct made by a CCO discipline panel.

The original complaint involved various allegations, including sexual misconduct, against Vincent Leering, a chiropractor, referred to CCO's Discipline Committee from the ICRC.

The facts as outlined by the court are summarized as follows: Vincent Leering met the complainant in December 2004 and they began a personal relationship, which soon became sexual. They moved in together in March 2005. In April 2005, Leering began providing regular chiropractic treatments to the complainant. Between April and October 2005, Leering provided 28 treatments and billed the complainant for the treatments, although she did not pay for these treatments. The complainant submitted these bills to her insurer for reimbursement. The personal relationship ended in October 2005 and Leering billed the complainant for outstanding chiropractic services totaling $567. The complainant made a complaint to CCO when, after refusing to pay the outstanding chiropractic fee, Leering referred her to a collections agency.

In its reasons, the Court of Appeal affirmed the finding of CCO's discipline panel that the complainant was, in fact, a patient, and noted several factors that supported this premise, such as:

- the existence of a patient file that included a patient history, physical examination, diagnosis, plan of management, prognosis, diagnostic imaging reports and a written record of treatments
- informed consent to treatment
- billing to third-party payors
- letters of consultation
- a letter of discharge
- documents referring to the complainant as a "patient"

In addition, the Court of Appeal ruled that a discipline panel was not obligated to inquire whether the sexual relationship pre-dated the doctor-patient relationship; only whether the doctor/patient relationship was concurrent with the sexual relationship.

The Court of Appeal was clear that the sexual abuse provisions of the *Code* do not exempt sexual abuse when a sexual relationship pre-dates a doctor/patient relationship.

The judges stated: "When it comes to sexual relations between a doctor and a patient, there is a black letter, bright line prohibition with a drastic sanction and no exceptions or exemptions. The zero tolerance precludes inquiry into any explanation or excuse for the sexual activity. A patient's consent is irrelevant."

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LEERING V. CCO (CONT.)

The sexual abuse provisions of the *Code* apply to members of all 21 regulated health professions regulated under the *RHPA*. Sections 1(3) and 1(4) of the *Code* define sexual abuse of a patient by a member as:

- sexual intercourse or other forms of physical sexual relations between the member and the patient;
- touching, of a sexual nature, of the patient by the member; or
- behaviour or remarks of a sexual nature by the member towards the patient.

The *Code* also states that "sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Under section 51(5) of the *Code*, certain acts of sexual abuse, including sexual intercourse with a patient, carry with it a mandatory five-year revocation of a member's licence.

The Court of Appeal's ruling noted CCO's standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient, policy P-003: Principle of Zero Tolerance, and guideline G-001: Prevention of Sexual Abuse of Patients.

In its reasons, the Court of Appeal recognized that it "may appear that the strict and significant mandatory penalty that follows from a conviction for professional misconduct by sexual abuse is harsh and arguably unjust in cases where there is a consensual sexual relationship and no exploitation by the health care professional. However, the panel found that the importance of upholding the zero tolerance policy outweighs its pitfalls because the legislation is there to address a growing problem of sexual abuse of patients by some health care professionals."

> *"The zero tolerance precludes inquiry into any explanation or excuse for the sexual activity. A patient's consent is irrelevant."*
>
> JUDGE
> ONTARIO COURT OF APPEAL

In its judgment, the Court of Appeal reasoned that incidental treatment, defined as "minor in nature, casual or arising in fortuitous conjunction with a spousal relationship," may not constitute a doctor/patient relationship. The Court gave an example of a chiropractor providing treatment for a spouse in the case of an emergency as "it would be unreasonable for a spouse to be denied treatment in such circumstances." However, if as a result of treatment the spouse becomes a patient, the doctor would then be subject to the sexual abuse provisions of the *Code*.

In its judgment, the Court of Appeal reasoned that incidental treatment, which is "minor in nature, casual or arising in fortuitous conjunction with a spousal relationship," may not constitute a doctor/patient relationship.

For the complete decision, please review www.canlii.com or www.cco.on.ca.

The decision governs to the extent of any inconsistency with these comments.

KEY MESSAGE

If you have a concurrent sexual and doctor-patient relationship, you may be subject to a regulatory body's complaints and discipline process.

Leering v. CCO: Myths and Facts

1	**MYTH** The complainant never complained about sexual abuse by the member.	**FACT** The complainant complained about sexual abuse by the member in her original letter of complaint to CCO, dated March 10, 2005. The original letter includes the following: "As the Code of Ethics clearly stipulates, under no circumstances is there to be a sexual relationship between a doctor and patient."
2	**MYTH** Even if someone complains to CCO about the conduct of a member, CCO can "turn a blind eye" to the complaint and not proceed if the college is of the view that it would be wrong to do so.	**FACT** When a complaint comes to the attention of CCO, CCO is obligated in law to conduct reasonable inquiries and an investigation into a member's conduct to determine whether there is sufficient information to warrant a referral of specified allegations of professional misconduct to the Discipline Committee.
3	**MYTH** If members of the profession (i.e., chiropractors) had been involved in reviewing the facts, the member would never have been found guilty.	**FACT** The principle of self-regulation requires that chiropractors be involved at every stage of the process. There were three chiropractors and one public member on the ICRC, who, with the benefit of outside legal advice, referred specified allegations of professional misconduct to the Discipline Committee, and three chiropractors and two public members who sat on the Discipline Committee, hearing the matter with the benefit of independent legal counsel.
4	**MYTH** Chiropractors have a long history of providing chiropractic care and having a sexual relationship with their spouse, which is recognized by the law in Ontario.	**FACT** Chiropractors are one of 21 professions regulated under the *RHPA*. The same legislation, including the sexual abuse provisions, applies to all health professionals. There are no special exemptions for chiropractors in Ontario.
5	**MYTH** The reports from the media and others are entirely accurate.	**FACT** There are a number of errors in the reporting from a variety of sources, including the media. For the complete facts, refer to the Court of Appeal decision on CCO's website.

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Imagine... 50 years in practice

Think back to when you first graduated. Your whole practice life lay ahead of you. You thankfully received your diploma, passed your board exams, registered for licensure, developed your business plan, and pleaded with the banker for the money to set up practice. You painted your adjusting rooms, recovered the used adjusting tables, hired your first assistant, and hung out your shingle announcing to your community that you were ready and able to help bring chiropractic to the masses.

No matter how long ago, that was likely one of the most exciting times of your life and career. Now, imagine having that same excitement for practise as you enter your office 50 years after you adjusted those first patients. For many of us, it might be hard to imagine. The stress of practice, family, new regulations and continuing education requirements will likely have taken their toll. But if you are fortunate and find yourself in good health, mentally, physically and spiritually, you may continue regularly greeting patients who have been seeking your help for 30, 40, even 50 years or more. This is a story of one such member of CCO.

Bruce Kleinknecht grew up in Kitchener, Ontario. After finishing high school, he headed to CMCC, at that time located on Bloor and St. George streets. For Bruce, he was embarking on a wonderful journey that, 50 years later, still sees him a vital practitioner of chiropractic, serving his community.

Nearing the end of high school and unsure of what to do with his life, an aunt introduced him to a local chiropractor, Dr. Reg Daynard. It was at this time that Bruce was convinced that chiropractic would be both a challenging and rewarding career. Bruce entered CMCC, the last class of students able to enter with the only requirement being graduation from high school. For the next four years Bruce spent the week studying in Toronto and hitchhiking home on the weekends, along Hwy. 5 West, to his hometown of Kitchener.

Dr. J. Bruce Walton
Consultant
QA Committee

After completing his studies and successfully passing his board exams, he was granted a registration to practise by the BDC (CCO's predecessor) under the authority of the *DPA*. Excited, he went back to Dr. Daynard for advice. Back then, most practitioners went into solo practice, very few were in associateships or partnerships, Bruce remembers. Dr. Reg was ready to make a move from his current office so he willingly offered that office space to Bruce.

In the spring of 1960 Dr. Bruce set up practice, above Billy Riffer's Butcher Shop in downtown Kitchener. He had two adjusting rooms. In one room he had a bed, a hot plate and some rudimentary kitchen supplies. The other room was where he practised. Bruce fondly remembers those days, and how simple practice was. He did everything – answered the telephone, cared for patients, cleaned the office (and his living quarters) and aired out the office after they would render lard at the butcher shop below, the smell permeating all the spaces in the building.

Dr. Bruce Kleinknecht

It wasn't long before Bruce was married and he and his wife, Carole, started their family. After their eldest daughter was born they decided to make a short move northward to the small Mennonite farming community

(L-R) Mrs. Carole Kleinknecht and Dr. Bruce Kleinknecht

of Elmira. He opened up practice in a modest space, just off the main street of Elmira. Dr. Bruce has remained practising at this address for the past 47 years. Although all four of their children have since moved away, Carole and Bruce still live in the same home in Elmira.

Bruce's goals were simple: work hard providing chiropractic care to his community and provide for his family. His intentions, in practice, have remained the same for 50 years: adjust people and try to see them as healing, healthy and whole. He has used a variety of techniques and has continued to learn new things that can be applied to practice.

Thirteen years ago, as he turned 60, Bruce considered retirement. He enjoyed canoe tripping, travel, puttering around the family cottage north of Kincardine and walking in the woods with his trusty dog, Winston. He thought that maybe he would like to do more of that. But, the call to serve his patients and community was too strong.

Revitalized by learning new approaches to adjusting, he modified his office hours to Monday, Wednesday and Friday and kept going. Now, at 73, he is able to say proudly that he has achieved 50 continuous years in practice. Bruce enjoys serving his patients and certainly enjoys the relaxed atmosphere he and his long-time staff have created.

When asked about his recollections of chiropractic regulation back in the early days, he remembers that there were few rules. He admits that he has kept good records since the very beginning because it just made good sense to do so. Having experienced sweeping changes to health regulation over his 50 years, Dr. Bruce has appreciated the efforts made by CCO to reach out and help practitioners interpret and apply new standards and regulations.

He and his wife, Carole, have remained active members of the chiropractic community, recently hosting the Waterloo Regional Chiropractic society annual BBQ at their home. In the past, Bruce has served as president of his local society and served several years on the board of CMCC. Additionally, Bruce served 12 years on the board of the Woolwich Counseling Agency, and before retiring, was chair of Development, a department that raised more than $1 million for a new agency facility.

Carole was a key player in the early days of the Women's Chiropractic Auxiliary. She authored a 36-page book on entitled *Women in Chiropractic* and coordinated much of the fundraising for the Chiropractic Centennial. Among the fundraising efforts was the now famous artwork, Renewal, copies of which hang in many chiropractic offices across the country. While the Women's Auxiliary has disbanded, the friendships both Carole and Bruce built through chiropractic have remained a strong and integral part of their lives.

Have a human interest story you want to share? Let CCO know! Contact Sue Gargiulo at 416-922-6355, ext. 106, or cco.info@cco.on.ca

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Message from the Chair

Greetings and thank you for taking the time to read this message from the QA Committee. Thank you for your commitment to continuously improve the quality of health care that you provide to the public of Ontario. You will be able to record the time you invest reading this newsletter and its attachments as an unstructured continuing education (CE) activity for the period July 1, 2010, to June 30, 2012.

You should have received a CD-ROM from CCO that was distributed to all members in December 2009. It contains a PowerPoint presentation about the changes to the mandatory CE program made necessary to comply with the amended *RHPA* and applicable to all regulated health professions in Ontario. If you have seen it, you should have completed the self assessment and the plan of action summary sheet, and you should be documenting your structured and unstructured activities in the continuing education and professional development log, and the professional portfolio. If you have not viewed the CD-ROM yet, please do. If you need help, another copy of the CD-ROM, or a hard copy of the handbooks and forms mailed to you, please contact Ms Sue Gargiulo, CCO's Communications Officer.

The peer and practice assessment program is a very important part of the work of the QA Committee. The members of the QA Committee, the support staff for the committee, and the peer assessors are all in place and motivated to help you have a successful assessment experience. The peer assessors are there to monitor your compliance with CCO QA initiatives and to help you improve. Everything about the peer and practice assessment is confidential, educational, and remedial in nature. If you have any questions about the peer and practice assessment program, we are here to help you. More than 500 chiropractors have been selected to be assessed in 2010. If you have any questions, please contact Ms Gargiulo at CCO or your peer assessors directly.

Dr. James Laws
Chair
Quality Assurance
Committee

The QA Committee hosts a peer assessment workshop each year, usually in January or February, to update the assessors on changes in CCO's standards of practice and the peer assessment process. At these workshops, the peer assessors generate questions for the QA Committee, CCO support staff, our consultant, and our registrar. The questions and answers are very useful for clarifying many issues related to current standards of practice, changes in legislation and ethics, and the peer and practice assessment program. Please find enclosed a Q&A guide under the title "College of Chiropractors of Ontario Peer Assessment Workshop Q&A January 3, 2010." Please read this document because this information is too valuable to ignore. Also, please keep this Q&A enclosure for reference. Please let me know if you find this information valuable to you.

I want to thank the members of the QA Committee - Mme Lise Marin, Ms Judith McCutcheon, Dr. Douglas Pooley, and Dr. Keith Thomson. I want to thank the professional support staff, Mr. Joel Friedman, Ms Sue Gargiulo, Ms Andrea Szametz and Ms Jo-Ann Willson, and our consultant, Dr. Bruce Walton. It takes a team effort to provide the research and information necessary to assist the QA Committee and CCO Council to make policy and procedural decisions that only the members of Council can make.

MESSAGE FROM THE CHAIR *(CONT.)*

I want to thank all the members of Council for their support of the work of the QA Committee. Our shared goals are to help chiropractors continuously improve the quality of health care they provide to the public of Ontario, and to provide assurance to the public of Ontario that they are the beneficiaries of a consistently high standard of health care from chiropractors.

Thank you to all chiropractors, members of CCO, who deliver high quality, ethical chiropractic care on a daily basis for the benefit of all Ontarians.

Peer Assessment Workshop - January 30, 2010

CURRENT PEER ASSESSORS

Dr. Peter Amlinger, District 5	Dr. Ruth Hitchcock, District 3	Dr. Steven Silk, District 6
Dr. Elizabeth Anderson-Peacock, District 3	Dr. Roberta Koch, District 5	Dr. Frazer Smith, District 2
Dr. Gerard Arbour, District 4	Dr. Peter Le Masurier, District 4	Dr. Michael Staffen, District 1
Dr. Garey Awenus, District 4	Dr. Connie Miller, District 6	Dr. Richard Stover, District 6
Dr. Timothy Barnes, District 6	Dr. Dennis Mizel, District 5	Dr. Bob Szczurko, District 5
Dr. Richard Bornstein, District 4	Dr. Paul Newton, District 2	Dr. Keith Thomson, District 3
Dr. William Charlton, Districts 1 and 3	Dr. Kristina Peterson, District 1	Dr. Sal Viscomi, District 4
Dr. Kevin Dinsmore, District 2	Dr. Hilary Petrus, District 1	Dr. Joel Weisberg, District 4
Dr. Lori Dover, District 5	Dr. Peter Picard, District 1	Dr. Carolyn Wood, District 6
Dr. Liz Gabison, District 4	Dr. Heather Robson-McInnis, District 5	Dr. Dennis Yurkiw, District 6
Dr. Reginald Gates, District 5	Dr. Antonino Russo, District 6	Dr. David Zurawel, District 3
Dr. Arnon Glatter, District 5	Dr. Gauri Shankar, District 2	

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...and now, a word from our assessors

The QA Committee holds workshops every year to update the assessors on the new programs and developments at CCO. During one workshop, we asked the assessors to provide their thoughts about the peer and practice assessment program and the importance of the program in the context of a self-regulated profession. Here are their comments.

Dr. Liz Anderson-Peacock

"The program has been valuable for me because it allows me to see where problems can occur with members, and I can use my expertise and background to assist them. I look at this as a preventative measure, which is better than waiting until there's a complaint."

Dr. Timothy Barnes

"Peer assessment is crucial because we need to critique ourselves and make changes towards growth. It is in our best interest to evaluate ourselves and determine how we can improve."

Dr. Gerard Arbour

"As an assessor, you have to go in (members' offices) with an open mind. You try to be helpful, not punitive, and you try to bring your experience to the table on how you can best help the members."

Dr. Richard Bornstein

"The program is being done in the right way at CCO - it's non-threatening and educational."

Dr. Garey Awenus

"I thoroughly enjoy visiting chiropractors in their offices, seeing the different approaches, and hearing them say, 'I didn't think it would be such a pleasant experience.' I walk out of there feeling good too."

Dr. William Charlton

"If CCO does not do assessments, somebody else outside the profession will do it for us, and no one would be happy."

Dr. Kevin Dinsmore

"As an assessor, I have to make sure that I'm doing everything correctly. It's interesting to see how others do it and to make sure that they're following the standards. Assessments protect the public interest and enhance the image of the chiropractic profession."

Dr. Roberta Koch

"The greatest benefit of peer assessment is to elevate the quality of the profession's serving the public, and the individual within the profession. I get a lot out of this process because every time I see someone, it elevates my own level of practice and the quality care I provide my patients."

Dr. Lori Dover

"Every office I assess, the members get out of it something that helps them improve their office or improve what they are doing for their patients. It's not, 'what can I do to protect myself' as much as 'how can I improve so that it helps my patients in the long run'."

Dr. Paul Newton

"Practitioners tend to be quite isolated in their offices and hearing feedback on what they're doing actually makes them feel more confident. More often than not, they are doing things right."

Dr. Liz Gabison

"If we don't regulate our selves, then we will be regulated by somebody else. This is why peer assessment is such an important part of our self governing process."

Dr. Peter Picard

"It is necessary to ensure that all chiropractors perform at a level of expertise that is safe for members of the public and that makes the profession proud. I would rather see the system administered by my peers, who understand and practise chiropractic, than by a government bureaucrat following a guideline created by another bureaucrat who knows nothing about chiropractic."

Dr. Arnon Glatter

"Peer assessment gives the profession greater credibility, and the members of the profession will keep to the standards of practice."

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Dr. Heather Robson-McInnis

"Being a peer assessor makes me proud of the diversity in our profession and all that we offer, in so many ways, to better the lives of our patients and improve their spirit and health."

Dr. Frazer Smith

"The importance of a peer assessment program and being involved in self-regulation is pretty simple to me - we have a sacred trust, so guard it well, and that's what I'm doing. I'm part of this process, this is how I started at CCO in the first place, and it's absolutely important to get involved. There's no point complaining if you're not actually taking action. I hope to inspire other people to get involved as well and make this profession the best it can be."

Dr. Antonino Russo

"Peer assessment is an excellent opportunity for doctors of chiropractic to expand their professionalism and how they practise. It's an excellent opportunity for everyone, as it has been for me."

Dr. Gauri Shankar

"Peer assessment is important because, ultimately, it protects the public interest. We, the assessors, can see first hand where the issues are and we can help address issues before they become a problem."

Dr. Michael Staffen

"Peer assessment is important for self-regulation. Having a peer come into your office, review your files and provide you with assistance - this should be seen as a positive experience. It's educational, it's done by a peer, and there's no better program out there."

Dr. Steven Silk

"I believe that the majority of chiropractors in the province of Ontario truly wish to give as much service as they can to the patients and citizens of Ontario, and the peer assessment program helps them accomplish that goal."

Dr. Richard Stover

"We need to recognize that we are being watched by the outside, so we need to always improve the profession. Peer assessment helps members maintain the standards, which serves the public interest.

Dr. Bob Szczurko

"Peer assessment allows the field practitioners to review their current status regarding record keeping and to identify any deficiencies that could cause potential challenges, if not legal costs, with respect to their service being delivered. The process provides field practitioners with a direction for making the necessary changes to meet the standards and meet their patient needs."

Dr. Carolyn Wood

"Chiropractic has always had to fight for a place within the health care system. The peer assessment program can be our way to show the general public and powers that be within the health care system that we do deserve to be held in high regard when it comes to health, wellness and lifestyle care."

Dr. Sal Viscomi

"The implementation of the peer assessment program and, most importantly, its acceptance by our profession, is a milestone - a marker of professional sophistication and maturity."

Dr. Dennis Yurkiw

"I have observed a variety of practices and most I would feel comfortable sending my family to. Some have required assistance. I hope that the presence of a peer assessment visit has afforded members the opportunity to shake out parts of their practices that they have become blinded to. The process has afforded me that opportunity and I appreciate it very much."

Dr. Joel Weisberg

"Even though there is diversity in the profession, we all have a responsibility to the patients. It's a privilege to be self-regulated. To keep this privilege, we must demonstrate that we are worthy of it. So far, the peer assessment program has been very good at demonstrating this. The doctors I've met with have been terrific, the offices have been terrific, and, for the most part, the profession is enjoying the process "

Dr. David Zurawel

"What I found across the spectrum of the people I've met while doing the assessments is that they're all honest, decent people, and they all want to do the right thing."

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The liability of not having professional liability insurance

Thankfully, the vast majority of our colleagues would agree that securing various types of insurance is, unfortunately, a basic cost of running a professional practice. As responsible doctors and business owners, they have budgeted for the appropriate coverage as a precautionary measure in the event of a loss, especially a catastrophic loss. However, believe it or not, there are a few optimistic (read: foolish!) docs among us who think of professional liability insurance as optional. These cavalier gamblers appear perfectly content to operate their clinics with little or no coverage in place.

Clearly, this is a very dangerous practice, as those who gamble and lose usually pay a much higher price in the long run. The bottom line is, while none of us ever expects to get sued, we've all got to accept that even the most adept practitioner may face litigation for any number of reasons.

While there is a variety of insurance coverage available for protecting yourself and your practice, one of the most essential is professional liability. Liability is an especially important issue for those of us in the health care industry whose business is providing patients with advice and/or therapy which may pose some risk of injury.

Liability can be defined broadly as the responsibility society confers on businesses and individuals to compensate those injured by their activities. Liabilities can arise from any number of business relationships and transactions, including those with patients, suppliers, partners and landlords. Liability risks come in many more forms than might be expected. In addition to liability arising specifically from the various therapies employed by a chiropractor, clinic owners also may be held accountable for a variety of other kinds of business liabilities, such as a patient slipping and falling.

Dr. Marshall Deltoff
Chair
Registration Committee

There are two basic types of liability insurance: business liability and professional liability. Business liability protects you against bodily injury lawsuits, for example, a lawsuit claiming that a patient or visitor to your office was injured while on your premises (such as those injuries caused by trips and falls). The second type of coverage is professional liability. Unlike business liability, professional liability protects you against accidents or negligent acts that might arise out of your professional services. That is to say, professional liability protects you against claims made by patients who allege that they suffered an injury due to your care.

Do you HAVE TO have professional liability insurance to practice chiropractic in Ontario?

Well, a law mandating it is outlined in Section 13.1 of the *Code*, which will be effective on the date it is proclaimed.

And what does CCO say? CCO's view is that it is in the public interest for all members to have liability protection. In CCO's proposed Registration Regulation, it is a requirement of the general class of registration to provide evidence of carrying professional liability insurance as provided for in by-law. Current CCO By-law 16 stipulates that all members holding a general or temporary certificate of

Acknowledgement: I am grateful to Mr. Joel Friedman, CCO's Director of Policy and Research, for his valuable input to this article.

PROFESSIONAL LIABILITY INSURANCE *(CONT.)*

registration must provide evidence to the of carrying professional liability insurance as provided for in by-law. This will be forthcoming this year. At any rate, current CCO By-law 16 stipulates that all members holding a general or temporary certificate of registration must provide evidence to the registrar of carrying professional liability insurance or membership in a protective association in the minimum amount of $1,000,000 per occurrence and a minimum aggregate amount of $3,000,000 per year. An applicant for registration must sign a declaration that he/she holds the applicable liability insurance. A member must have proof of holding the applicable liability insurance. When you sign your registration or re-registration form, you are signing a legal under- taking that all information on the form is true and correct, including your listing of professional liability insurance. It is grounds for professional misconduct to: sign a document in which you know the contents to be false; or violate a signed undertaking with CCO. So effectively, it is mandatory to carry professional liability insurance.

Furthermore, you do not have to be the owner of a clinic to be the subject of a lawsuit. Working in someone else's clinic does not exonerate you from risk of individual liability. You cannot rely on insurance under your employer 's policy as a rider, and assume this is adequate protection in case of a lawsuit. Frequently as many people as possible will be named in a suit.

Tort or negligence law imposes a minimum level of due care on all persons in their interactions with others. Negligence is generally considered to be doing something that a person of ordinary prudence would not have done under similar circumstances.

The requirements for a successful suit in negligence include:

1 A duty requiring a person to conform to a standard of conduct that protects others from unreasonable risk of harm.

2 A breach of that duty - i.e., the person's failure to conform to the standard of conduct.

3 A causal connection between the breach of the duty and the resulting injury.

4 A resulting injury or damage that results in measurable physical, emotional or economic harm.

Each health care provider is responsible for his/her own negligent acts, since malpractice is defined as "the negligent act of a person with specialized training and education." Mistakes, accidents, oversights, injuries, no matter how skilled and careful the doctor, can happen, whether rookie or veteran. They usually occur when least expected and inadvertently cause harm to a patient!

Patients may see a potential malpractice target if they believe they have received a poor standard of care. Injured patients, either on their own or encouraged by family, friends or a lawyer, wind up taking recourse in the courts. Within the expected skill sets (i.e., expected adherence to the standards of practice), a chiropractor can be held responsible in a court of law for any harm he/she causes a patient. Although sometimes allegations and charges are overblown or just not true, nonetheless, you must be defended or stand the chance of losing your practice. There may be significant expense in defending against even a false claim. So please beware! If something happens and you are un-insured, your personal assets could be at risk, including your car and home. The reality is that liability is a major risk for all health care practitioners.

In summary, it is to your benefit and for your protection that you carry professional liability insurance. There even is a way to eliminate gaps in coverage by requesting prior acts coverage. This gives the insured retroactive coverage to cover those events that may have already occurred but have not yet been reported. If a lawsuit is filed claiming bodily injury, professional liability insurance covers the cost of legal counsel, court costs, investigation and other necessary expenses. So do yourself a favour and protect yourself, your family, your practice and your patients!

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HEALTH PROFESSIONS PROCEDURAL CODE, SCHEDULE 2 TO THE RHPA

On a day to be named by proclamation of the Lieutenant Governor, Schedule 2 is amended by adding the following section:

PROFESSIONAL LIABILITY INSURANCE

13.1 (1) No member of a College in Ontario shall engage in the practice of the health profession unless he or she is personally insured against professional liability under a professional liability insurance policy or belongs to a specified association that provides the member with personal protection against professional liability.

INSURANCE REQUIREMENTS

(2) A member mentioned in subsection (1) shall comply with the requirements respecting professional liability insurance or protection against professional liability specified by the College and prescribed in the regulations made under the health profession Act governing the member's health profession or set out in the by-laws.

PROFESSIONAL MISCONDUCT

(3) In addition to the grounds set out in subsection 51 (1), a panel of the Discipline Committee shall find that a member has committed an act of professional misconduct if the member fails to comply with subsection (1) or (2).

Services en français: Un début

L'Ordre des chiropraticiens de l'Ontario vise à intégrer graduellement le texte et l'esprit de la Loi 1991 sur les professions de la santé réglementées.

L'Article 86 (1) de la Loi donne à toute personne le droit d'utiliser le français dans ses rapports avec l'Ordre. L'Article 86 (2) invite le Conseil à prendre les mesures et les plans raisonnables pour que les personnes puissent utiliser le français dans tous leur rapports avec l'Ordre. Enfin, l'Article 86(3) concerne tout service offert ainsi que toute formalité administrative et vient définir ce que la Loi entend par rapports, par exemple, communiquer et recevoir des communications, des renseignements ou des avis, présenter des demandes, passer les examens ou des tests, prendre part à des programmes, à des audiences ou à des réexamens.

Lors de la réunion du comité des relations aves les patients, les membres ont discuté brièvement du besoin de revoir la question de traduction de documents en français, l'allocation d'un budget à cet effet et de la nécessité de faire connaître aux membres qui leur était possible de communiquer en français avec l'Ordre. Les membres ont suggéré sérieusement la possibilité de traduire certains documents et de faire les envois de documents dans la langue préférée des récipiendaires. Il fut suggéré que pour débuter, le message du Président pourrait être traduit et que des membres du Conseil pourraient écrire des articles en français.

Mme Lise Marin Membre du Conseil d'administration de l'Ordre des Chiropraticiens de l'Ontario

Le Conseil d'administration de l'Ordre a adopté cette proposition du comité des relations avec les patients. Il s'agi, bien sûr, d'un tout début et l'Ordre vise une intégration graduelle de la Loi de 1991.

Cette intégration permettra aux membres qui le désirent de s'exprimer et de communiquer en français, de faire valoir leurs idées et de collaborer étroitement avec chacun et chacune afin de développer un sentiment d'appartenance plus étroit avec tous les collègues de l'Ordre.

Top 5 surprises of a Council newbie

Dr. Douglas Pooley
Council Member

I have had the good fortune to have served on the boards of many of our profession's representative organizations. Having had what I thought to be a reasonable level of experience with the OCA, CCA and CCE(C), I was pretty confident in my understanding of the board process. To my surprise, CCO proved to be a rather unique animal from both a governance and procedural perspective.

Let me get to the point - I decided to run for CCO Council because, fundamentally, I did not like the organization. I saw it as clandestine, punitive, and managed by the inner sanctum in a way that appeared neither reasonable nor responsible to either the public or the profession.

Having now sat at the Council table for nearly three years, I was able to drill down into the inner workings of this critically important body and come up with information and an understanding of process that has served to broaden my perspective. Let me share with you my five top surprises:

1. What we, as Council members, can and cannot discuss.

Well, there I was, the new kid on the block, I had some key questions and I wanted answers. I am used to a board environment where discussion on all topics is open and unfettered. I found out early that a very big part of our legislated responsibility cannot be fodder for open discussion, and for good reason. A large responsibility of this organization is the management of complaints and discipline matters. This is an absolute legal process governed by statute and strict codes of confidentiality designed to protect both the patient and the doctor. This is so structured to ensure fair and unbiased process and procedures, and protects the integrity of all parties involved. The maintenance of confidentiality is not only mandated by the *RHPA*, but is a matter of respect, given the sensitive and potentially adversarial nature of the complaints and discipline process.

2. Why does process at the CCO seem to move so slowly?

I am a task-driven guy. One of the reasons that I have been able to enjoy a measure of success in life is in a great degree the reflection of my motto - "Do it until it is done." I arrive at the CCO table and for the first couple of meetings, I am thinking, "Okay, let's giddy-up." Well, here again, I experienced a little Pooley-epiphany. At that time, there were a few factors that I failed to identify, namely, the *RHPA* mandates much of what makes up the decision-making process of the health regulatory colleges in Ontario. To ensure consistency among the colleges, procedure is often laboriously detailed. As well, colleges have government-appointed public members who may not be as well versed in the nuances of, say, chiropractic practice as the chiropractors at the table, and require the benefit of additional information or the insight derived from open discussion. One of my most pleasant surprises was the fact that the public members are often equally knowledgeable about the affairs of our profession, and provide invaluable insight from their perspective as health care consumers.

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3. CCO represents the public interest, not the profession.

This one was perhaps the toughest for me to digest. I spent the better part of my 30 years in practice fighting to improve the lot of the chiropractor. Suddenly I find myself sitting around a table where my job is to ensure that every facet of chiropractic care presented to the consuming public is fair, reasonable and in the best interest of our patients. I genuinely believe that, by far, the majority of the chiropractors in the field are fair, reasonable and honest in the dispensing of services. What I understand more fully now is that in protecting the public interest, I am also protecting the interests of the collective majority within the chiropractic community. Just like every other profession has its outliers and charlatans, we have ours. But, I hasten to add, we are no worse or better than any other of the regulated health disciplines. The privilege of self-regulation comes with a price and that is absolute accountability to the patients we serve. In doing so, we also protect the credibility of the profession.

4. Not-so-personal agendas?

For the most part, my experience on Council has been both enlightening and rewarding. Many of you know that I hate personal agendas, especially when they are thinly veiled by philosophical countenances. It has been my experience that most representative boards in this country have evolved past the petty bickering of "straight vs. mixers" chiropractors and admirably perform their prescribed duties. I am pleased to report that this is mostly true for CCO Council. This philosophic schism sometimes still rears its ugly head, and elements within the profession (left and right) seek to exercise influence and control.

Most often, however, personal agendas fall to the wayside and CCO Council moves forward with a complete understanding of its mandate to regulate the entire profession in the public interest.

Do it until it is done.

DR. DOUGLAS POOLEY

5. This board is an old boys club that has no interest in change.

Within the first few months on Council, I had the opportunity to participate in a strategic planning exercise for CCO. This convinced me that I had made the right choice in deciding to seek election. I am delighted to say that CCO is enthusiastically embracing its mandate for responsible and progressive leadership that will not only be responsive to the current needs of all of our stakeholders, but position the profession to better ascertain and address the health concerns of the ever-evolving health care matrix. Let me assure you that you are far better represented than some of you believe you are. The administrative team is competent and well managed, the public members are intelligent and capable, and the elected chiropractors are dedicated to the profession and the public.

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Self Regulation – What does it really mean?

Dr. Robbie Berman
Council Member

I, like you, am a chiropractor actively adjusting patients and doing my best to provide top quality chiropractic care. This is what we all do at the micro level. You vote (I hope) for members of your profession to be elected to CCO Council in order to establish this at the macro level.

CCO's mandate is to serve and protect in the public interest. The public interest to me means full access to chiropractic care of their choice. CCO is a government regulatory body comprised of elected chiropractors, appointed public members and staff working in unison to govern the chiropractic profession. I, for one, have always encouraged chiropractors to get involved at any level, whether it be providing feedback to mail outs, attending meetings, getting involved with committees, becoming a peer assessor, voting, or just making a phone call to let us know your ideas because I believe that is what self- regulation is all about. Healthy debate, respecting the diversity of our profession, and evaluating input and feedback is vital to self-regulation and provides the transparency everyone deserves.

I believe in order to comprehend self-regulation one must understand the process. Here is my simple attempt to explain some concepts. CCO exists and is regulated through legislation, namely the *RHPA* and the *Chiropractic Act*. These acts permit CCO to make appropriate regulations, by-laws, standards of practice, policies, and guidelines, which are put into place to govern the chiropractic profession. There is a hierarchy where legislation trumps everything else.

Regulations are next in line and are designed by CCO (usually based on the MOHLTC templates). They must be circulated to the membership and require final approval by government. Circulated mailouts give you, the member, a chance to get involved. Your feedback can help shape the final product so please help out.

By-laws are the rules that govern the CCO Council and provide the framework for Council, elections and committees, as well as keeping CCO accountable and transparent.

Next, in descending order of authority are standards of practice. These seem to be of most interest to CCO members. Standards of practice are the outlines of what one can or cannot do in his/her capacity as a chiropractor. Standards are reviewed yearly and suggested revisions must first be approved by Council and then circulated to stakeholders (you are a stakeholder) for feedback. This feedback is compiled and reviewed, and additional revisions are made, if necessary. A final document is then sent to Council for approval. Your feedback is vital in order to get the best document enacted.

Finally there are guidelines and policies, which are used to help clarify a standard of practice or provide clarity around a CCO position. Remember, all members must comply and uphold CCO requirements.

Obviously providing feedback is one way to be involved. As the former chair of the QA Committee, I witnessed the success of two QA initiatives. The record keeping workshops have been held across the province since 2005 and have given everyone a chance to be face-to-face with CCO members. The feedback has been

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outstanding. Many members have thanked CCO for this type of event and have asked for more. I would like to say thank you right back and let you know further workshops are in the works, at least in my head!

The peer and practice assessment is another positive QA program and I would thank all assessors and members who have been assessed for making this program as successful as it is. As well as completing thorough assessments, many assessors have provided some general mentoring to many chiropractors, helping them improve procedures within their offices, which ultimately results in better care for the Ontario public. It is you, as individual chiropractors, who have embraced these initiatives with open arms and it is to you that I truly say thank you.

Now on to the new

The amended *RHPA* has made it mandatory to have as part of QA initiatives 'minimum requirements for quality assurance program.' This is set out in section 80.1.

As you can see, CCO is well ahead of the game, having many of these programs already in place. The QA Committee worked diligently to bring to the profession a self assessment designed to elevate your game. QA also created a continuing education framework that tracks, more appropriately, ongoing learning and sets out the compliance criteria as mandated in the legislation. Remember, legislation rules!

Finally I would like to say get more involved with your profession. Your profession needs your input and getting involved provides you with the opportunity to put the 'self' in self-regulation. Self-regulation is a privilege and it has been my honour to serve you, the profession and the public of Ontario.

I hope I have shed some light on CCO, the self- regulation process, and how you can be involved.

HEALTH PROFESSIONS PROCEDURAL CODE, SCHEDULE 2 TO THE RHPA

80.1 A quality assurance program prescribed under section 80 shall include,

(a) continuing education or professional development designed to,

(i) promote continuing competence and continuing quality improvement among the members,

(ii) address changes in practice environments, and

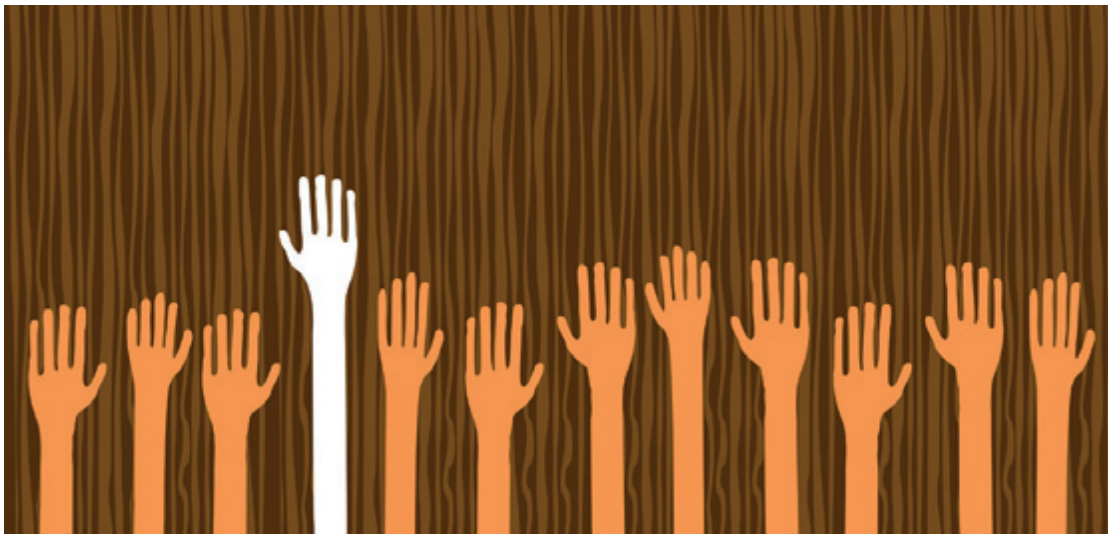
(iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;

(b) self, peer and practice assessments; and

(c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

Get Involved!

Self regulation means getting involved with your regulatory body. Here are the five ways you can get involved with CCO:



5. Give us your feedback

Provide feedback to CCO on proposed or revisions to regulations, by-laws, standards of practice, policies and guidelines. Although CCO does not provide individual responses to feedback, all feedback is reviewed and all responses are taken into consideration when making recommendations to Council.

4. Become a peer assessor

If you are interested in becoming a peer assessor, please submit a letter of intention and your curriculum vitae to CCO by mail, e-mail (cco.info@cco.on.ca) or fax (416-925-9610).

3. Become an investigator for the ICRC

If you are interested in becoming an investigator, please submit a letter of intention and your curriculum vitae to CCO by mail, e-mail (cco.info@cco.on.ca) or fax (416-925-9610).

2. Become a non-Council committee member

In 2011, there will openings for non-Council members on four statutory committees (Discipline, ICRC, Patient Relations, and Quality Assurance) and one non-statutory committee (Advertising).

If you are interested in becoming a non-Council member, please submit a letter of intention and your curriculum vitae to CCO by mail, e-mail (cco.info@cco.on.ca) or fax (416-925-9610).

1. Run for CCO Council!

In 2011, elections to CCO Council will be held in districts 4, 5 and 6. The *Notice of Election and Nomination Guide* will be distributed in January 2011.

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2010 Election Results

Congratulations to Drs. Robbie Berman (District 3) and Brian Gleberzon (District 4), elected by acclamation, and Dr. Gauri Shankar (District 2). These members will serve three-year terms, beginning in April 2010.

CCO extends its sincerest appreciation to Drs. Victoria Clarke and Jacqueline White for allowing their names to stand for election in District 2 and for their participation in the self regulation of the chiropractic profession.

Spoiled ballots

Each year, CCO receives ballots that are deemed spoiled because of the following: the upper left hand portion of the return envelop is left blank; the upper left hand portion of the return envelope is not signed; the upper left hand portion of the return envelope is signed but the signature is illegible and no other identifiable information is provided; extraneous and inappropriate comments are written on the return envelope and/or on the actual ballot; and the return envelope arrives after the deadline date. Ballots postmarked on the deadline date that arrive at the CCO office past the deadline date will also be noted as spoiled.

Please review the *Voting Guide* and follow the procedures to make your vote count! If you are hesitant about mailing the ballot return envelope with your signature on the outside, place this envelope inside an additional envelope.

District 2: Eastern

Dr. Victoria Clarke	50 votes
Dr. Gauri Shankar	**79 votes**
Dr. Jacqueline White	24 votes
Total number of eligible voters:	371
Total votes cast	153

Meet your new Council member

Dr. Gauri Shankar, Prescott

A graduate of CMCC, Dr. Gauri Shankar's involvement with CCO stems back to 2002 when he was selected to be a peer assessor in District 2.

"The peer assessment program has allowed me great insight into the profession by providing grass roots interaction with individual chiropractors," says Dr. Shankar. "Assessing more than 50 offices since 2002 has helped me become aware of the challenges facing both our profession and our patients."

Dr. Shankar has been in full-time practice for 18 years in Prescott, Ontario. His other contributions to the chiropractic profession include being an examiner for CCEB and, currently, a riding designate for OCA.

"As a chiropractor, and a CCO Council member, the public's right to safe, effective, and ethical chiropractic care is my top priority," said Dr. Shankar.

CCO Council & Committee Composition

CCO COUNCIL

Elected Members

Dr. Peter Amlinger, District 5, *President*
Dr. Dennis Mizel, District 5, *Vice President*
Dr. Robbie Berman, District 3
Dr. Marshall Deltoff, District 4
Dr. Brian Gleberzon, District 4
Dr. James Laws, District 4
Dr. Douglas Pooley,District 6
Dr. Gauri Shankar, District 2
Dr. Bryan Wolfe, District 1

Appointed Members

Mr. Martin Ward, Orillia, *Treasurer*
Mr. Shakil Akhter, Toronto
Mr. Robert MacKay, Thunder Bay
Mme Lise Marin, Timmins
Ms Judith McCutcheon, Unionville
Ms Ellie Moaveni, Richmond Hill
[vacant]

STATUTORY COMMITTEES UNDER THE *RHPA*

Executive

Dr. Peter Amlinger, *Chair*
Dr. Dennis Mizel, *Vice Chair*
Mr. Martin Ward, *Treasurer*
Dr. Robbie Berman
Dr. Brian Gleberzon
Mr. Robert MacKay
Mme Lise Marin

Inquiries, Complaints & Reports

Dr. Brian Gleberzon, *Chair*
Mr. Shakil Akhter, alternate
Dr. Marshall Deltoff
Dr. Lezlee Detzler, *non-Council*
Mr. Martin Ward

Discipline

Mr. Robert MacKay, *Chair*
Dr. Michaela Cadeau, *non-Council*
Dr. Heather Jones, *non-Council*
Dr. James Laws
Mme Lise Marin
Dr. Bryan Wolfe

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

Fitness to Practise

Dr. Dennis Mizel, *Chair*
Mr. Shakil Akhter
Dr. Gauri Shankar

Patient Relations

Dr. Bryan Wolfe, *Chair*
Mr. Shakil Akhter
Dr. Stuart Kinsinger, *non-Council*
Ms Judith McCutcheon
Dr. Calvin Neely, *non-Council, alternate*
Dr. Robin Whale, *non-Council*

Quality Assurance

Dr. James Laws, *Chair*
Mme Lise Marin
Ms Judith McCutcheon
Dr. Douglas Pooley
Dr. Keith Thomson, *non-Council*

Registration

Dr. Marshall Deltoff, *Chair*
Dr. Robbie Berman
Ms Judith McCutcheon, *alternate*
Ms Ellie Moaveni

NON-STATUTORY COMMITTEE

Advertising

Dr. Brian Gleberzon, *Chair*
Mr. Shakil Akhter, *alternate*
Mr. Robert MacKay
Dr. Lawrence McCarthy, *non-Council*
Dr. Gauri Shankar

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Welcome New Members

CCO welcomes the following new members (registered between January 1, 2010, and August 1, 2010) and wishes them a long a successful career in chiropractic:

Akbari, Mana
Ali, Alan
Al-Jamal, Shereen F.
Amorim, Rui P.D.
Angelevski, Elizabeth
Armstrong, Adam M.
Armstrong, Laura K.
Ashraf, Adib Ali
Bagnulo, Angela G.
Barber, Nicholas S.
Batte, Shaun J.
Baylis, Shayne B.
Belisle, Mark M.
Bell-Pasht, Caley A.
Beninger, Corey R.
Binstock, Joshua A.
Boodhram, Melissa E.
Bouchard, Marco F.
Brady, Meredith S.
Braun, Darren J.
Brooks, Brittany J.
Brunton, Chase D.W.
Bui, Thao T.
Bulfon, Stefan
Burgess, Peter C.
Button, Wayne
Cantin, Jayson L.
Caravaggio, Marco F.
Carruthers, Ashley K.
Casella, Claudia M.
Cervini, Natalie M.
Chajka, Sarah J.
Chakrabarti, Sumon
Chan, Choi Wai Simon
Chan, Eva
Charko, Yuri A.
Charles, Joshua A.
Chen, Te-chang Alan
Chu, Catherine L.
Chudolinski, Artur P.
Chung, Chadwick L.R.
Cinicolo, Donatina L.
Clarke, Lisa J.
Clarke, Stacey J.
Clayton, Katherine B.
Cohen, Adrian D.
Collinge, Ashley M.
Cooke, James E.C.
Crinklaw, Amy R.
Cristoveanu, Isaac C.
Curcio, Marco
Cutler, Melissa L.
Daher, Joseph C.
Datta-Ummat, Shruti
Davidian, Christine T.
Davies, Maggie A.
Dean, Matthew C.
DiPonio, David M.
Doran, Jodie L.
Dukovac, Nikola
Dunnill, Dwayne E.
Edgar, Cameron J.
Edgar, Maja
Faria, Steven
Feng, Jimmy Jie-Ming
Forbes, Diane E.
Frazier, Michelle A.H.
Frederick, Jessalynn A.B.
Gabi, Nitu
Gallinaro, David J.
Gdanski, Kimberly A.
Gelinas, Marissa L.
Gerard, Josee
Gill, Julie A.
Ginter, Derek J.
Goncalves, Melissa P.
Gonzalez, Sara J.
Green, Robert D.
Grondin, Jeffrey J.
Haji, Rahim B.
Hamilton, Andrew D.
Hartman, Jeffrey A.
Hassanzadeh, Maryam
Hawkins, Melissa A.
Hernandez, Carlos A.
Higgins, Ceara C.
Holm, Genevieve M.
Hooper, Sabrina N.
Huddleston, Rebecca L.
Hulley, April Y.E.
Ignatavicius, Aras
Javitz, Daniel
Johnson, Karen S.J.
Kagdi, Zunaid M.
Kaminskyj, Adrienne M.
Kang, Shane S.
Karim, Faiz
Kersten, Jordan J.
Kheradmand, Ali

WELCOME NEW MEMBERS *(CONT.)*

Khoury, Jamil S.A.
Kingsley, Tricia D.
Kong, Tyler A.
Konkle, Stephen A.
Koskie, Adam D.
Kubert, Markus T.
Lachapelle, Melanie G.
Lachowich, Tatyana S.
Lam, Kary K.W.
Leis, Colin J.
Lejkowski, Peter M.
Lenser, Bradford J.
Lester, Steven M.
Lingard, Katie A.
Little, Brett N.
Lynes, Krista D.
MacFarlane, Jenna A.
MacLean, Chris W.
Majidi, Ali
Malik, Keshena M.
Man, Kelvin Kwok-Wai
Manga, Jasmin M.
Martichenko, Nicholas J.
Martyniuk, Brian J.
Martynuik, Adam G.
Massicotte, Justin R.
Mattice, Sarah J.
McNamee, Craig A.D.
McQuilkie, Shaina A.
Meo, Anthony E.
Michailidis, Christos
Misener, Kelly L.
Mockler, Erica L.
Molloy, Mark A.
Morrison, Trevor D.
Murphy, Bernadette A.
Murray, Brad J.
Ng-A-Mann, Melissa M.
Obal, Nicole D.
Oh, Paul
Osborne, Benjamin J.
Parry, Trina L.
Paschalidis, Leonidas
Patel, Roopa
Pathak, Reena
Patterson, Rebecca M.A.
Payan, Doreen S.
Payan, Michael
Perri, Giovanni M.
Ptolemy, Jaritt R.
Puderer, Allan J.
Quan, Michael
Rabi, Negin
Raimondo, Anne-Marie
Reid, Joseph J.
Reynolds, Adam A.
Richards, Alison L.
Riley, Patricia A.
Robinson, Stephen J.E.
Rodfar, Sarah
Roy, Shawn R.
Ruegg, David J.
Sabharwal, Bhalinder P.
Scott, Ryan C.
Sellars, Kathryn E.
Serrick, Matthew J.
Sheahan, Bridget I.
Sinclair, Gavin V.
Smythe, Lara E.
So, Andy Wei-Hong
Solway, Laura G.
Somers, Heather C.
Southerst, Danielle
Spence, Kevin G.
St. Pierre, Ginette M.R.
Stainsby, Brynne E.
Starcevic, Ivana M.
Stavros, Demetrios
Stewart, Melanie L.
Sturch, Gregory A.
Sturtevant, Troy R.
Syed, Nabeel
Szecsodi, Alexander W.
Tapak, Dean R.
Theobald, Hester A.
Thirukkumaran (Kunaseharan), Rogini
Thornicroft, Nicole L.
Tran, James
Trotter, Laura C.
Truszkowski, Stephen R.
Vakily, Faezeh
Viana, Shannon L.
Visram, Aliya
Visram, Tasneem
Viveiros, Jennifer
Weber, Jane E.
Weekes, Jeff J.
Whalley, Heather E.
Willaert, Dwayne R.
Wong, Matthew B.
Wu, Blake Ka-Sing
Young, Jason M.
Yuill, Erik

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Registry Update (AS AT AUGUST 2010)

SUSPENDED DUE TO NON-PAYMENT OF DUES FOR TWO YEARS

Anger, Adrian R.
Asaro, Antonio
Athwal, Pardip K.
Bennett, JoAnne W.
Bergman, Mark L.
Bhella, Harvinder S.
Borovay, Melissa D.
Bown, Tracy K.
Chow, Karyee K.
Claveau, Marie-Eve
Coates, Adam R.
Contogiannis, Daniel P.
Cowherd, John G.
DiCristofaro, Daniel
Dodd, Edward S.
Dunderdale, Thomas H.N.
Fantin, V. Joseph
Franko, James P.
Fuliere, Fabrizio D.
Hallman, Randy
Henriksen, Niels
Hideib, Giselle L.
Hill, Deanne
Hockridge, Michael J.
Hoski, Robert N.
Kulafofski, Izmit
Lall, Len L.
Lalonde, Michel A.
Lehman, Carrie J.M.
Leung, David C.K.
Luyk, John A.
Makohoniuk, Joy C.
McClure, Timothy D.
Murray, Virginia J.
Oakley, Nicola J.
Periard, Eric
Pisano, Suk-Khuan K.
Scales, Michael J.
Singh, Gurdeep
Sturino, Frank
Tiu, Brian
Tse, Dennis K.
Wiles, Michael R.
Yates, R. Glenn

REVOKED DUE TO NON-PAYMENT OF DUES FOR TWO YEARS

Annis, Robert S.
Berinati, William E.
Blanchette, Kenneth
Bricker, Erin
Bricker, John A.
Carman, Cecil L.
Cramer, Norman
Cutler, Lisa
Dos Santos, Antonio
Eberspaecher, Stefan A.
Gelfand, Brian M.
Greenfield, David
Haigh, Norman J.
Hartmann, Nicholas
Hill, J. Jay
Kinahan, Janine M.
Knof, Jens E.
Lo, Herman K.
Lue Chee Lip, Suzette
MacInnis, Heather A.
McCord, Phyllis A.
McDermaid, Cameron S.
Mondry, Margret M.
Odisho, Alksander S.
Peterson, Cynthia K.
Saratsiotis, John
Stewart, Astrid C.
Titus, Gary W.

RESIGNED

Butt, Amy C.
Pascoe, Richard N.
Sanders, Gary A.
Sleeth, Pamela V.
Stacey, Anne I.

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Recognizing service and contribution

2009 Annual General Meeting, June 17, 2010, Royal Ontario Museum (L-R) Dr. Frazer Smith, Ms Lynn Daigneault, Ms Jo-Ann Willson, Dr. Peter Amlinger

CCO bids a fond farewell to two Council members whose terms ended in April 2010 - Ms Lynn Daigneault, a public member, and Dr. Frazer Smith (District 2).

These veteran Council members sat on a variety of committees (e.g., Executive, Quality Assurance) and each made significant contributions to CCO and the public. Dr. Peter Amlinger, CCO president, acknowledged Ms Daigneault and Dr. Smith at the 2009 annual general meeting.

"Lynn brought insight, a pro-chiropractic attitude, and lots of board experience to our table. She also taught us all to not just remember the public interest but always use the public interest as a launching pad for our discussions," said Dr. Amlinger.

"Frazer was a tireless worker who brought a wealth of institutional knowledge, and perfectly balanced the public interest and the principles of chiropractic.

"I would like to thank these two people for their fantastic contributions to CCO."

– Dr. Peter Amlinger

FAREWELL MESSAGE FROM DR. FRAZER SMITH

I cannot believe this will be my final communication for CCO. It has been an honour to serve on the CCO Council for the past six years. I have truly enjoyed the experience and would like to thank the chiropractors of Eastern Ontario for entrusting me with this responsibility. My decision not to run for another term was difficult to make but ultimately done in the interests of my young family.

As I reflect on my experiences at CCO I am reminded that we are very fortunate to enjoy the privilege of self-regulation in Ontario. This ability ensures that the people of Ontario continue to receive the right to access chiropractic care as a health care choice and ensures that individual chiropractors have a voice in regulating the profession. The alternative is that someone else decides how to regulate the profession with little or no input mechanism.

We each have an important responsibility to support self-regulation by doing our part and getting involved with CCO. Volunteering your time to the college, reading all college communications, and offering feedback to CCO when requested can accomplish this. The feedback mechanism is an essential part of self-regulation and helps each committee at the college ensure that policy is created that embraces the current environment. Make sure you are aware of the legislation, regulations, and standards of practice that govern your practice by reviewing CCO's newly redesigned website (www.cco.on.ca).

I would like to thank all of the appointed public and the elected professional members that I have worked with for their dedication, commitment and passion to ensure that high quality chiropractic care remains a choice for the public of Ontario. Finally, I would like to acknowledge the hard work and commitment of CCO staff who continue to work so hard on behalf of our profession. The next time you call CCO, thank them for their hard work!

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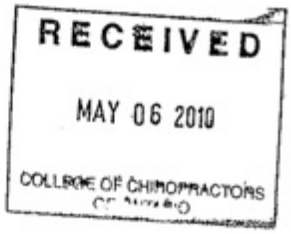
The Honourable Deb Matthews , Minister of Health and Long Term Care

10th Floor Hepburn Block, 80 Grosvenor Street

Toronto Ontario M7A 2C4

May 4, 2010



Dear Minister Matthews:

I am writing to thank the Ontario Government for having appointed me to the Council of the College of Chiropractors six years ago and to thank you for your letter of April 19 2010 recognizing the end of this six year appointment.

It has been an honour to serve on the Council of the College of Chiropractors of Ontario (CCO), to develop an in depth understanding of the link between chiropractic and health, to see firsthand the deep commitment of chiropractors to the health and well being of the people of Ontario, and to represent the interests of the public on the Council .

On a personal level, I know what chiropractic can achieve. My own chiropractor has contributed to my health and wellbeing in so many ways: healing injuries, promoting wellness and providing prevention strategies. To experience healing without prescription drugs and enjoy overall improved health, has allowed me to lead an enhanced healthy lifestyle, and reduce the amount of time I would otherwise require of my family physician. I believe that what chiropractors can contribute to the well being of the people of Ontario is greatly underestimated and generally undervalued.

Just as there is a place for traditional medicine in treating illness, I believe there is also a place for other modalities which complement traditional medicine to promote good health and prevent illness while working in the interests of the public. In my opinion, chiropractic can and should be an accepted and integrated adjunct to the province's commitment to the health, well being and long term care of its citizens. I am hopeful that the government of Ontario will take steps to provide chiropractors with greater access to the health care system. I know from personal experience how positive a step this would be.

To say that the past six years have been extremely rewarding is an understatement. I have received much more than I have given. I have had the pleasure and honour to work on the Council, the Executive, the Quality Assurance and the Patient Relations committees of the College. I have seen firsthand the dedication and commitment of both public and elected members to ensuring that the Regulatory body always has as its primary goal the protection of the public interest. And I have enormous respect for the care and dedication of those chiropractors I have had the honour of working with during my two appointed terms.

My thanks to the Government of Ontario for the honour of this appointment and the rewards that have come with it. The respect that the elected chiropractors to the Council have shown the public members over the years has led to a collegiality that allows for open debate, free exchange of points of view and well thought out decisions. I can say without a doubt that the public interest is well served by the College.

Yours sincerely.

Lynn Daigneault

Letter to Hon. Deb Matthews, Minister of Health and Long-Term Care, from Ms Lynn Daigneault, outgoing CCO public member.

Printed with permission
(Thank you Lynn!)

Council Meeting Highlights

CCO Council meetings are open to the public, although Council occasionally goes in camera to discuss matters relating to finances or legal advice. Council's practice is to start the agenda with in-camera items to minimize any inconvenience to guests.

At all meetings, Council reviews information from the MOHLTC and other chiropractic organizations, health regulatory colleges and FHRCO, and 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 a consideration of the recommendations of each committee.

Meeting items that appear not to be contested are included on a consent agenda as a mechanism for ensuring time efficiency. Any Council member wishing discussion of a consent agenda item may move the item to the main agenda.

CCO has regular attendees at its Council meetings, representatives from the OCA and CAC, and frequently, a representative from the MOHLTC and HPRAC. Attendees receive public information packages.

Here are the public portion highlights of three meetings held in 2010 - February 23, April 14, and June 18.

CCO Council meeting dates are posted on the website - www.cco.on.ca (under Tab 1).

FEBRUARY 23, 2010

Council approved the following:

- standard of practice S-018: Third Party Independent Chiropractic Evaluations
- amendments to standard of practice S-003: Professional Portfolio
- amendments to standard of practice S-017: Acupuncture
- amendments to standard of practice S-002: Record Keeping
- the revised forms re: application for therapy and counselling for patients sexually abused by members
- revocation of Policy P-039: Processing of Complaints, in view of the legislative amendments to the *RHPA*, which became effective in June 2009

Council noted/reviewed the following:

- expense claim guidelines and rules for government-appointed public appointees
- information re: *Bill 175: Ontario Labour Mobility Act* and *Bill 179: Regulated Health Professions Statute Law Amendment Act* had received Royal Assent
- information from Marilyn Wang, Director, Health Professions Regulatory Policy and Programs, and Richard Steinecke, CCO's outside legal counsel, re: professional liability insurance amendments to the *RHPA*
- the 2008-2009 HealthForceOntario annual report
- program and information for CFCREAB's April 2010 AGM (attended by Dr. Dennis Mizel and Ms Jo-Ann Willson)

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- an article re: the unveiling of a plaque honouring D.D. Palmer
- various information/correspondence re: CCO's audit by the OFC and CCO's response to the audit
- Court of Appeal for Ontario decision re: *Leering v. College of Chiropractors of Ontario*

Other activities:

- This was Dr. Frazer Smith's (District 2) last Council meeting. Council members extended their appreciation and thanks for his commitment and dedication to CCO.
- Dr. Wanda Lee MacPhee presented on the CPGs. For more information, go to www.chirofed.ca/english/guidelines.html.

APRIL 14, 2010

Council approved the following:

- a toll-free number for CCO (on a trial basis)
- amendments to Policy P-045: CCO's Legislation & Ethics Examination
- amendments to standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient

Council noted/reviewed the following:

- information re: the transfer of Ms Shabnum Durrani to the Ministry of Citizenship and Immigration from the MOHLTC
- information re: the appointment of Mr. Don Embuldeniya as the Executive Director of HPRAC, effective April 2010
- election criteria from other health regulatory colleges in Ontario
- CCO's report to the CFCREAB, dated April 9, 2010
- information re: the delisting of chiropractic services in Saskatchewan
- invitation to CAC's annual spring conference
- correspondence to the OFC from Mr. Richard Steinecke, writing on behalf of the FHRCO, expressing FHRCO's collective concerns re: additional audit requirements communicated by the OFC to the health regulated colleges during the audit process
- correspondence re: the requirement for Fair Registration Practices Reports to be available to the public
- the draft joint statement (CCO, CMTO, CPO, BDDT-N) re: protected titles

Other activities:

- Council members congratulated Dr. Gauri Shankar (District 2) on his recent election to CCO Council and welcomed him as a new Council member.
- This was public member Ms Lynn Daigneault's last meeting. Council members extended their appreciation and thanks for her commitment and dedication to CCO.
- Appreciation and thanks were extended to Dr. Brian Gleberzon for assisting the Registration Committee with revisions to CCO's legislation and ethics examination.

JUNE 18, 2010

One of the items on the agenda was consideration of an increase in members' dues, which involves the circulation of proposed amendments to By-law 13: Fees.

Council recognized the challenges associated with increasing members' dues, but also noted several relevant factors, including that the costs of complying with CCO's statutory mandate have increased for a number of reasons, such as the requirement to comply with various government initiatives (e.g., the registration audits of the Office of the Fairness Commissioner and the requests for information from MOHLTC for the Health Human Resources Data Base), increases in the costs of discipline, increases in the cost of living, the long term advisability of a permanent home for CCO (rather than continuing to rent space without building equity), and the need to for a technology update.

Council also reviewed the dues of other chiropractic organizations (including both advocacy groups and other chiropractic regulators in Canada) and other similar health regulatory colleges and noted that CCO dues, unlike those of other organizations, are generally lower and have remained static for over a decade, despite increases in the costs associated with exercising CCO's statutory mandate and the chiropractic profession's privilege of self-regulation.

Accordingly, CCO Council, comprised of both elected members and public members approved the circulation of proposed amendments to By-law 13: Fees (plus accompanying memorandum and feedback form) to members and other stakeholders for feedback.

Council also approved the following:

- the name change of Policy P-018.5 to "Funding for Therapy and Counselling for Patients Sexually Abused by Members" from "Funding for Therapy and Counselling for Victims of Sexual Abuse," to be consistent with the regulation
- amendments to Guideline G-001: Prevention of Sexual Abuse of Patients

Council noted/reviewed the following:

- letter to Ms Lynn Daigneault from Hon. Deb Matthews, Minister of Health and Long-Term Care, acknowledging her commitment to CCO as a public member
- letter to Hon. Matthews from Ms Daigneault (see page 39)
- the announcement that Ms Jo-Ann Willson was elected as president of FHRCO
- a press release about the proposed *Excellent Care for All Act*
- OCA's presentation to the standing committee on Justice Policy re: *Bill 46: Excellent Care for All Act*
- information re: Summit 2010 (attended by Dr. Peter Amlinger, Dr. Dennis Mizel, Mr. Robert MacKay, Ms Jo-Ann Willson)
- a copy of the Manitoba Chiropractic Association's filing for legitimate objection under the AIT
- promotional information re: 2010 CCA convention
- the Health Insurance Reciprocal Canada presentation
- the Neck Pain Evidence Summary

Other activities:

- Council approved a strategic planning session, scheduled for October 16-17.

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2009 Annual General Meeting

CCO held its 2009 AGM in the Glass Room of the Royal Ontario Museum (Toronto) on June 17, 2010. Dr. Adalsteinn Brown, ADM, Health System Strategy Division, MOHLTC, was the guest speaker. The topic: "The Future Regulation of Health Care in Ontario: Building on a Solid Foundation."

Dr. Adalsteinn Brown
Provocative Question – Does more regulation mean better quality healthcare?

(L-R) Ms Tracey Cooper, Dr. Peter Amlinger, Dr. Steven Silk, Dr. David Brunarski, Dr. Brett Moore, Dr. Douglas Pooley

The Glass Room, Royal Ontario Museum

Your feedback is important!

Please e-mail or fax to us your thoughts/comments about the materials in the August 2010 newsletter or any topic you would like addressed in a future communiqué.

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