

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:
February 8, 2005

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CHIROPRACTICE

College of Chiropractors of Ontario

August 2007

President's Voice

The past year at the CCO has been eventful, rewarding and encouraging. Not only do we have fabulous staff, a team of professional and public Council and non-Council members who are dedicated and committed to excellence, we also have members like you who have become more engaged. There appears to be a higher percentage of members who read and comment on the materials sent to them by CCO, and for this we are grateful.



Dr. Gilles Lamarche
President

In my first President's Message, I requested an increased involvement from the profession and many of you have stepped up. Thank you for choosing to get involved and I encourage you to continue. We have looked at improvements in our standards of practice and by-laws and your feedback is always appreciated. We encourage you to continue your involvement, correspond with us and also respond to our requests in a timely fashion. Good communication can only serve to help us all. Please know that all comments are reviewed by the appropriate committee and considered while making recommendations to Council.

Council and committee members are encouraged by the work they have done and by the majority of members who comply with the standards and help CCO govern the chiropractic profession in Ontario. We thank all of you for the encouraging letters, comments and e-mails, as we strive to enhance the delivery of chiropractic care for all Ontarians. It is our hope that the work accomplished at CCO has been as satisfactory to you, our members, as it has been for us.

To accelerate communication, we are looking at making substantial improvements to our web site (www.cco.on.ca), creating an electronic environment that is both user-friendly and productive, to help us achieve our mandate. The site will likely host a public portion as required by legislation, and a professional section only accessible by members. This will enhance the timeliness of our communication and allow you quick access to most information you require. This, of course, will require substantial investment of time and resources, so I ask you to be patient as we embark on this project of great magnitude.

I embrace with great satisfaction the opportunity of congratulating the QA Committee, all those involved with the record keeping workshops, and all members who chose to attend. This endeavour required much time, energy and money to accomplish our goal - improved record keeping. This project has increased the credibility, respectability and good will toward CCO, and I believe that the long-term impact on the profession will be similar. CCO has been seen as

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Acronyms

The following is a list of commonly used acronyms used at CCO. The acronyms, and not the full name, appear in this newsletter.

Acronym	Full Name	Acronym	Full Name
ACO	Acupuncture Council of Ontario	EI	Educationally Influential
ADM	Assistant Deputy Minister	FCLB	Federation of Chiropractic Licensing Boards
AGM	Annual General Meeting	FHRCO	Federation of Health Regulatory Colleges of Ontario
AIT	Agreement on Internal Trade	GTA	Greater Toronto Area
APP	Accessible Parking Permit	HARP	<i>Healing Arts Radiation Protection Act</i>
BDC	Board of Directors of Chiropractic	HIA	<i>Health Insurance Act</i>
BDN	Board of Directors of Drugless Therapy - Naturopathy	HIPA	<i>Health Information Protection Act</i>
CAC	Chiropractic Awareness Council	HPARB	Health Professions Appeal and Review Board
CCA	Canadian Chiropractic Association	HPRAC	Health Professions Regulatory Advisory Council
CCEB	Canadian Chiropractic Examining Board	ICR	Investigations, Complaints and Reports
CCEC	Council on Chiropractic Education (Canada)	IBC	Insurance Bureau of Canada
CDHO	College of Dental Hygienists of Ontario	IPC	Information and Privacy Commissioner/Ontario
CDTO	College of Dental Technologists of Ontario	LSUC	Law Society of Upper Canada
CCO	College of Chiropractors of Ontario	MOHLTC	Ministry of Health and Long-Term Care
CCP	Core Competency Project	OCA	Ontario Chiropractic Association
CCPA	Canadian Chiropractic Protective Association	OCT	Ontario College of Teachers
CEO	Chief Executive Officer	PHIPA	<i>Personal Health Information Protection Act</i>
CFCRB	Canadian Federation of Chiropractic Regulatory Boards	PIPEDA	<i>Personal Information Protection and Electronic Documents Act</i>
CMCC	Canadian Memorial Chiropractic College	QA	Quality Assurance
CMRTO	College of Medical Radiation Technologists of Ontario	RHPA	<i>Regulated Health Professions Act, 1991</i>
CMTO	College of Massage Therapists of Ontario	RCDSO	Royal College of Dental Surgeons of Ontario
COO	College of Opticians of Ontario	SEMG	Surface Electromyography
CPGs	Clinical Practice Guidelines	TCM	Traditional Chinese Medicine
CPO	College of Physiotherapists of Ontario	TTDPs	Techniques, Technologies, Devices or Procedures
CPSO	College of Physicians and Surgeons of Ontario	UQTR	Université du Québec à Trois-Rivières
CRC	Chiropractic Review Committee	WHO	World Health Organization
CSCE	Canadian Society of Chiropractic Evaluators	WSIB	Workplace Safety and Insurance Board
CVO	College of Veterinarians of Ontario		

President's Voice (cont.)

proactive in this arena and has received requests from other organizations for help and information. This success can be attributed to your willingness to participate and improve yourself. Those of you who have yet to attend, I encourage you to contact CCO and register soon. Failure to comply with this request will, in time, lead to enforcement measures. Please save yourself and CCO this aggravation.

Core competency is a project that has required time and commitment from many people. To those who have voluntarily presented to this project, thank you for your time and dedication to the process. We have embarked on a very ambitious project that is certain to provide much required clarification regarding chiropractic, its techniques and its practitioners.

Elections for Council members are held every year. If you are not voting, then who are you electing? Truth is, you affect the outcome of district elections whether you vote or not. If you don't vote, that translates into one more vote for someone else, and that someone may not have the leadership skills that you believe necessary. Who

you want at the table is important. The moral of the story - complacency is and has never been considered a leadership quality. I believe that we are all potential leaders and certainly as a chiropractor you are a leader at least to your patients. Please get involved, get informed, pay attention and VOTE. Whoever you let define who you are and what you want will always define you as less. If that is not what you want, choose great leaders.

Always remember that the interests of CCO require that our discourse with our stakeholders, other regulators and all of you should be facilitated by such provision that enable us to fulfill our duties in the manner which circumstances may render more conducive to the public good. Your greater involvement at every level leads to public good.

I take this opportunity to thank every member who makes us proud to be chiropractors, our staff team, and our Council and non-Council members who dedicate time, energy and effort to truly serve. I am honoured to be given the opportunity to be your president.

Election Results

Congratulations to Dr. Frazer Smith (District 2), who was elected by acclamation. CCO welcomes returning member Dr. Robbie Berman and new member Dr. Brian Gleberzon to Council. All three members have been elected for three-year terms, beginning at the April 19, 2007, Council meeting.

CCO thanks all candidates for allowing their names to stand for election to Council, and their willingness to participate in the self-regulation of the chiropractic profession.

Spoiled ballots

For the 2007 elections, CCO received several spoiled ballots. For example, no information on the white return ballot (such as no name, address, registration number or signature).

White return envelopes with no member signatures are spoiled. Members **must sign** their ballots. If a member is hesitant to mail an envelope with his/her signature on the outside, he/she may place the signed return envelope inside another envelope for mailing. Ballots with an illegible

signature and no other information identifying the member are spoiled. Late ballots are also spoiled.

CCO advises members to review the timetable for deadlines, published in both the *Notice of Election and Nomination Guide* and the *Voting Guide*.

In 2008, elections will be held in districts 4, 5 and 6. Information will be distributed early in the new year. Make sure your vote counts!

District 3

Dr. Ayla Azad	64
**Dr. Robbie Berman	114
Dr. Ruth Hitchcock	31
Votes cast	209
Total number of eligible voters	384

District 4

**Dr. Brian Gleberzon	279
Dr. Donald Viggiani	214
Votes cast	493
Total number of eligible voters	1,174



Ms Jo-Ann Willson
Registrar and
General Counsel

Registrar's Report

I have dreaded writing this report because I have to tell you about some new pieces of legislation and I don't want anyone to be bored to tears.

I've learned over the years that chiropractors (and many other stakeholders) really only want to know why they should care about new legislation, so I will be very brief and to the point. You should also know that as a result of a number of new legislative provisions, CCO has embarked on a very exciting initiative that is likely to change and influence the way in which you interact with your regulatory body (you have to read to the end to find out how).

First, you should know that many of CCO's recommendations (and those of other colleges and FHRCO) are reflected in the *Health System Improvements Act, 2007*, which contains a number of amendments to the *RHPA*. What CCO supported and what is reflected in the new legislation are some of the following changes:

- merging the screening functions of the Complaints and Executive committees into the Inquiries, Complaints and Reports (ICR) Committee;
- amending the objects clause of the *RHPA* to promote inter-professional collaboration;
- creating mandatory minimum requirements for quality assurance programs (including continuing education) and a list of specific enforcement powers for the QA Committee; and
- requiring information to be posted on colleges' web sites (including the public register) to enhance communication and increase public awareness and transparency.

I have to be honest - I never thought it was going to happen. The review of the *RHPA* was supposed to be done at the five-year mark (in 1998), and it took 12 years. In any event, the bill received royal assent and some transitional and general provisions came into force June 4, 2007.

The good news is most of the changes to the *RHPA* will not be in force until June 4, 2009, and other provisions will await proclamation. That gives CCO and other regulators time to dismantle some existing systems and restructure programs, committees and activities to ensure compliance.

Secondly, the *Traditional Chinese Medicine Act, 2006*, was given royal assent on December 20, 2006, with some transitional provisions in force, and the balance of the provisions (including regulations on acupuncture) to be in force on proclamation. Why do you care? You care because chiropractors are permitted to perform acupuncture provided they do so in accordance with CCO's standard of practice on acupuncture (posted on CCO's web site at www.cco.on.ca).

Third, the *Fair Access to Regulated Professions Act, 2006*, was proclaimed in force on March 1, 2007. Although this legislation is not especially relevant to current CCO members, members and other stakeholders should be aware that this legislation is one example of the way in which the provincial government has demonstrated a commitment to health human resources planning and the integration of foreign trained health professionals into the health care system in Ontario. CCO has participated in various other initiatives including stakeholder meetings with the MOHLTC where health human resource planning has been a major policy thrust.

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Registrar's Report (cont.)

You can read the full text of the Health System Improvements Act, 2007 at: www.ontla.on.ca/web/bills/status_of_legislation.do?locale=en#171, and the other two bills at: www.e-laws.gov.on.ca.

What am I excited about? I'm excited about a new direction approved by Council to ensure CCO meets its commitments under the various new legislation by devoting time and resources (i.e., people and money) to what is being referred to as TUP (technology upgrade project).

Wouldn't it be great if...

- CCO's web site included a members' only section for CCO-specific initiatives and requirements?
- Forms (professional portfolio, etc.) could be accessed, completed and submitted to CCO without paper or stamps?
- Members in out of way places in Ontario (we know you are out there) could easily access CCO's continuing education programs?
- Members could renew registration/pay fees on line (Hey, maybe members should even vote on line)?
- CCO could generate generic information about members with the click of a button? (number of members in different areas of the province, number of members who take x-rays, ages, gender distributions, types of complaints received, and trends over time)?

- Public portions of Council minutes were posted on the web?
- The public could access all kinds of information about CCO without having to phone the office?
- The public could access information about members directly from the web site? (before you say this wouldn't necessarily be great, you should know that it is a requirement of the new legislation).

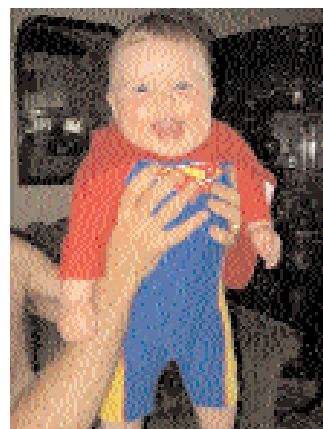
I understand some members (a small, but hearty group of you) still do not have e-mail, a computer or access to the Internet. I think it's time for everyone to get involved in his/her own personal technology upgrade as CCO embarks on this new initiative. For those of you who are technologically advanced, I'm interested in your creativity. If there are other technology upgrades that you think would be worthwhile for CCO to consider that we may not have already thought of, let us know! CCO is committed to enhancing communication with members and stakeholders and technology upgrades are an important part of that commitment from CCO Council and staff.

Thank you again for your diligence and patience as we all work through the requirements of new legislation and work hard to maintain and enhance the important business of regulating chiropractic in the public interest!

Congratulations!



... to CCO Council member Ms Ellie Moaveni and her husband, Mehrdad, on the birth of their son, Arman.



...to CCO Council member Dr. Frazer Smith and his wife, Nancy, on the birth of their son, Oscar.

The Road to Zanzibar

An Ontario chiropractor provides chiropractic care to the people of a small fishing village in East Africa



Jambiani Wellness Centre, Zanzibar - Dr. Carolyn Wood performing an adjustment

It is more than 13,000 kilometres between Clinton, Ontario, a small town in southwestern Ontario, and Jambiani, a coastal fishing village in Zanzibar, in the Indian Ocean off the east coast of Africa. Both claim populations of approximately 3,000.

Located on Unguja island, one of the main islands that comprises the country of Zanzibar, Jambiani stretches thin and narrow along the coast. The main sources of income are fishing and seaweed farming. It is home of the Jambiani Wellness Centre, a clinic offering free chiropractic and other health care services to the villagers. It was also home to an Ontario chiropractor for four weeks in August 2006, who exchanged room and board for offering chiropractic care to the villagers.

Dr. Carolyn Wood, of Clinton, first heard about the clinic some three years prior from a colleague, and then read two subsequent articles in *CCA News* and *The Canadian Chiropractor*. It was 2003 and the clinic had just opened (in January, specifically) - a first of its kind in all East Africa. The clinic was founded by Dr. Alastair Pirie, a chiropractor and CMCC graduate, and his wife, Ms Patricia Elias. Coincidentally, when Dr. Wood began inquiring about the possibilities of offering her services, she discovered that Dr. Pirie, who moved to British Columbia in 1999, had grown up in Goderich, not far from Clinton.

"I think it was everything I'd thought it would be and more," said Dr. Wood. She and her three children (Mark, 15, Christina, 13, and Kate, 10)

traveled the more than 13,000 kilometres to the village, where they stayed at Dr. Pirie's home while he and his wife traveled to Canada. The home, in Dr. Wood's words "was certainly not a typical African hut by any means," and working at the nearby clinic, which also served as a school in the afternoon, was "an incredible experience."

"For me to be able to go and volunteer and be able to use my skills as a chiropractor, it just seemed like that was a perfect fit. It gave me some time away from the day-to-day routine of practice at home. The experience of working with people of a different culture and a different language, of living within that community and being submerged in that community, was great," said Dr. Wood.

Dr. Pirie's clinic attracts chiropractors and other health care providers (such as physiotherapists and massage therapists) from around the world. Before Dr. Wood arrived, there was a manual therapist from the Netherlands. However, it remains primarily a chiropractic clinic, with a few first aid treatments thrown in the mix. The seaweed farming amidst the coral reefs brings in lots of locals suffering from cuts, gashes and other forms of abrasions. But the majority of Dr. Wood's time - about 80 per cent - was spent on chiropractic care.

One of the most challenging experiences for Dr. Wood was not so much educating the villagers about the benefits of chiropractic, which Dr. Pirie had already begun to do, but language. The official languages in Zanzibar may be Swahili and English, but in Jambiani, it is mostly Swahili.

"You learn basic words for lay on your back and lay face down, and sign language works well too," said Dr. Wood. "You can always figure out where they're hurting or what their problem is just by the assessment." But for communicating what she was doing and when she wanted to see them next, Dr. Wood relied on a translator nicknamed Chai. (His real name is Hassan but is called Chai because of his love for chai tea.)

A typical day for Dr. Wood was working at the clinic from 8:30 a.m. to about 2 p.m. on Monday, Tuesday, Thursday and Friday. Wednesday was the day she went to the nearby city, Stonetown, where she shopped and did some sight seeing. The rest of her time was spent

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The Road to Zanzibar (cont.)

watching the sunrise off the Indian Ocean, reading, swimming, watching the schoolchildren play soccer, and generally getting to know the people and their customs. One such particular custom was visiting the home-based restaurant - literally.

"Different people in the village opened their homes and they might just have one table and call it their restaurant. Behind the clinic, there was one of these homes, and all day you would hear the music blaring out from there trying to attract the tourists," explained Dr. Wood.

Dr. Pirie, called 'Ali Baba' by the villagers and his wife, 'Mama Pat', are known all over the island. In addition to providing free chiropractic health care, the clinic doubles as a school in the afternoon, run by Ms Elias, a graduate of Montreal's McGill University. The school teaches English as a second language and basic typing



Market day in Stonetown, Zanzibar

skills. Because the clinic only has one computer, students practise their typing skills on keyboards not plugged into anything. Once a week, the keyboards are plugged in so students can take their speed typing tests. The couple is currently building a new school beside the clinic which will offer courses in English and tourism.

For Dr. Wood's children, the lack of technology proved to be a bit a challenge and needed some getting used to.

"It's kind of mixed," explained Dr. Wood about what her kids thought of their African experience. "You take them out of a world of technology and being able to get whatever they need at their fingertips and you plunk them into the third world, where there really aren't any of



Dr. Carolyn Wood and her three children (L-R) Mark, Kate, and Christina

these things. There was a computer in the clinic but it probably only worked every other day, about 50 per cent of the time."

In the end, however, Dr. Wood is certain her children enjoyed the experience just as much as she did because, to this day, the children mention different things in conversation about their experiences in Africa. They helped out in the school and Mark even went cycling with the country's top cyclist.

"I would go back in a minute. It's so nice when you can combine a getaway with practising chiropractic," said Dr. Wood.

Hands Across Borders Society

The Hands Across Borders Society (HABS) was established as a not-for-profit organization (NGO) in Victoria, British Columbia, in 1999, by Dr. Alastair Pirie and Ms Patricia Elias.

Its main priority is to provide health and education services to communities in need within the developing world. To date, HABS has had extensive experience coordinating projects in Guatemala, Sri Lanka and East Africa (Zanzibar).

For additional information, please visit the HABS web site at www.handsacrossborderssociety.org.

Committee Update - Quality Assurance

With its peer assessment and x-ray peer review programs, peer assessor and record keeping workshops, and standards of practice development and review, the QA Committee continues to be one of the busiest committees of CCO. A highlight of activities follows.

Peer Assessment Program

The committee has launched the next round of peer assessments, randomly selecting 300 members with active licences to participate in the peer assessment program.

The committee would like to remind selected members that they are required to participate in this program and must respond to requests from the committee in a timely manner. For example, selected members are asked to return to CCO the following items within 15 days of receiving notification of a peer assessment: pre-visit questionnaire, samples of blank clinical charts/ forms, list of abbreviations, and one current sterilized patient file (a copy of the patient file with the patient's name, address, telephone number and other personal information blacked out/removed). If there are any extenuating circumstances, the selected member should contact CCO promptly.

The committee would also like to remind members that everyone holding an active certificate of registration is required to participate in the peer assessment program, even if he/she does not actively see patients. In this circumstance, the peer assessment process entails a review of the

member's knowledge of CCO regulations, standards of practice, policies and guidelines. Patient files would not be reviewed. The peer assessment material is posted on CCO's web site at www.cco.on.ca.

The committee, in conjunction with the Registration Committee, is still reviewing the issue of members holding active certificates of registration who do not live in Ontario.

Peer assessment - from start to finish

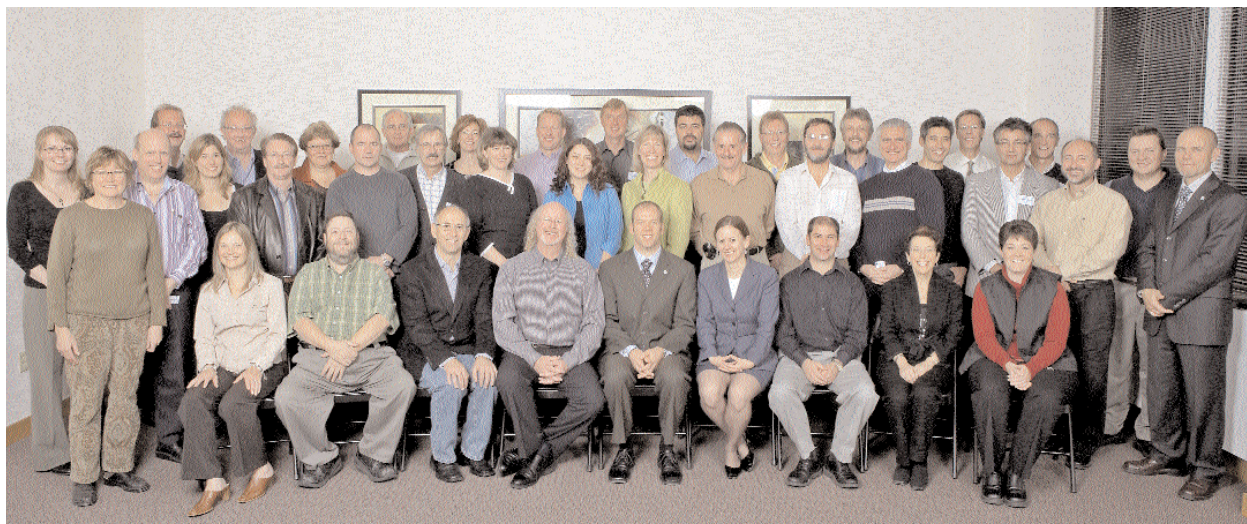
The length of time from the moment of notification by the committee to the disposition report has been approximately 10 months. Admittedly, this is a long period of time, but the committee is currently looking at ways to shorten this time frame and appreciates members' prompt cooperation with the peer assessment process.

Peer Assessor Workshop

The committee hosted a peer assessor workshop on October 14, 2006, at the CCO office. The workshop focussed on providing each peer assessor with feedback on his/her performance to date. This type of individual feedback had been requested by the peer assessors themselves in the workshop of the previous year.

The workshop also highlighted revisions to the peer assessment forms. First, the member/

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Peer Assessment Workshop - October 14, 2006

Committee Update - Quality Assurance (cont.)

assessor identification form includes a question on whether the member attended a CCO record keeping workshop and the date/location of the workshop attended. Second, the peer assessment checklist includes a section for the member to list the eight core competencies from *Core Competencies for CCO Members*. Third, the peer assessor report form comprises two ratings (satisfactory or deficient) instead of the previous three (satisfactory, major deficiency, minor deficiency). The peer assessor performs the assessment and notes if a member is satisfactory or deficient in each of the areas covered in the peer assessment checklist. The QA Committee reviews the assessment and decides if the member is satisfactory, has a major deficiency, has or a minor deficiency in each of the areas.

The committee believes this will eliminate some of the inconsistencies that have occurred to date. As with the previous workshops, this workshop also stressed the importance to the peer assessors of their role as ambassadors for CCO and the QA program.

S-017: Acupuncture

The committee reviewed the feedback from members and stakeholders on proposed standard of practice S-017: Acupuncture. The committee received more than 500 responses, the majority in support of the draft standard (see graph 1).

Derived from information gathered from various sources, such as ACO and WHO, the standard outlines members' duties and obligations when providing acupuncture services as an adjunctive therapy to their patients.

Until recently, acupuncture had been in the public domain. It is now regulated under the *Traditional Chinese Medicine Act*.

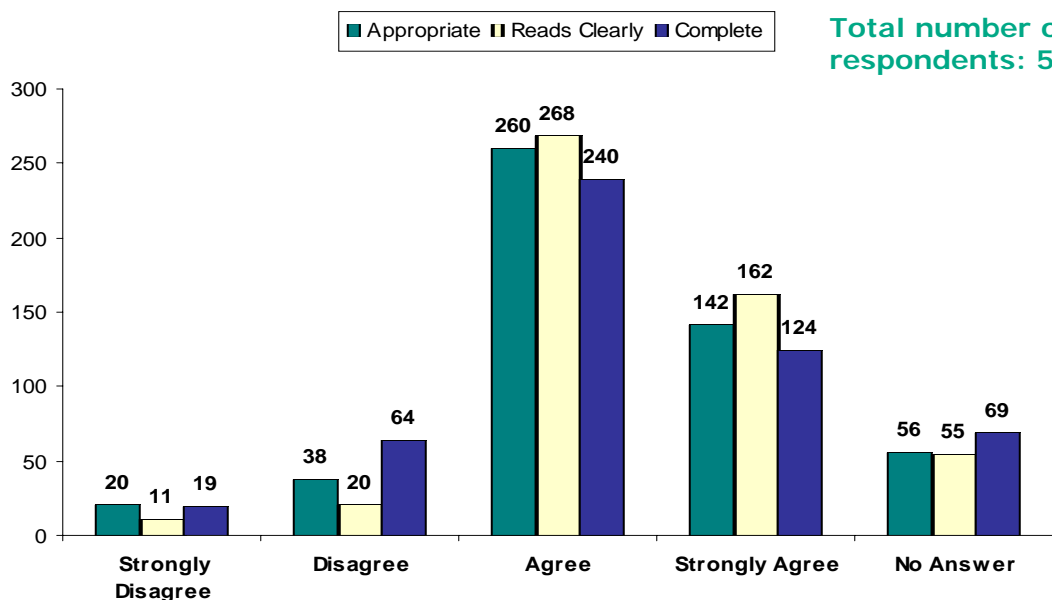
Draft S-016: Block Fees/ Payment Plans

The committee also distributed for members' feedback draft standard of practice S-016: Block Fees/Payment Plans. The committee received extensive feedback. Please review the message from the committee chair, Dr. Frazer Smith, on page 10.

More revisions to S-002: Record Keeping

The committee recommended some minor revisions to standard of practice S-002: Record Keeping, to ensure consistency with the other standards of practice. The revised standard, as well as all CCO regulations, standards, policies and guidelines, are posted on CCO's web site at www.cco.on.ca.

Graph 1: Summary of Feedback for S-017: Acupuncture





Dr. Frazer Smith
Outgoing Chair

Quality Assurance Committee: A Message from the Outgoing Chair

by Dr. Frazer Smith

In September 2006, CCO circulated for members' feedback draft standard of practice S-016: Block Fees/Payment Plans. The committee received more than 700 responses from members and other stakeholders. The feedback clearly demonstrated that the profession is polarized on this issue, and there was no consensus.

Interestingly, careful review of the feedback revealed that many members were actually concerned more with certain business practices than block fees or payment plans. This caused great concern to the committee for mainly two reasons. First, the committee was concerned that the draft standard did not accomplish its goal of protecting the public interest. Second, the draft standard lacked support from the profession and, if passed, would have been neither effective nor enforceable.

After lengthy discussion, the committee recommended to Council at the December 1, 2006, Council meeting that the draft standard be withdrawn and that a new standard on business practices be developed using feedback collected to date. Council approved this recommendation, and the committee is currently working on developing a new standard that will encompass the concerns of members and provide them with regulatory guidance on business practices.

The committee sincerely thanks all members and stakeholders for taking the time to respond to the standard because their feedback and comments will help CCO regulate more effectively. In the interim, the committee wishes to remind members that regulation R-008: Professional Misconduct (section 25) regulates the practice of block fees/payment plans.

R-008: Professional Misconduct

The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

Charging a block fee unless,

- the patient is given the option of paying for each service as it is provided.
- a unit cost per service is specified.
- the member agrees to refund to the patient the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service.

Unlocking Pandora's Box

CCP hears presentations on seven TTDPs used by CCO members

by Dr. Keith Thomson

Last September, CCO embarked on an exciting new task - asking members to make submissions to CCP that would help CCO approve TTDPs considered acceptable for clinical purposes, as stated in the standard of practice (S-016: Techniques, Technologies, Devices or Procedures).

Currently, the standard requires that for a TTDP to be considered acceptable for clinical purposes, it must be taught in the core curriculum, post-graduate curriculum or continuing education division of one or more colleges accredited by CCEC, or in an accredited Canadian or American university, in a manner intended to achieve clinical proficiency (examination, certification or other proof of clinical proficiency is required); or be a TTDP approved by CCO.

This is a daunting task as there are more than 300 techniques in the chiropractic profession. However, CCP members put their shoulders to the wheel and the journey is now officially under way.

In September and November 2006, CCP invited the following members to present their TTDP: Dr. Russell Bradshaw (Pro-Adjuster), Dr. David Fletcher (SEMG), Dr. Stanley Gorchynski (Activator), Drs. Jayson Grossman and John Millett (Applied Kinesiology), Dr. Ian Horseman (Pettibon), Dr. Paul Oakley (Chiropractic Biophysics) and Dr. Allan Oolo Austin (Trigenics).

CCP expresses its sincerest appreciation for the time and enthusiasm that each of the presenters put into their presentations. Each presenter showed exceptional knowledge, passion and excitement.

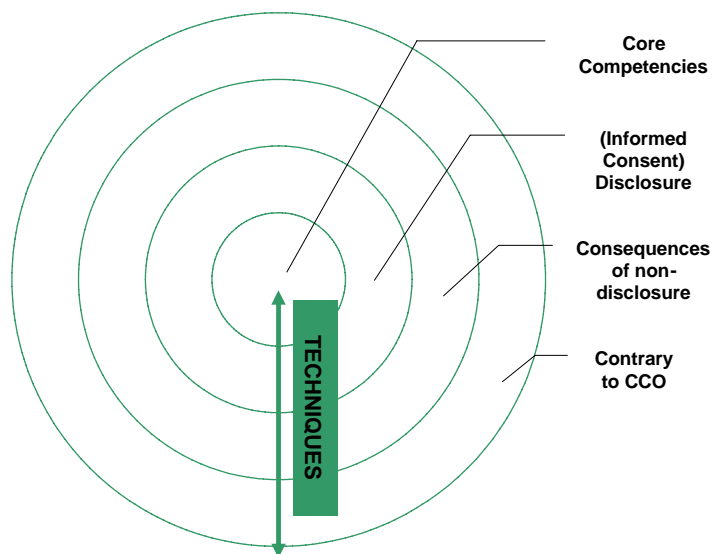
The results of the initial endeavour showed that the TTDPs reviewed, when appropriately used and applied, met the current standard of practice. However, CCP members did have some concerns relating to issues, such as clinical efficacy, extended treatment schedules, serial use of x-rays, surrogate testing, and false or misleading claims. Some concerns were dealt with satisfactorily, such as the two techniques whose focus is on postural structural correction (Chiropractic Biophysics and Pettibon). The presenters clarified that recommending initial year-long treatment plans is not clinically recommended. On the other hand, some concerns were not fully dealt with satisfactorily, such as some clinical findings with regards to SEMG.

Well, nobody said this was going to be a popular task, or an easy one! It is proving to be challenging, but it is also an opportunity - to look more closely at what



Dr. Keith Thomson
Chair

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Ms Lynn Daigneault
Public Member
QA Committee, CCP

Bringing Core Competencies to Life

by Ms Lynn Daigneault

Although the QA Committee has focused on a number of successful programs and initiatives over the past several years (such as peer assessment and the record keeping workshops), one of the most exciting initiatives has been CCP and its important task of bringing to life the *Core Competencies for CCO Members* document.

The *Core Competencies* document provides chiropractors with a model of professional practice to ensure safe, effective and ethical outcomes for patients. Ultimately, it will help the public in assessing quality care, thereby ensuring public trust in the profession.

What are the core competencies?

Core competencies are the knowledge, skills and judgment chiropractors need to achieve exemplary performance within their scope of practice. As with all other health care practitioners,

chiropractors must continue to add new knowledge as it becomes available, embrace new skills, and refine judgment on clinical issues using the best available evidence. Continuous quality improvement in all aspects of practice within the scope of practice is what is at the core of quality assurance.

Eight Core Competencies:

1. Communication
2. Clinical Competency/
Maintenance of Records
3. Life-Long Learning and Self-Assessment
4. Scope of Practice
5. CCO Regulations, Standards, Policies and Guidelines
6. Collaboration
7. Responsibility to Patients and the Public
8. Best Practices/Ethics

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Unlocking Pandora's Box (cont.)

we do as chiropractors in our quest to improve the quality of the lives of the people of Ontario.

Finally, it has been both a busy and exciting time for CCP and there is more work up ahead. CCP extends a tremendous expression of gratitude to Drs. Brian Gleberzon, Allan Gotlib and Drew Potter for participating in the process.

Future Steps:

- To review standard of practice S-016: Techniques, Technologies, Devices or Procedures, and to make recommendations for revisions to the QA Committee.
- To review other TTDPs.
- To contact developers of TTDPs and ask for clarification on specific questions.
- To review further the issue of informed consent and disclosure as it pertains to TTDPs, such as creating a technique monogram.
- To create a CCO template for members' use for TTDPs outside core competencies.
- To review further the issue of clinical efficacy for some TTDPs.

Bringing *Core Competencies* to Life (cont.)

Why was *Core Competencies* reviewed and revised?

Core Competencies was reviewed and revised because it became apparent during the peer assessment process that chiropractors either were not familiar with the document or did not see how the document was to be used. With the understanding that the eight core competencies are the hub of all QA initiatives, the members of CCP took on the task of revising the document to make it useful, user-friendly, and focused on continuous improvement.

How was *Core Competencies* revised?

Using the original document as a base line, the members of the CCP expanded each of the competencies into a series of rubrics (see below for explanation). Each member wrote a draft rubric for one or two competencies.

These rubrics were then reviewed and revised by the CCP members as a group, with input from Mr. Gregg Bereznick, a Superintendent of Education with the Waterloo Region District School Board, and brother of Dr. David Bereznick, non-Council member of CCP.

How does the revised document support the proposed *Health Systems Improvement Bill*?

The proposed *Health Systems Improvement Bill* will require QA programs to include the following:

- continuing education or professional development;
- self, peer and practice assessments; and
- members' participation in and compliance with the QA program.

How does the work of CCP fit into the overall vision of the QA Committee?

The QA Committee sees peer and self-assessments, professional portfolios and continuing education as all being linked to one central purpose: continuous improvement. These initiatives are supported by the eight identified core competencies of the profession.

What are the next steps?

The next steps involve refining the new draft *Core Competencies* document, developing strategies to communicate the revised document to members, and developing draft worksheets that will make a self-assessment process easy, interesting and purposeful. The members of CCP are looking at ways to use existing programs, such as peer assessment, to facilitate self-assessment and foster professional dialogue.

Communication of the revised *Core Competencies* document, proposed self-assessment process to members of the profession, and Council approval will be important next steps as well.

The revised draft document should form the basis of a future self-assessment document, the purpose of which would be to:

- provide a framework for professional growth and continuous improvement for the profession and for each individual chiropractor;
- provide a framework for continuous education, professional development and self-directed learning; and
- support the proposed *Health Systems Improvement Bill*.

It is the hope of the QA Committee and CCP that revising the *Core Competencies* document and developing a self-assessment process will strengthen the profession and serve as a model for other professions in the areas of self and peer review, development and improvement.

What is a rubric?

A rubric expands on the definition of a competency, reading both horizontally and vertically.

Horizontally, it shows incremental growth through four strands: Needs Improvement, Satisfactory, Proficient and Exemplary. Vertically, it captures the essence of each strand.



Dr. J. Bruce Walton
Consultant
QA Committee

Important Reminders

by Dr. J. Bruce Walton

Record Keeping Workshops - Where are we at?

In 2005, CCO Council mandated that all members holding an active certificate of registration attend a record keeping workshop. This came largely out of an analysis by the QA Committee of the peer assessments that had been conducted to date which showed that many members who had been peer assessed were deficient in their record keeping.

CCO notified members of the mandatory workshops in July 2005. That mail distribution also included the 2004 Annual Report and the 2004-2005 Directory. The announcement listed dates, times and locations of the workshops, which were to run from September 2005 to May 2006. Members were encouraged to register early to ensure they got the best time and location to meet their needs. The announcement also stated that these 16 scheduled workshops would be free, and there would be a fee for subsequent workshops. CCO posted this information on the web site (www.cco.on.ca) and noted it in the September 2005 issue of *ChiroPractice*.

CCO held the workshops in a variety of locations around the province, including Thunder Bay, Timmins, North Bay, Ottawa, Kingston, Barrie, Waterloo, St. Catharines, London, Windsor, and several in the GTA.

In Fall 2006, CCO scheduled more workshops, and to date, has hosted workshops in Ottawa, Orillia, London and two in Toronto (CMCC and the Old Mill). Additional workshops are slated for Mississauga and Toronto.

More than 2,700 members and students have attended thus far and feedback from participants has been overwhelmingly positive. Many participants appreciated the personal contact with CCO representatives. Their learning experience was heightened by their ability to ask questions and get immediate answers and feedback. They also appreciated the chance to connect with their professional peer group, and, of course, they enjoyed the food!

CCO is sensitive to meeting the needs of all its members and, where possible, has made arrangements to accommodate attendance at these workshops. For example, members, especially those in areas distant from the currently scheduled workshops, may request CCO to plan a workshop in their community. As long as there are 25 members committed to attend, CCO will make every effort possible to schedule a workshop in that area. Furthermore, CCO is currently looking into the possibility of using technology (CD-ROM, web-based learning, interactive multimedia events) to reach a wider audience for future workshops.

All members who have not yet attended are encouraged to make arrangements to attend a workshop at their earliest convenience. To stay up-to-date on all programs CCO is offering, as well as important issues dealing with the regulation of chiropractic in Ontario, CCO reminds members to read all distributed materials and to visit CCO's web site regularly.

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Important Reminders (cont.)

Informed Consent and Practising “Outside the Core”

Many discussions have arisen from the record keeping workshops, and one of the most common involves the issue of consent. Clarification is often sought when consent, as stated in standard of practice S-013: Consent, is considered in relation to standard of practice S-010: Techniques, Technologies, Devices or Procedures.

Briefly, members must remember the following information when obtaining consent.

First, every member of CCO is required to ensure that patient consent to any examination or treatment or to a course of treatment, is fully informed, voluntarily given, related to the patient's condition and circumstances, not obtained through fraud or misrepresentation, and evidenced in a written form signed by the patient or otherwise documented in the patient record.

Second, consent is not a one-time only event. It is prudent for the member to obtain consent again, especially in the following circumstances (this is not an exhaustive list):

- the patient presents with a new condition (e.g., started treating the knee, now caring for the spine);
- the doctor changes his/her technique (e.g., started with Activator and begins to use Thompon Terminal Point Technique);
- there is a change in material risk (e.g., patient under care for a period of time reports that he/she is being treated for hypertension);
- the patient has been away from care for a certain period of time. CCO does not specify how long an absence is significant. It is up to the doctor's clinical judgment, but consistency is important;
- the patient's health status has changed (e.g., patient has been in a car accident).

Third, the consent standard clearly states that an appropriate discussion and dialogue needs to occur between the doctor and the patient. The doctor must disclose improbable risks, particularly if the risks are serious. The doctor must discuss



Record Keeping Workshop, Toronto - February 17, 2007

with the patient the rare but potentially serious risk of stroke associated with cervical adjustments.

Please note, it is not considered sufficient for the chiropractor to have simply been taught the TTDP at an accredited chiropractic school. The member must have successfully completed the course at the institution.

The consent for a TTDP not considered core should include the following:

- a description of the TTDP;
- a statement regarding the anticipated goal or expected outcome for the patient from the use of the TTDP;
- alternatives, if any, to the TTDP; and
- the effects, risks and side-effects of both the use and the non-use of the TTDP.

Finally, CCO reminds members that they cannot perform the mobile digital iriscopes procedure, the dark field microscopy procedure, vega testing, hyperbaric oxygen therapy, pelvic and prostate examinations, and laboratory testing involving the examination of tissues taken from the human body. These techniques are outside the scope of chiropractic practice.

CCO reminds members that they must practice within their scope of practice, as defined in the *Chiropractic Act, 1991*.

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Important Reminders (cont.)

Radiology in Chiropractic Practice: What are your regulatory responsibilities?

Whether the member takes his/her own x-rays, he/she must understand and comply with standard of practice S-006: Technical and Interpretative Components for X-ray. The patient's record must include a standard clinical work-up as stated in the record keeping standard of practice (S-002: Record Keeping), namely, recent x-rays taken (if any), the specific reason why an x-ray is being taken (e.g., differential diagnosis, treating planning indicators), the results of the x-ray reading, and recommendation(s).

The radiological log should contain the patient's identification, date the x-ray was taken, the x-ray projection or view, the part thickness in centimetre, the kilo voltage/peak (k.V.p.), the milli amperage times seconds (m.A.s), and comments. The log should be a separate and distinct document from the patient file. It is not sufficient to record the elements of the log in each individual file.

Writing an x-ray report may seem an onerous task for many members, but reports must be written as they are part of the standard of practice and related to the quality of patient care. The narrative report must contain information relating to the patient (name, age, sex), date the x-ray was taken, examination information (series and views), description (radiography features, usually in order of importance or anatomical sequence), radiological impressions (list of radiological diagnosis in order of importance), and the initials of the reporting doctor.

Members who order x-rays from outside sources are still required to provide a narrative report. If the outside service provides a radiological report, a full narrative by the member may not be necessary. However, the member must still review the films and the report, and make appropriate, chiropractic-related notes in the patient's file.

If a member is having difficulty in the area of taking and/or reporting on films, he/she is still responsible for taking steps to improve his/her skills.

All members are encouraged to stay current and informed. This is particularly important if you practise in isolation. Talk to your colleagues,

ask for help if you need it. Rest assured it is much better to learn by proactively asking for help than to learn as the subject of a complaint or disciplinary matter.

Common Deficiencies Related to X-Ray

The following are some of the common deficiencies found with members whose x-rays have been reviewed by the QA Committee's x-ray peer review program.

Common deficiencies in x-ray taking:

- no lead marker;
- poor quality identification on films;
- misplaced marker - obstructing view (e.g., artifacts such as zippers, jewellery, bra straps, tongue studs);
- poor collimation;
- poor films that should have been retaken;
- use of blanket factors - using the same exposures for all images and views (yes, it does happen!); and
- mAs/KVp too high or too low.

Common deficiencies in x-ray reporting:

- no impressions;
- patient's age and/or sex omitted;
- doctor's signature/name/clinic missing;
- no pregnancy release form;
- x-ray log book not being kept or not enough detail; and
- inadequate report writing.

Complaints Committee: A Message from the Chair

by Dr. Marshall Deltoff

It is a generally accepted maxim that the best offence is a good defence. In an effort to continue the positive trend of decreasing complaints, from time to time, I will be addressing particular categories of complaints, and offering information that I hope you will find helpful in practising defensively. In this issue, I would like to review the topic of professional and specialty designations.

We are, of course, one of six professions in Ontario with the statutory privilege to use the title/designation "doctor." So as not to mislead the public (which almost always happens inadvertently), it is necessary to somehow relate what type of doctor you are. Thus, using the terms "doctor of chiropractic" or "chiropractor" are acceptable. Another option, if appropriate, is to state the name of your clinic, so the consumer is aware that you operate a chiropractic facility.

It is not permitted to use the term "chiropractic physician" in Ontario. The *Medical Act, 1991*, prevents anyone other than members of CPSO from using the word "physician" in a professional designation. This is particularly important for our members who have graduated from schools in jurisdictions where chiropractors are commonly referred to as chiropractic physicians (e.g., Illinois' National University of Health Sciences).

There are a variety of certifications available to the profession, such as pediatrics, but this is not a specialty recognized by CCO and, therefore, cannot be used by members. The only acceptable specialty designations are outlined in policy P-029: Chiropractic Specialties, as follows: FCCS(C) - Fellow of the College of Chiropractic Sciences (Canada), FCCR(C) - Fellow of the Chiropractic

College of Radiologists (Canada), FCCSS(C) - Fellow of the College of Chiropractic Sports Sciences (Canada), FCCO(C) - Fellow of the College of Chiropractic Orthopedists (Canada), and FCCRS(C) - Fellow of the College of Chiropractic Rehabilitation Sciences (Canada).

Doctors who use non-accepted designations are potentially in contravention of regulation R-008: Professional Misconduct. The member may face a charge under sections 16 and 17 of the professional misconduct regulation, which reads as follows: "Section 16: *Using a term, title or designation in respect of a member's practice contrary to the policies of the College.* Section 17: *Using a term, title or designation indicating a specialization in the profession contrary to the policies of the College.*"

The advertising standard of practice (S-003: Advertising) also prohibits members from referencing a specialty in their advertisements, unless that specialty is recognized by CCO, as per policy P-029. Furthermore, the advertising standard prohibits members from advertising specific techniques or brands of devices, except within their offices.

If a member chooses to advise the public that they offer a certain type of therapy, he/she should not name a specific technique (e.g., Activator, Active Release or Gonstead). Saying that you offer a generic type of therapy (e.g., acupuncture) is fine.

Members should be aware that Council has reviewed the advertising provisions and any updates will be posted on CCO's web site.

Perhaps a member caters to a particular market segment, so it appears that he/she "specializes" in



Dr. Marshall Deltoff
Chair

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Dr. Peter Amlinger
Chair

Advertising Committee: A Message from the Chair

by Dr. Peter Amlinger

The Advertising Committee has completed its review of feedback of the proposed advertising regulation (R-12: Advertising), standard of practice (S-003: Advertising), guideline (G-003: Guideline) and the proposed Public Display Protocol. As you will recall, the committee distributed these items to members for feedback in September 2006.

The committee created the Public Display Protocol as a means of regulating public displays currently occurring across Ontario. The protocol outlines members' responsibilities when engaged in public displays to ensure they are executed professionally and ethically.

The volume of feedback was overwhelming and the committee thanks those who responded for taking time out of their busy schedules and sending us their thoughts.

The summary of the feedback for the standard and protocol is illustrated in graphs 2 and 3, respectively, on page 19.

As always, the debate rages on and there is a diversity of strong opinion within the profession. While some of the feedback was well thought out and reflected careful review of the documents, much of it simply reflected the respondent's personal opinion and did not include any comment or insight on the proposed regulation, standard, guideline or protocol. This makes

our task more challenging, but the committee remains fully committed to developing a standard that fulfills CCO's mandate of protecting the public interest while respecting the chiropractic profession's right to advertise in a professional and ethical manner.

The committee continues to review advertisements as they are submitted. Many advertisements are submitted in advance for review by the chiropractor wishing to advertise. The committee works hard to respond to these advertisements within 10 business days. A substantial number of advertisements are submitted to the committee by way of a complaint by concerned members of the public or chiropractors. The committee then evaluates the advertisement against the current standard of practice and responds appropriately.

I would like to encourage everyone to become familiar with the current advertising standard of practice, posted on CCO's web site (www.cco.on.ca) and to follow Council's recommendation of submitting advertisements for review prior to distribution.

Be sure to review the web site for updates and changes to the advertising provisions approved by Council. Pending final approval, members must comply with the current advertising standard of practice.

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Complaints Committee (*cont.*)

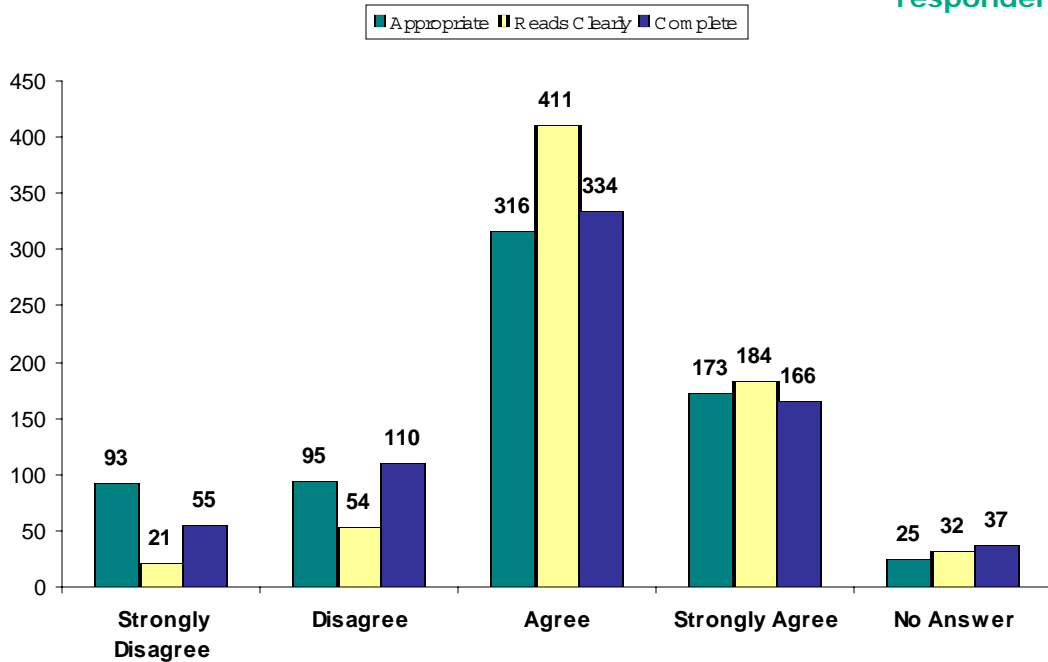
that area. Again, if the specialty is not recognized (as per Policy P-029), the member may use words such as "practice limited to" or "offering." This clearly informs the public of the member's practice preference without labelling him/her as a specialist.

As doctors who appreciate and apply the concept of preventative care, it would make sense to submit all advertising/promotional material to CCO's Advertising Committee. I have used them in the past, and found them to be pleasant, helpful and painless!! To borrow from our allopathic colleagues - "an ounce of prevention..."

Advertising - Summary of Feedback

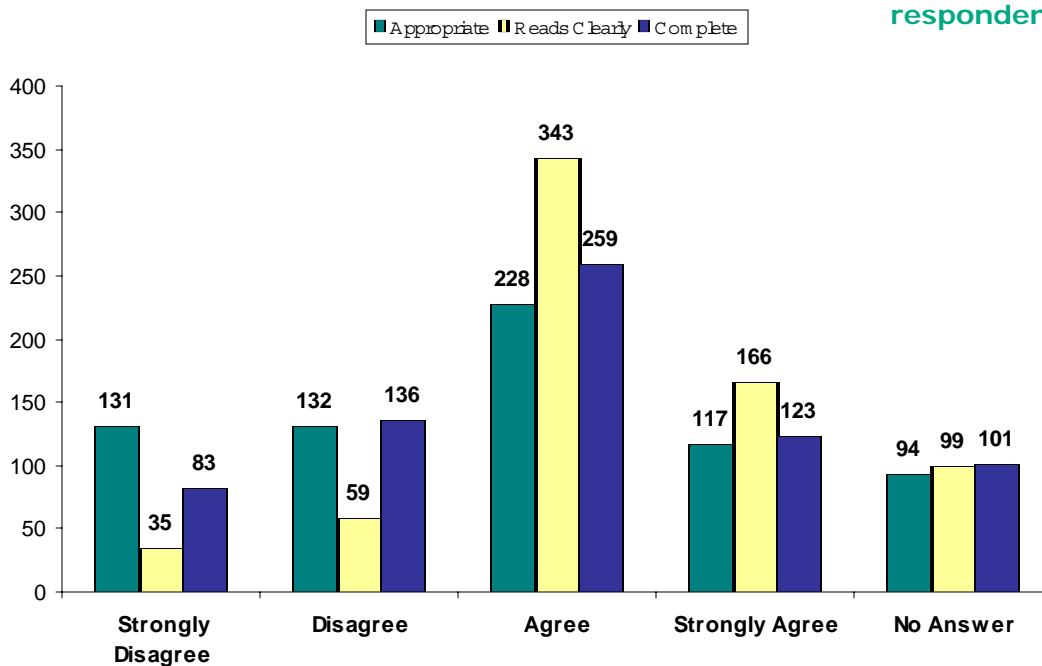
Graph 2: Summary of Feedback for S-003: Advertising

Total number of respondents: 702



Graph 3: Summary of Feedback for the Public Display Protocol

Total number of respondents: 702





Mme Lise Marin
Bilingual Public
Member

Bonjour à tous et à toutes

par Mme Lise Marin

J'ai eu l'occasion de me rendre à la convention de l'Association Chiropratique Canadienne tenue à Vancouver du 16 au 18 novembre, 2006, et ce, à titre du Conseil de l'Ordre des Chiropraticiens de l'Ontario.

Le choix de Vancouver pour cette convention fut tout à fait approprié... un paysage enchanteur, une organisation solide et un accueil des plus chaleureux... bref, un encadrement idéal pour une telle convention.

J'ai eu l'occasion d'assister à sept des ateliers qui m'intéressaient le plus, entre autres, "Chiropractic in the Global Environment," "Chiropractic in Multi-Disciplinary Settings," et "The Healing Encounter: Where Does it End?"

L'atelier qui m'a le plus impressionné fut sans doute celui de Docteur Gerard Clum, de renommée internationale. Son exposé portait sur l'aspect global de guérison, que recherche chaque patient ou patiente et que vise chaque chiropraticien ou chiropraticienne. Selon le Docteur Clum, la méthode de traitement est moins importante que le fait de donner espoir à la patiente ou au patient. Selon lui, c'est ce qui est primordial.

Le message video du ministre de la Santé du Canada, Monsieur Tony Clement, est sans équivoque. Il indique bien que les chiropratici-

ennes et les chiropraticiens sont à l'avant garde ("front line people") des services de soins en santé au pays et qu'elles et ils jouent un rôle indispensable.

Personnellement, je crois que les chiropraticiennes et les chiropraticiens doivent s'impliquer politiquement à tous les paliers... que ce soit au niveau des municipalités, ou au niveau des gouvernements provinciaux ou fédéral comme le font les autres professionnels de la santé au Canada.

Je félicite CMCC pour l'organisation de la soirée intitulée "A Taste of Canada / Les Saveurs Canada." Il nous a été possible de déguster un menu diversifié d'inspiration canadienne. Mes félicitations s'adressent également à la présidente du CMCC, Docteur Jean Moss, et son équipe pour l'accueil chaleureux lors de cette soirée.

Je remercie l'Ordre des Chiropraticiens de l'Ontario qui m'a permis de me rendre à cette convention. Je dois vous avouer que j'admire le travail qu'effectue son président, Docteur Gilles Lamarche, ainsi que celui de Ms Jo-Ann Willson, avocate et conseillère de l'Ordre. C'est un plaisir pour moi de siéger sur ce Conseil.

Que l'année 2007 vous apporte santé, joie, sérénité et satisfaction dans votre profession.

Canadian Chiropractic Convention

Several CCO members - including three public members - attended the Canadian Chiropractic Convention, hosted by CCA and the 10 provinces, in Vancouver, British Columbia, on November 16-18, 2006. Mme Lise Marin and Mr.

Martin Ward share their experiences. The convention's theme - Unity of the chiropractic profession within the context of mandated responsibilities.

Chiropractic in the Rain

by Mr. Martin Ward

The Canadian Chiropractic Convention in Vancouver was great fun. I attended in my role as a public member of CCO and returned to Ontario better informed about chiropractic. Also, my previous observations that chiropractors know how to enjoy themselves were reconfirmed. It rained heavily during our time in Vancouver, but the weather did nothing to dampen the enthusiasm of the delegates to the convention.

The workshops were an excellent opportunity for me to listen to the “big names” in the profession (including Drs. Gerry Clum, Craig Nelson, Guy Riekeman and Jay Triano), and to hear them eloquently expound their different views about the practice of chiropractic and its role in contemporary health care systems. It was especially interesting to learn about the evolution of chiropractic from its roots in the late 19th century to the multi-faceted services offered by chiropractors today, as evidenced by the wide range of gadgetry displayed by the many exhibitors at the convention.

There was much discussion about the increasing level of acceptance of chiropractic as “mainstream” health care, especially in the United States. Also, concern was expressed about the effect on the image of the profession of those who practise at the margins of what is generally accepted as core chiropractic care. Chiropractors seem to enjoy debating with each other on the true nature of their profession!

First-rate facilities were provided at the Westin Hotel convention venue, and from the perspective of a delegate, the event was superbly organized and managed by chiropractors from Alberta and British Columbia. We were both entertained and motivated from the stage

at the opening and closing ceremonies, with the presentation by Mr. Rick Hansen a particularly memorable moment. Rick highlighted the importance of chiropractic therapy in his life.

There were great opportunities to network with chiropractors from across Canada and further afield. The CMCC dinner provided a relaxed environment where old friends could meet to reminisce and exchange news. I enjoyed socializing with people whom I had only met previously in the more formal setting of CCO meetings. It was a great idea to arrange the dining room and design the meal such that we were able to sample representative dishes from the different regions of Canada.

As a delegate I spent most of the time in the convention centre. However, I did manage to venture out on foot into nearby Stanley Park and had a delightful Japanese meal (a new experience for me) one evening in a suburban restaurant where my niece serves as a waitress. While we were in Vancouver the heavy rains caused earth slides into the reservoirs in the nearby mountain valleys which resulted in an unsafe drinking water alert. Bottled water was at a premium, and it was amusing to be turned away from a Starbucks because they weren't serving coffee!

The convention was most informative for me as a public member who knew little about chiropractic before being appointed to serve on CCO. In fact, I felt so well informed that in the hotel swimming pool on the last day I was able to respond with more confidence when asked by a tourist from Israel, “chiropractic, what is that?”



Mr. Martin Ward
Public Member

Photo Gallery



Election Day for District 3 - March 30, 2007
(L-R): Dr. Robbie Berman (newly elected member from District 3) and Dr. Ayla Azad.



Election Day for District 4 - March 29, 2007
(L-R): Dr. James Laws (election observer) and Dr. Brian Gleberzon (newly elected member from District 4).

CCO Council 2007-2008



Seated (L-R): Dr. Frazer Smith, Mr. Robert MacKay, Dr. Peter Amlinger, Dr. Gilles Lamarche, Ms Jo-Ann Willson, Dr. Brian Schut (outgoing Vice President), Ms Lynn Daigneault, Mr. Martin Ward. Standing (L-R): Dr. Marshall Deltoff, Ms Cindy Maule, Dr. Dennis Mizel, Dr. Keith Thomson, Dr. James Laws, Dr. Calvin Neely, Ms Ellie Moaveni, Mme Lise Marin. Missing: Dr. Robbie Berman (see above left), Dr. Brian Gleberzon (above right), Mr. Ganesan Sugumar (left)

Articling at CCO

by Mr. Joel Friedman

For graduating law students, the articling year is a combination of education and hands-on experience. My tenure at CCO has provided me with both, and has given me an opportunity to learn and practise in areas of particular interest to me - the fields of health, regulatory, administrative and public sector law.

My introduction to CCO began in August 2006 when I was invited to observe an open discipline hearing. At that hearing, I had the opportunity to observe examinations and cross-examinations of expert and lay-witnesses and legal arguments from both prosecution and defence. Following that most interesting experience, I began working at CCO in September.

At CCO, I have been able to broaden and deepen my knowledge through observing and participating in its many and varied activities. I have learned a great deal about self-regulation and the role of CCO in protecting the public interest. As well, I have had the opportunity to learn about the important function of the chiropractic profession in maintaining the health and wellness of Ontarians. I toured the beautiful facility of CMCC, observed a chiropractor in a clinical setting, attended and assisted with record keeping workshops, and attended and reported on a wide variety of educational seminars relating to public health regulation, complementary and alternative health policy, and new health legislation.

Through my observations and activities with CCO, I have learned about the important roles and functions of Council and staff. As well, I have gained insight into the specific roles of various committees and sub-committees through my participation in Quality Assurance, Core Competency, Advertising, Executive and Council meetings.

As a student-at-law, I have had many opportunities to use my legal

skills to contribute to the activities of CCO, assist in its legal proceedings and enhance my knowledge. I have carried out legal research and writing in a number of diverse areas, such as privacy and freedom of information matters, health law, administrative law, human rights law and not-for-profit corporate law.

Based on my research, I have advised on proposed amendments to regulations, policies, rules and by-laws. I have advised on complaints matters, and have assisted with the preparation of legal documents. As well, I have had the opportunity to apply and sharpen my communication skills through contact with members, investigators and other health regulatory colleges. Further, I have participated in many litigation proceedings through attendance at discipline hearings, a criminal trial and a federal Court of Appeal hearing.

Working at CCO at a time of significant change in the area of government health legislation has been most stimulating. I have learned about the process of introducing new bills, assisted with CCO's submission before the Standing Committee on Social Policy regarding Bill 50, and researched and reported on ongoing developments in legislative initiatives, including Bill 171. I have taken great satisfaction in my role in and exposure to proceedings that will significantly change and regulate health care services for both health care professionals and consumers in Ontario.

In closing, I would like to thank Council and staff for giving me this wonderful opportunity to work with you at CCO. From the moment I arrived, I felt warmly welcomed and am inspired daily by working with such dedicated people. As well, I am always amazed by the quality of food during our meetings and get-together. I am proud to be a part of CCO's important work in public protection and health regulation.



Mr. Joel Friedman
Student-at-Law



Mr. Peter Waite
Executive Director
CFCRB & CCEC

CFCRB is a national association of provincial and territorial chiropractic licensing authorities and is incorporated under the *Canada Corporations Act*. All health care professionals are regulated at the provincial and territorial level. As such, the role of CFCRB is to provide a forum at the national level for the exchange of information, resources and experience in order to assist the member regulatory boards to best carry out their responsibilities.

National Bodies to Reorganize

by Mr. Peter Waite

In early 2005, CFCRB and CCA jointly appointed a task force to analyze and evaluate the current organizational structure of the profession with regard to regulatory issues, and to propose appropriate changes to structure and function to best serve the profession and the public interest.

While noting that the regulation of all health care professions is under the jurisdiction of the provinces (for chiropractic in Ontario, it is CCO), the task force concluded that to make the best use of limited resources, strengthen the ability of provincial regulatory boards in fulfilling their mandates, and achieve an appropriate allocation of responsibilities within the profession, certain structural changes should be implemented.

The task force noted that regulatory boards cover very small jurisdictions (such as Prince Edward Island and the Yukon, with eight chiropractors each) and large jurisdictions (up to 1,300 chiropractors in Quebec and 3,500 chiropractors in Ontario). As a result, the resources available to the individual regulatory boards vary greatly, yet they are each expected to undertake the same basic functions. With the implementation of the AIT by the federal, provincial and territorial governments 10 years ago, which mandated that professional regulatory boards establish systems to allow the movement of registrants from one jurisdiction to another, the need for uniform high standards became readily apparent.

The task force noted that in chiropractic, there have been a multitude of organizations doing bits and pieces of the regulatory job.

The forum for the regulatory boards and the body that oversees specialty colleges is CFCRB. The accreditation of teaching programs is done by CCEC, and the examination of graduates is done by CCEB. Each of these bodies exists to serve the provincial regulatory boards, yet they have autonomous structures, boards and budgets.

The task force concluded that an amalgamation of some or all of these bodies would be appropriate and invited CCEC and CCEB to discuss what this might look like. CCEC welcomed the opportunity. Discussions ensued and culminated in a joint meeting of the CFCRB and CCEC boards on October 21, 2006, at which time the details of an amalgamation were agreed to. The amalgamated body will be called the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (the "Federation") and will allow for approximately \$30,000 in "governance" (board and AGM) costs to be redirected to other priority areas suggested by the task force. These priority areas include policy development, providing services to regulatory boards, and strengthening external relations with other professions, federal government agencies and the media.

CFCRB is grateful to CCO's former president, Dr. Drew Potter and current president, Dr. Gilles Lamarche, who participated in the task force.

The new Federation will soon have its web site up at www.chirofed.ca. In the meantime, please visit www.cfcrb.org.

Who owns the records when a chiropractor leaves a practice?

by Mr. Richard Steinecke

If there ever was a situation where an ounce of prevention is worth a pound of cure, it is in resolving the ownership of records when a chiropractor leaves a practice. In fact, to not settle this issue in advance could place a chiropractor in the position where he/she cannot fulfill his/her professional obligations. Discipline proceedings, civil suits and even provincial offences or criminal prosecution could result. For example, if the patient or the College later approaches a chiropractor for information about the care of the patient, it is no excuse for the chiropractor to say "I don't have access to that information anymore."

The primary principle is that the information in the records belongs to the patient, not the chiropractor or anyone else. At most, the chiropractor might own the paper or computer hardware on which the information is stored. No dispute should be permitted to compromise the patient's right to control the use of his/her personal health information.

Under the *PHIPA*, someone is supposed to take responsibility for the records - the health information custodian. That custodian can be an individual chiropractor, a chiropractic professional health corporation, a group of chiropractors or the facility (i.e., office or clinic) out of which the chiropractor practises. By now every chiropractor should know who the health information custodian is for his/her charts. If not, he/she needs to speak with the others involved in the practice, identify the custodian, and ensure that the custodian sets up policies consistent with the *PHIPA*.

The government recently opened the door for the College to establish conflict of interest

regulations. It is not yet clear whether those regulations will permit chiropractors to give "ownership" of their records to non-chiropractors.

However, even if those rules do permit this to occur, before agreeing to a non-chiropractor being the health information custodian, the chiropractor must ensure that the non-chiropractor will honour all expectations in respect of the records, including those set out in the *PHIPA* and the College's record keeping standard of practice. These expectations include obtaining patient consent for collecting, using and disclosing the information, safeguarding the records from inappropriate use and disclosure, retaining the records for the appropriate period of time and then destroying them securely, permitting patients to access and correct their records, and ensuring that the chiropractor has appropriate access to the records even after he/she leaves the practice to fulfill his/her professional obligations.

There are generally three models for how records are handled when a chiropractor leaves a practice. First, the departing chiropractor does not take the records, but is given appropriate access to them when needed to fulfill a professional obligation (e.g., ongoing patient treatment, reports to a patient or a patient's agent or insurer, providing access to the College).

Second, the departing chiropractor takes the records with him/her, but gives appropriate access to them when needed by the remaining chiropractors to fulfill a professional obligation (e.g., ongoing patient treatment, reports



Mr. Richard Steinecke

Mr. Steinecke is partner in the law firm Steinecke Maciura LeBlanc and author of *A Complete Guide to the Regulated Health Professions Act*. This article provides general information only. For legal advice, please speak to your own lawyer.

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Mr. Richard Steinecke

Duty to Report

Sometimes a chiropractor just has to do what a chiropractor has to do

by Mr. Richard Steinecke

You are a new associate chiropractor at a busy office. The receptionist comes to you saying that she is worried and has no one else to go to. Dr. Green, one of the partners, has come in smelling of alcohol, is unsteady on his feet, and appears to be somewhat belligerent. This conduct is unlike Dr. Green, but he has been having some family difficulties lately. There is no one else to speak with Dr. Green and she asks you what to do.

In this scenario there are lots of reasons why you would want to do nothing. Dr. Green is your boss. He can make your life miserable. He can even fire you. You respect Dr. Green and know that if he wanted to, he could find lots to fault in your practice. Also, you are not sure that the receptionist is the most objective observer - she tends to like to criticize people behind their backs and

has been upset about the miniscule size of her last raise.

However, a recent malpractice case indicates that practitioners do need to take action where they are aware of a problem that could affect patient safety. In *Skeels (Estate of) v. Iwashkiw*, 2006 ABQB 335, an Alberta court dealt with a sad case of a baby who experienced a long and difficult birth. The baby's shoulder became stuck. Full delivery was delayed and the baby died two days later.

The judge noted: *At that point Dr. Iwashkiw was suffering from visible emotional distress, and the health care team was facing a multiplicity of tasks including emergency resuscitation of a badly compromised neonate, maternal emotional care, repairing the torn vagina and attending to the third stage of labor - the delivery of the placenta. At*

continued on page 27

Who owns the records... (cont.)

to a patient or a patient's agent or insurer, providing access to the College).

Third, the departing chiropractor takes a copy of the records with him/her and leaves the original with the practice.

Which model applies depends on a number of factors, including the agreement between the parties (including a verbal agreement), the circumstances (e.g., is a chiropractor remaining behind at the practice to manage the records?) and patient preference (e.g., has the patient asked for his/her chart to go with the departing chiropractor or remain?). Sometimes the models are combined (e.g., the charts are divided up on the basis of which chiropractor has primary professional responsibility for the patient).

Again, because the patient owns the information, he/she has the ultimate say. For example, if the parties agree that the departing chiropractor can take the records, the patient could choose to stay in with the original practice and request that

the original record not leave the practice. It is inappropriate to pressure patients to make one choice or the other.

Chiropractors need to determine which model applies to the practice and to work in good faith to apply the model. A chiropractor who sneaks into the office after hours to copy or remove records because there is a dispute may well be acting contrary to the *PHIPA*, professional standards, College expectations and patient wishes. Significant legal consequences could flow. Similarly, a chiropractor who refuses appropriate access to records to a departing chiropractor may be breaching professional obligations.

A prudent chiropractor will have a written agreement with his/her colleagues and others involved in the practice describing which of the above three models applies and ensures that the health information custodian for the practice describes the model in the published privacy policies of the practice.

Duty to Report (cont.)

this point the failure to call for help is a breach of the standard of care the two nurses present owed to Ms Skeels and her newborn child. To give great credit to the nursing staff, they finally did call for help, but by then too much time had elapsed.

The court was aware of the practical difficulties related to staff taking action where the most senior practitioner appeared to be acting inappropriately. *While I appreciate the nurses' reluctance to appear to be overstepping their bounds as employees of the hospital, they had an obligation to the patient to call for help when it became clear that Dr. Iwashkiw was not going to do so and the patients were at risk.*

The failure to act resulted in an allocation of 10 per cent of the total liability against the nurses. The physician was found to be 90 per cent liable. To read the entire case, see: www.canlii.org/ab/cas/abqb/2006/2006abqb335.html.

While being a "snitch" or a "tattle tale" is the height of disloyalty among children and certain criminal organizations, it is an important responsibility in a civilized society. "Whistle blowing" protections are an increasingly frequent component of legislation. Following the Justice Gomery inquiry into the sponsorship scandal, such protections have been provided to federal civil servants. The media treated Sherron Watkins as a hero for raising accounting concerns with Enron head Kenneth Lay even though her job was later placed in jeopardy for doing so.

Currently, the federal IPC is conducting inquiries into whether firms who suffer a privacy breach should have a legal duty to notify vulnerable individuals that their personal information may have been stolen. The "Winners" scandal has certainly highlighted the importance of timely intervention when the interests of others are at risk.

In Ontario, health information custodians have a duty under the PHIPA to notify a client if their personal health information has been compromised. The RHPA requires practitioners to report colleagues who appear to have engaged in sexual abuse or where one terminates a professional relationship with a colleague on the grounds of professional misconduct, incompetence or incapacity. Bill 171 proposes to expand this obligation to any facility that has reasonable grounds to believe that a practitioner is incompetent or incapable. Some professions even have an express duty to intervene when a colleague is acting in a manner that jeopardizes the safety of others. Even for

those professions without such an express duty, there is a common law (case law) "duty to warn" if a practitioner, in the course of his/her professional duties, believes that a client or other person might cause serious harm to another.

Chiropractors could potentially face a number of situations where they would have a duty to intervene, including:

- a patient makes a realistic and achievable threat to harm someone (e.g., their ex-spouse);
- a colleague demonstrates risk-taking behaviour that could affect the safety of his/her patients; or
- a colleague harms a patient and tries to cover it up such that the patient is unaware that he/she should be obtaining additional treatment from someone else for the injury.

When faced with such a situation, a chiropractor should consider the following:

- Does anything need to be done right away to protect others?
- If intervention is needed, there are usually many options available. Which action would effectively protect others and still be as sensitive as possible to the feelings of one's colleague?
- If you need to involve a third party, who would be the most appropriate?
- Is there any mandatory reporting obligation engaged by the situation? If so, make the report.
- If a client is involved, what are they entitled to be told?
- Where can I best document this as completely as possible?

In Dr. Green's situation, the associate approached Dr. Green in casual conversation. It quickly became evident that Dr. Green was, in fact, drunk. Despite some initial resistance, the associate was able to "josh" Dr. Green into going home (the receptionist drove Dr. Green's car) while the associate covered Dr. Green's patients. Because of the associate's intervention, no patients or other staff realized what occurred (even the receptionist was persuaded not to tell others about it). The associate reported the incident to the other partners, who met with Dr. Green and persuaded him to enter a substance abuse treatment program. The associate's appropriate and sensitive response has been recognized by all partners, including Dr. Green, as highly professional and they look forward to inviting him into the partnership in a couple of years.

Traditional Chinese Medicine and CCO's Response

Traditional Chinese Medicine Act

The *Traditional Chinese Medicine Act*, which regulates the practice of TCM, became law in December 2006. The new legislation creates a self-governing college, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, with the authority to set standards of practice and entry to practice requirements for the profession. It also sets out the scope of practice and authorized acts for the profession.

A holistic system of health care that originated in China approximately 3,000 years ago, TCM focuses on health promotion, illness prevention and treatment through natural remedies, such as acupuncture, Chinese herbal medicine and tuina massage.

TCM is the first new health profession to be regulated in Ontario since 1991. Ontario is the second province in Canada, after British Columbia, to regulate TCM.

TCM and CCO

More than 300 chiropractors currently provide acupuncture services to their patients, which was unregulated until the new legislation came into effect in December 2006. That meant there were minimal statutory public protection mechanisms in place and no regulatory college overseeing registration, complaints and discipline processes, and professional standards.

As part of its public protection mandate, CCO developed a standard of practice on acupuncture that was distributed for comment/feedback to members and other stakeholders in September 2006. CCO also sent representatives to appear before the Standing Committee on Social Policy on October 31, 2006. Comprised of members of the provincial parliament from all three parties, the committee is empowered to study and report on matters relating to the mandate, management, organization or operation of the ministries and offices assigned to it, including their agencies, boards and commissions. MOHLTC is one ministry assigned to the committee.

Ms Jo-Ann Willson, CCO's Registrar and General Counsel, presented on CCO's behalf (see excerpt on page 29). Also representing CCO were Dr. James Laws, Council member, Dr. Bruce Walton, consultant to the QA Committee, and Mr. Joel Friedman, student-at-law.

Scope of Practice

The practice of TCM is the assessment of body system disorders through TCM techniques and treatment using TCM therapies to promote, maintain or restore health.

Authorized Acts

In the course of engaging in the practice of TCM, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Performing a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture.
2. Communicating a TCM diagnosis identifying a body system disorder as the cause of a person's symptoms using TCM medicine techniques.

Section 8

(2) ... a person who is a member of a College listed in Column 1 of the Table is exempt from subsection 27 (1) of the Act for the purpose of performing acupuncture, a procedure performed on tissue below the dermis, *in accordance with the standard of practice and within the scope of practice of the health profession listed in Column 2.* (emphasis added)

Column 1

1. College of Chiropractors of Ontario
2. College of Chiropractors of Ontario
3. College of Massage Therapists of Ontario
4. College of Nurses of Ontario
5. College of Occupational Therapists of Ontario
6. College of Physiotherapists of Ontario
7. Royal College of Dental Surgeons of Ontario

Column 2

1. Chiroprody
2. Chiropractic
3. Massage Therapy
4. Nursing
5. Occupational Therapy
6. Physiotherapy
7. Dentistry

(4) A person mentioned in subsection (2) and (3) is exempt from subsection 27 (1) of the Act for the purpose of performing acupuncture *only if he or she has met the standards and qualifications set by the College or The Board of Drugless Therapy, as the case may be.* (emphasis added)

Frequently Asked Questions

Q. In a multi-doctor office, who has primary responsibility for the patient's health record?

A. CCO would consider the doctor who performed the initial intake, consultation, examination, etc., and developed the patient plan of care, to be the one who has primary responsibility for the patient's health record. Typically, this would be the doctor who provides the majority of care to the patient.

In practices where there are several doctors providing care, one doctor has primary responsibility and develops a plan of care for the patient based on the initial encounter and evaluation, and subsequent re-evaluations. This doctor would be considered to have the primary responsibility for the patient record, regardless of the business relationships within the clinic.

From the patient's perspective, most patients would view their primary practitioner as the doctor who initially met them, does the majority

of their treatments, and makes most of the clinical decisions regarding their care.

The Complaints and Discipline committees, composed of both chiropractors and public members appointed by the provincial government, are responsible for interpreting the standards of practice. If there is doubt about a member's compliance to the standard, the Complaints Committee will ask the member to provide an explanation. Proof of the appropriate standard is an evidentiary matter at discipline.

CCO has, at various times, published notification that all members are required to comply with the standards of practice regardless of the setting in which they are practising. The standards apply whether the member works in a multi-disciplinary clinic, sole practice, or is an independent medical examiner. In fact, all CCO members, including those who may not see many (or any) patients, including researchers and instructors, must be familiar with the standards of practice if they maintain an active certificate of registration.

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Excerpt from Ms Jo-Ann Willson's presentation to the Standing Committee on Social Policy, September 2006

"Chiropractors are one of six professions authorized to communicate a diagnosis and to use the 'doctor' title. Chiropractors receive approximately seven years of post-graduate training before they become registered.

Chiropractors currently provide acupuncture services for the benefit of their patients. Chiropractors right now are reimbursed from WSIB and third-party payers for providing acupuncture services. Acupuncture is taught at a number of chiropractic educational institutions, as well as in various university programs, including at McMaster.

We've been regulating [chiropractic] since 1925, and, in that period of time, there has not been a single case involving acupuncture and the discipline of a chiropractor. In addition to responding to complaints, which is the reactive part of the College's processes, we have a proactive part, which is the development of appropriate standards of practice, and that particular function is done primarily through the QA Committee.

I have included in the handout which you have before you CCO's draft standard of practice

on acupuncture. Included in the standard of practice is an identification of the risks associated with acupuncture and what the College's expectations are with respect to consent. We have also adopted the WHO guidelines that talk about a minimum of 200 hours.

In conclusion, CCO supports the bill as it relates to allowing chiropractors to continue to provide acupuncture. If it becomes a controlled act, members of CCO should be permitted to perform that controlled act.

We're certainly happy to collaborate with other regulators in the development of a common standard of practice, but in the interim, we have something that we hope will protect the public."

You can learn more about CCO's presentation before the committee by reviewing the Hansard Reports on www.ontla.ca, as follows:

- click *Bills and Lawmaking*
- click *Status of Legislation*
- choose *Bill 50*
- click *Read the Debates* tab
- click *October 31, 2006*
- scroll down to find the CCO submissions.

Frequently Asked Questions (*cont.*)

Q. Can a chiropractor bill an insurance company for “chiropractic services” when he/she is performing acupuncture as part of my chiropractic care?

A. Generally, yes, if the chiropractor is performing acupuncture as part of the chiropractic service, which would include a chiropractic assessment and treatment.

Acupuncture, along with a number of other procedures, such as ultrasound, interferential current and nutritional advice, is considered an adjunctive service to chiropractic care. If the chiropractor uses these procedures in addition to providing chiropractic services (such as an assessment or treatment), he/she should bill acupuncture as part of his/her chiropractic services.

However, if the chiropractor is providing acupuncture solely as a service and no chiropractic service (such as an assessment or treatment) is provided, the insurance company may not reimburse the chiropractor for that service.

It is helpful to remember that chiropractors must perform within the chiropractic scope of practice, as defined in the *Chiropractic Act, 1991*, as follows: “The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of, (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system, and (b) dysfunctions or disorders arising from the structures or functions of the joints.”

Also, insurance policies vary so it is important to know any specific provisions contained in the policy itself.

Q. Why does the CCO record keeping standard of practice (S-002: Record Keeping) require so much detail?

A. The *RHPA* requires that all self-regulating professions develop, establish and maintain standards of practice that protect the public interest. CCO members should note that record keeping is directly related to the quality of patient care. Not only do good records assist a chiropractor in providing ongoing care, but if, for some reason, a

chiropractor is unable to practise, the care of the patients can continue uninterrupted. This is only possible if the patient’s record is up-to-date and contains sufficient detail to allow another chiropractor to proceed with the care.

Good record keeping facilitates patient care and protects the member in any proceedings before CCO or the courts.

Q. Can the chiropractic office assistant witness the patient consent to care?

A. A chiropractic office assistant is neither trained nor qualified to witness the patient consent to care. A chiropractor should witness the patient’s signature to consent because it provides better assurance that an appropriate discussion has taken place and the consent is informed. The obligation to obtain consent belongs to the chiropractor.

Every CCO member is required to ensure that patient consent to any examination or treatment (including x-rays) or to a course of treatment is fully informed, voluntarily given, related to the patient’s condition and circumstances, not obtained through fraud or misrepresentation, and evidenced in a written form signed by the patient or otherwise documented in the patient record.

To be “informed,” consent to examination or treatment must include a discussion of the following:

- What is the recommended examination or treatment?
- Why should the patient have the examination or treatment?
- What are the alternatives to the examination or treatment?
- What are the effects, material risks and side effects of the proposed examination or treatment and alternative examinations or treatments?
- What might happen if the patient does not have the examination or treatment?

In discussing the effects, material risks and side effects of the proposed examination or treatment and alternative examinations or treatments, members must disclose improbable risks particularly if the effects are serious. Accordingly, members must include a discussion with patients of the rare but potentially serious risk of stroke associated with cervical adjustments.

For Your Information

CCO Council Members Do Not Represent Their Constituents

Members elected to CCO Council do not represent their constituents from the district in which they were elected. Unlike MPPs, who represent the interests of those who elected them, Council members represent the broader public interest as described in the *RHPA*. CCO, unlike the legislature, is a corporation. The Council, as the board of directors of the corporation, has a fiduciary duty to fulfill the public interest mandate of the corporation (i.e., CCO) and not the specific interests of the professional electorate.

If a chiropractor from a Council member's district has a problem with CCO, it would be inappropriate for the Council member to intervene on the chiropractor's behalf with the pertinent committee, and may actually taint the process required by the legislation.

Elections are held in six electoral districts (Northern, Eastern, Central East, Central, Central West, and Western) to ensure that various perspectives/opinions are reflected on Council.

In addition, there are seven public members on Council appointed by the provincial government.

Recommendations from committees are made to full Council, which discusses and approves the recommendations, with or without changes.

Delegation of X-rays

Chiropractors cannot delegate the taking of radiographs to another person in their office (i.e., chiropractic assistant, staff) unless that person is a member of a college whose members are authorized to take radiographs under *HARP* (i.e., a member of CMRTO).

HARP authorizes the following professions to operate or order the operation of an x-ray machine - chiropractors, medical doctors, dental surgeons, chiropodists, dental hygienists, osteopaths and medical radiation technologists. Except for the medical radiation technologists, none of these professions may operate or order the operation of an x-ray machine for another discipline.

CCO recently received an inquiry from a member wanting to know if he can hire an assistant, who had been trained as a dental hygienist and certified by *HARP*, to take x-rays. The answer is no - a chiropractor cannot delegate the taking of

an x-ray in the practice of chiropractic to someone in another discipline, even if that person is certified by *HARP*, again, except for medical radiation technologists.

Ordering MRIs and CT Scans in Chiropractic Practice

Chiropractors cannot order MRIs or CT scans for patients under the existing legislation. While chiropractors have the ability to take, order and interpret plain film radiographs, they are not authorized under the legislation to order other forms of imaging.

The *RHPA* lists several forms of energy as controlled acts, along with a list of regulated professions who may take, order and interpret images derived from the use of these forms of energy. Chiropractors are not on this list currently.

CCO reminds members to review the web site (www.cco.on.ca) on a regular basis for updates to existing regulations and standards of practice.

Regulations, Standards of Practice, Policies and Guidelines: How They Differ

There are some similarities and differences among regulations, standards of practice, policies and guidelines. All should be carefully reviewed because they set out CCO's expectations about a member's conduct. Failure to comply with a regulation or standard or practice is clearly an act of professional misconduct and may lead to disciplinary action. Failure to comply with other documents may be disgraceful, dishonourable or unprofessional conduct.

Regulations are the details that support the guiding principles of legislation and may only exist pursuant to legislation. For a regulation to come into effect, it is distributed to members for feedback, approved by Council, and submitted to MOHLTC for review, analysis and approval. The two main pieces of legislation upon which CCO regulations are based are the *RHPA* and the *Chiropractic Act*.

Standards of practice outline the basic requirements chiropractors must meet to demonstrate clinical competence. They outline members' responsibilities in the delivery of health care services and ensure the quality of the profession.

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For Your Information (cont.)

Unlike statutes or regulations, standards of practice are easier to implement and quicker to change because they only require approval by Council, following consultation with members. CCO develops standards as issues arise and are identified in the profession.

Policies assist members in their understanding of their professional responsibilities, clarify and interpret regulations, and state CCO's position on a variety of topics. Similarly, guidelines provide advice or recommendations and are intended to "guide" members of the profession.

In the event of any inconsistency, the legislation governs.

Reinstatement of Dr. Brian I. Sieber and Dr. R. Glenn Yates

Dr. Brian Sieber (Newmarket) and Dr. Glenn Yates (Sarnia) have been reinstated as CCO members following discipline findings and penalties imposed by a discipline panel.

A summary of the discipline decisions and conditions for reinstatement were included in CCO's annual reports - Dr. Brian Sieber in 2003 and Dr. Glenn Yates in 1999.

Interested in Serving on a CCO Committee?

There are four statutory non-Council committee member positions on the Complaints, Discipline, Patient Relations and QA committees, and one position on a non-statutory committee, Advertising. To be considered for a non-Council position, members must be in good standing with CCO, and must **NOT**:

- be in default of payment of any prescribed fees or any fine imposed by the Discipline Committee;
- be in default in completing and returning any prescribed form;
- be the subject of any disciplinary or incapacity proceeding;
- have a finding of professional misconduct, incompetence or incapacity against them in the three years preceding the election date;
- be an employee, officer or director of any professional chiropractic association, such that

a real or apparent conflict of interest may arise, including the OCA, CCA, CCPA, CCEC, CAC, CCEB, or CSCE;

- be an officer or director of CMCC or UQTR;
- have been disqualified from the Council or a committee of Council in the previous three years;
- be a member of Council or of a committee of the college of any other health profession; or
- be a CCO staff member at any time within the three-year period preceding the election date.

The appointment of non-Council committee member positions usually take place in April after the district elections and when new Council committees are composed.

In addition, CCO, on an as needed basis, involves members as peer assessors, investigators, expert witnesses and participants in focus groups.

Please forward a resumé with covering lettering to CCO if you are interested in indicating your committee of choice.

CCO and OCA: How They Differ

CCO is the governing body established by the provincial government to regulate chiropractors in Ontario. Every chiropractor practising in Ontario must be a registered member of CCO. CCO's main responsibilities include: developing standards of admission to the profession, establishing standards of practice and guidelines for members' conduct and practice, developing programs to help members maintain and improve their skills and knowledge, investigating complaints, and disciplining members who have committed acts of professional misconduct or who are incompetent or incapacitated.

OCA is a voluntary professional association established in 1929 that represents approximately 2,539 (70 per cent) of Ontario's more than 3,600 actively practising chiropractors. OCA has a long history of advancing chiropractic and the health of the people of Ontario. This is reflected in its mission statement - "To serve our members and the public by advancing chiropractic healthcare."

To summarize, the CCO is the regulatory body mandated to protect the public interest. OCA is the advocacy group acting on behalf of its members.

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For Your Information (cont.)

Accessible Parking Permit Program

Ontario's Ministry of Transportation introduced the new Accessible Parking Permit (APP) program in January 16, 2006, replacing the Disabled Personal Parking Permit program. This program allows individuals to park in a designated disabled parking space if they display a special permit on the vehicle's dashboard or sun visor. To qualify for such a permit, the individual must be certified by their health practitioner, such as a licensed chiropractor, physician, physiotherapist, or occupational therapist.

To ensure only qualified applicants receive permits, the ministry strengthened the application and renewal process and introduced new eligibility criteria. Because chiropractors are able to certify an APP application, the ministry will be contacting CCO to verify certification of members and may also be contacting the chiropractor directly.

Please cooperate with this important initiative.

Give Us the Scoop!

Please let us know if you know a chiropractor in your area whom you would like to see acknowledged for service to the public in Ontario.

Worth 1,000 Words...

CCO is looking for photographs of members that depict their practice, work environment, or other aspects of life (e.g., people engaged in activities requiring chiropractic services). Please send us your photographs, in black and white or colour prints, or in high resolution digital.

Please note - photographs will not be returned. If you are sending a photograph of a patient, please obtain permission first. CCO thanks everyone for their submissions, and will credit the photographer in any photos used in CCO publications.



... for the Feedback

CCO thanks all members and stakeholders who provide CCO with feedback on its mailings. Although CCO does not provide individual responses, respective committees do review all responses and take all responses into consideration when making recommendations to Council.

Terms of Office for CCO Council Members

Elected Member	District	Location	Term of Office (April to April)
Dr. Gilles Lamarche	1	Timmins	2006-2009
Dr. Frazer Smith	2	Smiths Falls	2007-2010
Dr. Robbie Berman	3	Ajax	2007-2010
Dr. Marshall Deltoff	4	Toronto	2006-2009
Dr. Brian Gleberzon	4	Toronto	2007-2010
Dr. James Laws	4	Toronto	2005-2008
Dr. Peter Amlinger	5	Mississauga	2005-2008
Dr. Dennis Mizel	5	St. Catharines	2006-2009
Dr. Calvin Neely	6	London	2005-2008

Public Member	Location	Date Order in Council Expires
Ms Lynn Daigneault	Toronto	April 20, 2010
Mr. Robert MacKay	Thunder Bay	April 1, 2009
Mme Lise Marin	Timmins	March 31, 2009
Ms Cindy Maule	Mississauga	June 30, 2009
Ms Ellie Moaveni	Richmond Hill	December 31, 2008
Mr. Ganesan Sugumar	Toronto	January 27, 2008
Mr. Martin Ward	Orillia	December 31, 2007

Council & Committee Composition 2007 - 2008

Council

Elected Members

Dr. Gilles Lamarche, *President*
Dr. Peter Amlinger, *Vice President*
Dr. Robbie Berman
Dr. Marshall Deltoff
Dr. Brian Gleberzon
Dr. James Laws
Dr. Dennis Mizel
Dr. Calvin Neely
Dr. Frazer Smith

Appointed Members

Mr. Martin Ward, *Treasurer*
Ms Lynn Daigneault
Mr. Robert MacKay
Mme Lise Marin
Ms Cindy Maule
Ms Ellie Moaveni
Mr. Ganesan Sugumar

Statutory Committees under the RHPA

Executive

Dr. Gilles Lamarche, *Chair*
Dr. Peter Amlinger, *Vice Chair*
Mr. Martin Ward, *Treasurer*
Ms Lynn Daigneault
Dr. Marshall Deltoff
Mr. Robert MacKay
Dr. Dennis Mizel

Complaints

Dr. Marshall Deltoff, *Chair*
Dr. Lezlee Detzler, *non-Council member*
Dr. Brian Gleberzon
Ms Cindy Maule, *alternate*
Mr. Martin Ward

Discipline

**All members of Council are potentially members of a Discipline panel.*
Ms Ellie Moaveni, *Chair*
Dr. Robbie Berman
Dr. Michaela Cadeau, *non-Council member*
Dr. David Gohn, *non-Council member*
Mme Lise Marin
Dr. Dennis Mizel

Fitness to Practise

Dr. Peter Amlinger, *Chair*
Ms Cindy Maule
Dr. Calvin Neely

Patient Relations

Dr. Calvin Neely, *Chair*
Dr. Brian Kleinberg, *non-Council member*
Mme Lise Marin
Ms Cindy Maule
Dr. Robin Whale, *non-Council member*

Quality Assurance

Dr. Robbie Berman, *Chair*
Ms Lynn Daigneault
Dr. James Laws
Mr. Robert MacKay
Dr. Keith Thomson, *non-Council member*

Registration

Dr. Frazer Smith, *Chair*
Dr. James Laws
Ms Cindy Maule

Non-Statutory

Advertising Committee

Dr. Peter Amlinger, *Chair*
Dr. Jeff Lustig, *non-Council member*
Mme Lise Marin
Dr. Frazer Smith

Core Competency Project

Dr. Keith Thomson, *Chair*
Dr. David Bereznick, *non-Council member*
Ms Lynn Daigneault
Ms Cindy Maule
Dr. Dennis Mizel

CRC under the HIA

Members

Dr. J. Bruce Walton, *Chair*
Ms Corrine Hardey
Dr. Dan Higginson
Ms Rebecca Kwok
Dr. David Linden

Inspectors

Dr. John Cadieux
Dr. Rhonda Kirkwood
Dr. Jason Potter
Dr. Kelly Ramsay

Registry Update (as at July 2007) (call CCO for clarification)

Suspended Due to Non-payment of Fees

Adams, Alan H.
Addison, Kirsten D.
Assayag, Miriam M.
Baker-Racine, Deborah
Brown, R. Alan
Budgell, Brian S.
Cathers, Christopher R.
Corrigan, William R.
Cox, Jody L.
Crane, Eric W.
Daya, Jayesh
D'Ippolito, Joseph
Drover, Janice M.
Drover, Jennifer S.
Ferguson, Brian W.
Forbes, Colleen B.
Gardiner, Owen J.
Gdanski, John S.
Grayson, Derek J.
Greco, Richard A.
Janzen, Rolf P.
Jeffs, Nancy D.
Jongsma, David M.
Kaster, John T.
Khalili, Sanaz
Kostur, Daniel L.
Labelle, Dennis T.
Lake, Natasha A.
Majkowski, Leszek
Mattinen, David A.
Mendl, Gabriela
Menge, Rick A.
Mitchell, Graeme W.P.
Munroe, Heather C.

Niemiec, Martin
Pallister, Stefan J.
Pateman, Gary P.
Payson, Ronald W.
Pelletier, Jacques C.
Riddell, R. Lyle
Sabucco, Roberto P.
Semadeni, Paul R.
Shahidi, Esmail
Sharma, Ruby
Sloan, Heather R.
Tetrault, Earl R.
Titizian, Raffi S.
Vermilyea, Amy L.
Waunch, Paul R.
Weir, Myrna J.
Wood, Alexander A.
Wood, James D.E.
Yee Quee, Jeanne T.
Zmenak, Emil

Revoked Due to Non- payment of Fees for Two Years

Abouchacra, Oudi S.
Adams, Shelley K.
Berger, Tamara
Boonstra, Ian D.
Coates, Mark R.
Conrad, Shane R.
Cournoyer, Richard R.
Cumings, Ray
Deutscher, Lloyd A.
Domingues, Rui B.
Ferries, Douglas C.
Filsoofi, Kambiz K.

Flynn, Michael J.
Frolic, Adam G.
Gluszczak, Carl W.
Gudz, Anne E.
Hodgson, O. Trevor
Holden, Robert
Jackson, Jodi K.
Kerbel, Joshua A.
Lau, Edwin
Laverdure, Pascal P.
Levine, Howard
Marr, David M.
Pelino, Joseph L.
Quick, Donald R.
Ransbury, John W.
Ricottone, Salvatore
Ripley, Robert P.
Rossi, Amanda B.
Saltys, Edward M.
Sehgal, Ranjiv R.
Sforza, Angela
Stojkov, Zoran
Valente, Danny J.
White, Anthony R.
White, Paul D.
Whitney, John T.

Resigned

Bell, Stefan O.
Boutet, H el ene
Carter, Christopher T.
Colquhoun, Ian R.
Hough, Peter W.
Kempt, Erin D.
McCallum, Melanie F.
Morris, T. Allan
O'Shaughnessy, Julie

Have you moved? We need to know!

It is your responsibility to provide CCO with a written notification of address changes - work and/or home - **within 30 days** of your move.



Welcome New Members

CCO welcomes the following new members (registered between August 9, 2006, and July, 2007) and wishes them a long a successful career in chiropractic

Alam, Saiera
Assayag, Rachel
Baksh, Rabia
Bandali, Farzana
Beckley, Holly M.
Bell, Stefan O.
Bidos, Andrew
Bigness, Andrew R.
Borsa, Melissa N.
Boudreau, Trevor W.J.
Bourgue, Lindsay A.
Bronson, Marc A.
Burgess, Shaun
Capizzano, Marco R.
Carney Kilian, Brendan F.D.
Carter, Christopher T.
Caverly, Kelly A. E.
Chajka, Daniel L.
Cham, Althea H.Y.
Chan, Daniel S.K.
Chan, Melanie K.
Cho, Diana Wen Suh
Chow, Derek
Chow, Karyee K.
Citro, Mark
Clayton, Matthew H.D.
Coddington, Robert A.J.
Collins, Jonathan E.
Cornies, Matthew P.
Crispe, Michelle D.
Cubos, Jeffrey A.
Dagenais, Simon
Dhillon, Kanwaljit
Dobrich, Milica
Dunham, Scott M.
Ellul, Nadine M.
Emmons, Ryan D.
Feddes, Joshua C.
Fluter, Mark T.
Forand, Dominique R.
Fowler, Melinda J.
Fryer, Benjamin S.
Gallagher, Carrie Ann
Gamer, Darryl E.
Gandhi, Minal
Gazze, Angelo
Giannotti, Maria
Giannoulis, Diana
Gonzalez, Tanya
Graham, Amanda J.
Grondin, Diane E.
Hakes, Erica L.
Hannikainen, Aarne M.
Harjono, Imelda
Harrison, Stephanie A.
Hatamian, Maryam
Henry, Alana S.
Ho, James M.
Ho, Kevin K.
Hoda, Erica L.
Hou, Ken
Howes, Lori L.
Husnani, Nasim
Ikonomakis, John
Jardine, Sarah
Jay, Christian L.
Jeffrey, Claire E.
Jeffrey, Charles F.
Johnston, Heather Mary-Anne
Keber, Sheila A.
Kerr, Joel N.
Khaira, Saranjit K.
Khounborind, Say
Kianian Bigdeli, Shirali
Kings, Sean M.
Kobrossi, Sasha
Kohler, Sean S.
Kohut, Mark M.
Lane, Kent M.
Lee, Jae H.
Lefebvre, Derek R.
Leknickas, Povilas M.
Lett, Amanda C.
Lim, Jaebum
Lodder, Timothy G.
Lusk, Robert G
Mangubat, Christine
Marek, Katherine T.
Maxwell, Gavin
McGee, Thomas D.
McGown, Elizabeth
McMillin, Allison J.
Megesi, Lorrie-Ann N.
Minder, Curtis E.J.
Moyer, Brent L.
Murphy, Joshua R.
Newman, Jennifer L.
Ng, Sophia M.T.
Ngo, Trung P.T.
Oakley, Nicola J.
Oliver, Mia A.
Paine, Nicole M.
Papetti, Anthony J.
Park, Laura M.
Parmenter, Sarah E.
Plain, Sara E.
Plantz, Jill
Preston, Julie L.
Pucci, Angela P.
Pus, Danielle L.
Radley-Walters, Elizabeth A.P.
Regier, Angela C.
Ricetto, Daniele A.
Rodrigues, Andre F.
Rosenberg, Matthew K.
Ryan, Thomas J.
Saba Sayah, Nassim
Santin, Angelo F.
Smith, Stacey L.
Sohl, Sheena
Stallaert, Scott F.
Stracey, Stephen
Swelin, Ashley J.
Szczepanik, Lucas J.
Tang, Vinh T.
Thomson, Mishka L.
Tibor, Katherine G.
Torrance, David A.
Towell, Kristy M.
Vansh, Jillka
Van Torre, Brandon J.
Vanderheyden, Rachelle L.
Vesprini, Carla P.
Voldner, Anita C.
Voisin, Heather F.
Warner, Danielle T.
Warriner, Maryam
Welch, Alana J.
Westelaken, Andrew J.W.
Wheatley, Kathryn E.
Winegard, Luke D.
Wong, Joseph Ka Chi
Woods, Maxwell G.
Zayed, Lily

Council Meeting Highlights

Outlined below are the highlights of four regular meetings since the last issue of *ChiroPractice*.

At all meetings, Council reviews information from the MOHLTC and other chiropractic organizations, health regulatory colleges and the 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 (for example, various changes to the *RHPA*).

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.

All Council meetings involve a report from every committee as well as the treasurer, and a consideration of the recommendations of each committee.

At the recent meetings, CCO reviewed various notifications and documentation from the landlord relating to the renovations of 130 Bloor Street West.

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

Council meetings are open to the public, although Council occasionally goes in camera to discuss matters relating to finances or legal advice.

Call CCO or check the web site (www.cco.on.ca) to obtain the dates of upcoming meetings.

Here are the public portion highlights.

September 29, 2006

- This meeting preceded CCO's strategic planning session in Gravenhurst, Ontario, on September 30-October 1, 2006.

Council approved the following:

- all Council members to review and provide feedback on the proposed standards of practice S-016: Block Fees/Payment Plans and S-017: Acupuncture, distributed to CCO members and other stakeholders in September 2006.

- that CCP be composed of four people at the discretion of the registrar, in consultation with the president and the chair of QA, and to include at least one public member.
- description of CCP as follows: *The purpose of the Project is to implement CCO's leadership goals that relate to implementation of the core competencies and a clear, definitive and acceptable scope of practice. The Project reports to the QA Committee. Its purpose is to assist and facilitate the work of that committee.*
- amendment to By-law 13: Fees, to include a fee of \$250 for follow-up letters to members who do not comply with requests from CCO in a timely manner. A description of the procedure will be developed and will accompany these letters.
- appointment of Dr. Gilles Lamarche, Dr. Keith Thomson and Ms Jo-Ann Willson as CFCRB delegates for the meeting in Montreal on October 22-22, 2006.

Council noted/reviewed the following:

- CCO's Response to The HPRAC Report 2006. Published in May 2006, the report, entitled "Regulation of Health Professions in Ontario New Procedures," is a review of the *RHPA* as had been requested by the Minister of Health, Hon. George Smitherman, in 2005. The report contains a review and makes recommendations relating to the colleges' quality assurance and patient relations programs, and the complaints and discipline procedures. It also contains recommendations to regulate several new professions under the *RHPA*, including naturopathy and homeopathy.
- correspondence to Ms Barbara Sullivan, HPRAC Chair, from Dr. Kwong Chiu, ACO Chair, re: HPRAC's recommendations to MOHLTC on regulating acupuncture and TCM.
- correspondence to Ms Barbara Sullivan from Dr. Jean Moss, President, CMCC, re: use of the "doctor" title by TCM practitioners.

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Council Meeting Highlights (*cont.*)

- OCA's and CMCC's responses to The HPRAC Report, addressed to the Minister of Health.
- amendments to *HIPA* re: use and disclosure of personal information.
- web site page from the Canadian Council on Osteopathic Examiners and brochures from the Osteopathic College of Ontario and the Canadian Institute of Esodynamics. Council is concerned with untrained individuals potentially performing controlled acts they are not authorized to perform.
- BDN's draft policy on manipulation/adjustment.
- feedback from the following record keeping workshops - February 16, 2006, at CMCC, February 25, 2006, in London, March 4, 2006, in Windsor, March 25, 2006, in North Bay, April 8, 2006, in Owen Sound, April 22, 2006, in Kingston, and May 6, 2006, in Timmins.
- various information from IPC, such as an extract from the IPC 2005 Annual Report, a brochure entitled "Your Roaming Risks - A Portable Privacy Primer," an executive summary of a recent order dealing with unauthorized access, use and disclosure of a patient's health information by a hospital staff member.
- correspondence to Mr. Peter Waite, Executive Director, CFCRB, from Dr. Gilles Lamarche, re: the merger between CFCRB and CCEC, and CCO's continued funding in the CPGs.
- the CPG entitled "Evidence-based treatment of adult neck pain not due to whiplash," dated September 2005.
- announcement from CCEC asking for public members to serve on the Commission on Accreditation.
- information re: CCEB's AGM in Calgary, Alberta, on September 30, 2006. Dr. Drew Potter attended.
- College of Chiropractors of Alberta's 2005 survey of 6,100 chiropractic patients during a five-week period.
- request to Council members that they review CCO's current by-laws and the proposed changes to the by-laws, and to forward suggestions/recommendations to the registrar.
- information re: the Chiropractic EI Project to create a network of Ontario chiropractors for knowledge and exchange.
- thank you letter to Ms Clarissa D' Cunha, CCO's outgoing public member, whose term expired in June 2006, from Hon. George Smitherman.
- thank you letter to Dr. Larry McCarthy, a CRC outgoing inspector, from Hon. George Smitherman.
- MOHLTC's information re: the policy governing appointees to adjudicative and regulatory agencies. The new term of appointment is a maximum of 10 years in a given position and structured as follows:
 - initial appointment of two years;
 - re-appointment for a term of three years, on the recommendation of the chair; and
 - re-appointment for a further term of five years, on the recommendation of the chair.
- information (speech, health care scorecard, various newspaper articles) re: Hon. George Smitherman's speech at the Economic Club of Toronto on September 11, 2006. Several CCO Council members and some staff attended.
- information from Dr. Joshua Tepper, ADM, Health Human Resources Strategy Division, re: participation in the development of a health human resources planning toolkit for the Local Health Integration Networks.
- information from provincial government re: creating four new health care professionals - physician assistant, nurse endoscopist, surgical first assist, and clinical specialist radiation therapist.
- information re: the Canadian Chiropractic Convention in Vancouver, November 16-18, 2006.

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Council Meeting Highlights (*cont.*)

- QA Committee's recommended changes to the following standards of practice (specifically, the informed consent section in each standard):
 - S-004: Reporting of Diseases;
 - S-005: Spinal Adjustment/Manipulation;
 - S-006: Technical and Interpretative Components for X-ray;
 - S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone;
 - S-009: Chiropractic Care of Animals;
 - S-010: Techniques, Technologies, Devices or Procedures;
 - S-011: Dual Registrants; and
 - S-012: Orthotics.
- CCO's 2007 Registration Renewal and Incorporation Renewal forms.
- CMCC's invitation to attend "A Taste of Canada" dinner at the Canadian Chiropractic Convention in Vancouver on November 17, 2006.
- UQTR's document entitled "Diagnostic Imaging Guidelines for the Chiropractic Profession - A Worldwide Consultation on the Web."
- CDHO's proposed conflict of interest regulation.
- RCDSO's notification to its members of a fee increase for annual due to \$1,760 from \$1,460.
- CDTO's information re: prosecution under the *RHPA* of an individual operating an illegal dental laboratory.
- OCT's Oath of Office for members elected or appointed to Council, which refers to public interest specifically.
- CVO's Professional Profile Survey Results, dated March 2006, prepared by Harry Cummings and Associates. The object of the review was to understand emerging issues and current practices of CVO membership.
- article by CCO Council member, Dr. Marshall Deltoff, published in the September 2006 issue of *Canadian Chiropractor* magazine.

Other activities:

- Council welcomed the newly appointed public member, Ms Cindy Maule, of Mississauga.
- Council welcomed CCO's new staff member, Mr. Joel Friedman, student-at-law.
- Council acknowledged Dr. Frazer Smith, Dr. Keith Thomson, Dr. Bruce Walton, the QA Committee members, and support staff for the success of CCO's record keeping workshops.

December 1, 2006

Council approved the following:

- standard of practice S-017: Acupuncture.
- revisions to standard of practice S-002: Record Keeping.
- that the QA Committee draft a new standard of practice on business practices using the proposed standard of practice S-016: Block Fees/Payment Plans and members' feedback.
- out-of-province chiropractors who wish to practise in Ontario on a limited, specific basis (such as teaching at an educational workshop) be required to pay the temporary certificate fee of \$50 only once in a three-year period following approval of the by-law amendment.

Council noted/reviewed the following:

- summary of feedback of two proposed standards of practice distributed to members and other stakeholders in September 2006 - S-016: Block Fees/Payment Plans and S-017: Acupuncture.
- appointment of Ms Cindy Maule to CCP.
- second reading of *Bill 50: An Act respecting the regulation of the profession of traditional Chinese medicine*, and making complementary amendments to certain Acts, dated October 19, 2006.
- first reading of *Bill 124: An Act to provide for*

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Council Meeting Highlights (*cont.*)

fair registration practises in Ontario's regulated profession, dated June 8, 2006.

- announcement re: fundraiser for Hon. George Smitherman on October 4, 2006. Several CCO members attended this event.
- several newspaper articles re: appointment of Hon. George Smitherman as Deputy Minister.
- invitation from Dr. Joshua Tepper to attend an information session on MOHLTC's response to HPRAC's *Regulation of Health Professions in Ontario: New Directions*, on October 17, 2006. Ms Kristina Mulak, Investigations/Resolutions Officer, attended the meeting.
- announcement and background information re: consultation workshop on Health Human Resources Planning by MOHLTC on October 10, 2006. Ms Jo-Ann Willson and Mr. Joel Friedman attended.
- MOHLTC's report entitled "Design and Development of a Database System for Allied Health Professionals," dated July 2006.
- information re: meeting between HPARB and the health regulatory colleges on October 12, 2006.
- draft document from MOHLTC's Public Health Division/Provincial Infectious Diseases entitled "Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and *Enterococci*," dated November 3, 2006.
- CCO's submission to the Standing Committee of Social Policy on the topic of acupuncture, dated October 31, 2006.
- excerpt from the Legislative Assembly, where Ms Shelley Martel discussed the use of acupuncture by regulated health professionals and made specific reference to CCO's proposed acupuncture standard of practice.
- e-mail information to Mr. Salvatore Crisanti, Ontario government research assistant, from Ms Jo-Ann Willson re: use of acupuncture by regulated health professions. Information requested by Ms Marilyn Wang, Acting Director, Health Professions Regulatory Policy and Programs Branch, MOHLTC.
- information from MOHLTC re: public member expenses and amendments to the Travel, Meal and Hospitality Expenses Directive.
- OCA letter to CCO and Information Bulletin, dated September 21, 2006, stating that OCA does not support CCO's proposed standard of practice S-016: Block Fees/Payment Plans, the proposed Public Display Protocol, and recommended changes to regulation R-12: Advertising, standard of practice S-003: Advertising, and guideline G-003: Advertising.
- information re: the proposed merger between CFCRB and CCEC. The two organizations met on October 21, 2006, in Montreal.
- document entitled "Role of a Regulatory Body - Notes for Presentation to the Board of the Manitoba Chiropractors Association," dated October 16, 2006, by Ms Arlen Wilgosh, Deputy Minister of Health, Manitoba.
- information re: developing a process for Council members who are approached to teach or make presentations on behalf of CCO to different organizations. Such presentations would require prior approval by CCO.
- feedback from the record keeping workshops - October 29, 2006, at CMCC, November 11, 2006, in Orillia, and November 20, 2006, in Toronto.
- positive feedback from the peer assessment workshop, held on October 14, 2006.
- information re: the CCEB AGM, held in Calgary on September 30, 2006.
- feedback summary of CCO's strategic planning workshop, held on September 30-October 1, 2006.
- various information from FHRCO, including background information

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Council Meeting Highlights (*cont.*)

sheet entitled “Shaping a New Course,” a document entitled “Fraudulent Practice within the Regulated Health Professions,” and information re: the Fall general meeting on November 21, 2006. Dr. Gilles Lamarche and Ms Jo-Ann Willson attended.

- CMTO’s proposed Conflict of Interest regulation.
- CPSO’s draft policy entitled “Medical Professionalism and College Policies - A Practice Guide.” Council referred the guide to CCO’s QA Committee.
- CPSO’s document entitled “Confidentiality and Representation Undertaking.” The registrar suggested CCO may want to amend its confidentiality undertaking to include some sections from the CPSO. This item was referred to the Executive Committee for review.
- COO’s draft delegation policy.
- OCT’s announcement re: appointment of Mr. Brian McGowan as Registrar and CEO.
- LSUC’s practice tips on discipline, conduct and reporting requirements.
- CCA’s “Practice Safety” bulletin.
- draft standard of practice S-017: Acupuncture to clarify wording re: minimum hours and the ‘grandparenting’ clause.
- *Core Competencies for CCO Members* rubrics.
- feedback on the advertising materials (proposed regulation, revised standard of practice and guideline, and public display protocol) distributed in September 2006.
- re-appointment of Dr. Marshall Deltoff as CCO’s representative to HARP.
- Executive Committee’s recommendation to MOHLTC to re-appoint the CRC members and inspectors.
- recommendation from the Complaints Committee to impose graduated fee penalties for members who consistently fail to respond to Complaints requests in a timely manner.
- Mr. Richard Steinecke’s report on the major changes to the RHPA (i.e., *Bill 171: Health Systems Improvement Act*) and PHIPA, and potential concerns for CCO and other regulatory colleges.
- various articles on the wide-ranging rules governing regulated health professionals and amendments to provincial legislation.

February 16, 2007

Council approved the following:

- establishment of a Technology Upgrade Steering Project Committee to implement CCO’s technology upgrades re: the database and the web site. The committee to be comprised of the following individuals: Dr. Peter Amlinger, Ms Lynn Daigneault, Dr. Gilles Lamarche, Dr. James Laws, Mr. Robert MacKay, Ms Cindy Maule, Dr. Dennis Mizel, and Dr. Frazer Smith.
- *Bill 124: An act to provide for fair registration practices in Ontario’s regulated professions.*
- *Bill 50: An act respecting the regulation of the profession of traditional Chinese medicine and making complementary amendments to certain acts.*
- information re: the introduction of the *Traditional Chinese Medicine Act, 2006*, which includes acupuncture.
- information and agenda re: the stakeholder roundtable on the future of Ontario’s health care system, hosted by MOHLTC on January 12, 2007.
- resignation of Dr. Sheela Basrur as the province’s Chief Medical Officer. On behalf of CCO, Dr. Gilles Lamarche

Council noted/reviewed the following:

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Council Meeting Highlights (cont.)

- forwarded a letter to Dr. Basrur in December 2006.
 - information re: British Columbia's *Health Professions Amendment Act, 2003 (Bill 62)*.
 - appointment of Ms Fiona Menzies as the Executive Coordinator for HPRAC.
 - resignation of Mr. James Terry as HPRAC's Deputy Registrar.
 - correspondence and information to Ms Jo-Ann Willson from Ms Linda Lamoureux re: HPARB's draft Rules of Practice.
 - attendance of Mr. Joel Friedman as CCO's representative at FHRCO's working group to develop a submission re: HPARB's Rules of Practice.
 - CCO's draft strategic planning report.
 - Notice of Election and Nomination Guide for Districts 2, 3 and 4.
 - OCA's information bulletin highlights re: *Bill 171*.
 - congratulatory letters from CCO to various chiropractors who celebrated milestone years of practice or received awards.
 - background information (including agenda and by-laws) re: the merger of CFCRB and CCEC.
 - thank you letter to Mme Lise Marin and Dr. Gilles Lamarche from Dr. Jean Moss, CMCC President, for touring the CMCC campus.
 - request to CCO from Dr. Jean Moss to contribute to CMCC's *Hands on the Future* campaign.
 - letter to Ms Jo-Ann Willson from Dr. Stuart Kinsinger, CMCC instructor, to discuss issues relating to the teaching of ethics and professionalism at CMCC.
 - extract from *Lawyers Weekly* entitled "No spousal exemption from zero-tolerance rule." The article discussed the Ontario Court of Appeal ruling that a medical doctor whose patient became his live-in lover cannot get a "spousal exemption" from the zero-tolerance rule that requires physicians' licences to be revoked for any sexual abuse of patients.
 - request from CPO to respond to a proposed standard of practice on conflict of interest re: professional practice.
 - information re: the design and development of a database system for the Allied Health Professionals.
- Other activities:**
- Council recognized Dr. Brian Schut for his long-term contribution and dedication to CCO. This was Dr. Schut's last Council meeting after the maximum nine consecutive years as a Council member.
- April 19, 2007**
- Council approved the following:**
- including a 'grandparenting' clause to standard of practice S-017: Acupuncture, and distributing the revised standard to members and other stakeholders. The clause reads as follows:
Chiropractors who have actively practised acupuncture as an adjunctive therapy in their chiropractic practice for a minimum of five consecutive years immediately before the enactment of this standard of practice will be deemed to have met the qualifications to practise acupuncture as an adjunctive therapy, as outlined above.
Actively practising acupuncture as an adjunctive therapy means performing 150 acupuncture treatments per year for each of the last five years within a chiropractic practice.
- Council noted/reviewed the following:**

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Council Meeting Highlights (*cont.*)

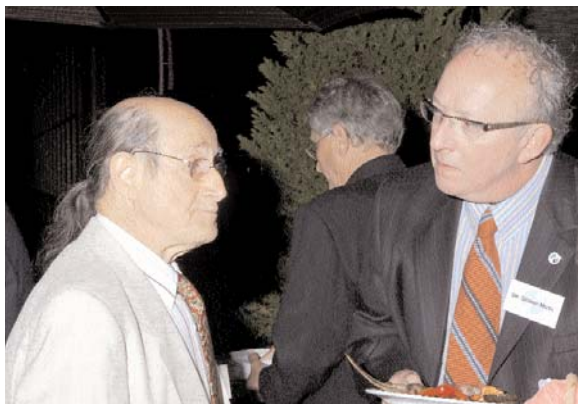
- information re: the work of CCP to date (e.g., developing a core competencies rubric, reviewing various TTDPs).
- update by Dr. Keith Thomson on the clinical practice guidelines. There are currently four clinical practice guidelines - whiplash, headache, lumbar and spinal.
- Dr. Keith Thomson's annual report to the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards.
- press releases and background information re: *Bill 171*.
- invitation to CCO from HPRAC to attend a one-day workshop on April 25, 2007, on the patient relations program, including discussions on the current environment and best practices.
- draft strategic planning 2007-2010 report.
- draft by-law review and amendment proposals.
- a summary of "residence" provisions from the *Income Tax Act* with references to case law principles and excerpts of relevant legislation.
- invitation to CCO from Dr. Bryan Wolfe, OCA President, re: supporting OCA's effort to establish a Professorship in Disc Biology at the University of Toronto.
- information re: CFCRB's annual conference held in Vancouver on March 29-31, 2007.
- appointment of Ms Pat Frank as CCEB's Executive Director.
- information re: admission changes at UQTR.
- information re: the registration process for FCLB delegates and alternates to the annual business meeting.
- retirement of Ms Sharon Saberton as registrar of CMRTO.
- information re: FHRCO's AGM, held on April 11, 2007.
- FHRCO's submission to the provincial government re: *Bill 171*.
- correspondence to Hon. George Smitherman, Minister of Health, from Dr. Jean Moss, CMCC President, re: that the provincial government consider providing funding to chiropractors and other health professionals not included in the previous year's funding allotments.
- press release from the office of the IPC re: off-site theft of a laptop computer containing the personal information of 2,900 Hospital for Sick Children patients.
- information re: the new Accessible Parking Permit program to replace the Disabled Parking Permit program from the Ministry of Transportation.
- invitation to CCO from IBC to discuss the issue of identity theft in health clinics.

Other activities:

- Council welcomed newly elected members Dr. Robbie Berman (district 3) and Dr. Brian Gleberzon (district 4).
- Following the regular Council meeting, Council held an orientation meeting. Ms Jo-Ann Willson facilitated the election of officers and composition of all committees, with the assistance of scrutineers.

2006 Annual General Meeting

CCO held its 2006 AGM at the Granite Club (Toronto) on June 21, 2007. Dr. Pierre Côté was the guest speaker. His topic: "The Regulator's Role in Research: Advancing Quality Assurance and Promoting Public Protection."



(L-R) Dr. Wilfred Meissner, retired member of CCO, and Dr. Dennis Mizel. Dr. Meissner, a CMCC graduate, registered with the former BDC in 1951.



(L-R) Dr. Pierre Côté, Ms Jo-Ann Willson, Dr. Gilles Lamarche



Dr. Gilles Lamarche presented each CCO peer assessor with the Presidential Award of Excellence. (L-R) Drs. Peter Le Masurier, Gilles Lamarche, Keith Thomson, Frazer Smith, David Zurawel, Dennis Mizel, Sal Viscomi, Dennis Yurkiw, Bruce Walton

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