

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

CONTENTS

President's Voice	1
Acronyms	2
Registrar's Report	3
Election Results	4
New Council Members	5
Farewell to...	7
CCO Council '05-'06	7
Committee Composition	8
CCO Members Feature	9
Committee Updates	
Quality Assurance	10
Advertising	14
Complaints	15
Complaints (French)	16
Core Competencies	18
Patient Relations	19
CRC	23
Complaints Corner	17
CCO's 2004 AGM	20
Photo Gallery	21
Informed Consent	22
Sources of Standards of Practice	24
Professional Incorporation	25
CFCRB Report	26
PHIPA	28
Thank You Examiners	29
For Your Information	30
Have you moved?	30
Welcome New Members	31
Have you heard from?	31
Registry Update	32
Reminders	33
Council Meeting Highlights	34
Faxback	40

CHIROPRACTICE

College of Chiropractors of Ontario

September 2005

President's Voice

As we move towards fall and a new season begins to affect our attitudes and daily activities, I am reminded of the wonderful opportunities we, as chiropractors, have to influence the health and lives of our former, present and future patients.

Former patients will be returning to chiropractic care for a variety of reasons. Some because they do not feel as well as they did when receiving regular adjustments, others because their previous symptoms have reappeared and they now realize that they need periodic supportive chiropractic care, and still others who have simply returned from cottage country.

Our present patients will continue to benefit from the treatments and health care education they receive in our offices and will continue to refer others.

New patients will seek chiropractic care for a variety of reasons. Some will have tried the emergency room, nsais or other therapies. Others will be curious as to what we do. Most will be referred by satisfied enthusiastic patients who have received honest, ethical, effective treatment plans and outcomes.

We have a great opportunity to positively influence these people to persuade others in their health care choices. This will occur if we act in an open, honest and sincere fashion in all of our interactions with of our patients.

Every patient is entitled to a thorough consultation, examination, report of findings, reasonable recommendations for care, timely re-assessments and a candid explanation of the associated costs. To provide less would be an abdication of our professional responsibilities.

As you are all aware, CCO held elections in districts 4, 5 and 6. It is my pleasure to welcome our new elected members - Dr. James Laws from district 4, Dr. Peter Amlinger from district 5 and Dr. Calvin Neely who hails from District 6. It is important to remember that members of Council do not represent the views and concerns of members in their districts. Rather, all members of Council must act in the best interest of CCO to regulate the profession in the public interest.

Our new appointed public members, Ms Lynn Daigneault of Toronto, Mr. Ganesan Sugumar of Toronto and Mr. Martin Ward of Orillia, have all attended Council and committee meetings, and have already started to contribute their expertise in assisting Council in its ongoing review and revision of standards of practice, policies and guidelines in the public interest.



Dr. Drew Potter
President

continued on page 3

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
ADR	Alternate Dispute Resolution
AGM	Annual General Meeting
CAC	Chiropractic Awareness Council
CCA	Canadian Chiropractic Association
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCO	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CEO	Chief Executive Officer
CFCRB	Canadian Federation of Chiropractic Regulatory Boards
CMCC	Canadian Memorial Chiropractic College
CNNAR	Canadian Network of National Associations of Regulators
COBA	Conference of Ontario Boards and Agencies
CPG	Clinical Practice Guideline
CRC	Chiropractic Review Committee
DAC	Designated Assessment Centre
FCCO(C)	Fellow of the College of Chiropractic Orthopedists (Canada)
FCCR(C)	Fellow of the Chiropractic College of Radiologists (Canada)
FCCRS(C)	Fellow of the College of Chiropractic Rehabilitation Sciences (Canada)
FCCS(C)	Fellow of the College of Chiropractic Sciences (Canada)
FCCSS(C)	Fellow of the College of Chiropractic Sports Sciences (Canada)
FCLB	Federation of Chiropractic Licensing Boards
FHRCO	Federation of Health Regulatory Colleges of Ontario
HCCA	<i>Health Care Consent Act</i>
HIA	<i>Health Insurance Act</i>
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
IPCO	Information and Privacy Commissioner of Ontario
MCBS	Ministry of Consumer and Business Services
MOHLTC	Ministry of Health and Long-Term Care
MTCU	Ministry of Training, Colleges and Universities
OCA	Ontario Chiropractic Association
OHIP	Ontario Health Insurance Plan
PHIPA	<i>Personal Health Information Protection Act</i>
PIPEDA	<i>Personal Information and Protection of Electronic Documents Act</i>
QA	Quality Assurance
RHPA	<i>Regulated Health Professions Act, 1991</i>
UQTR	Université du Québec à Trois-Rivières
WHO	World Health Organization

Registrar's Report

It's summer time, and the living is easy - or so you thought. Now is the time to think about the fall, and what you should be doing to make sure you are or continue to be involved in the self-regulation of your profession.

I am always in favour of checklists. Here are some thoughts:

- sign up for one of CCO's record keeping workshops (see the web site www.cco.on.ca or the recent mail out for details);
- volunteer to be peer assessed (approximately 600 of your friends and colleagues have already done so);
- think about running for CCO Council or volunteering for a committee (the election notices go out in early 2006 for districts 1, 3, 4 and 5 - it's not too early to start thinking about it);
- read the new standards and send in your feedback about CCO's proposed standards included with this mail out (I anticipate some comments, and possibly even some controversy, about topics like the proposed Patients' Charter of Rights and Responsibilities from the Patient Relations Committee and the proposed standard on block fees/pre-payment plans from the Quality Assurance Committee);
- think about what you personally can do to advance your professional development for the betterment of your patients; and

- help us out in our efforts to establish and maintain credibility with stakeholders by practising ethically and responsibly and in a manner consistent with CCO's standards of practice.

A lot of these items you can deal with on the dock or while fishing near a cottage somewhere in Muskoka, the Kawarthas or Algonquin Park (you might want to bring along your blackberry). Some of you must still be in the city, however, because significant numbers have already responded to CCO's notification that every member will be required to attend one of the record keeping workshops being offered in a number of locations around the province, which, for a limited time only, will be free of charge to members (a light breakfast and lunch are included).

Given the flak CCO has occasionally received about not having approved mandatory continuing education courses, I hope all members (and staff where space permits) will take advantage of this opportunity.

Speak to some of your colleagues this summer about CCO's quality assurance initiatives like peer assessment and the record keeping workshops - they are good news items and CCO is committed to continuing the momentum!



Ms Jo-Ann Willson
Registrar and
General Counsel

President's Voice (cont.)

I would like to acknowledge Dr. Lynda Montgomery for her contributions to CCO and, in particular, for her work on the Registration, Discipline and Executive committees. I would like to acknowledge Dr. David Leprich, the former chair of the Discipline, Fitness to Practise and Advertising committees, for his admirable contributions to CCO. His voice will be missed.

On behalf of Council, staff and all of you the members of CCO, I express heartfelt appreciation to Dr. Allan Gotlib, our past president, who is retiring from Council. Dr. Gotlib served on

CCO Council and its predecessor, the Board of Directors of Chiropractic, since 1988. His contributions to the profession and the regulatory process are innumerable and his thoughtful opinions will not be easily matched.

Finally, it has been my pleasure to serve the CCO as president for the past year. It is my fervent hope that we can move ahead with a united voice demonstrating to the public, the politicians and the policy makers that the chiropractic profession can and does properly govern itself in the public interest.

Election Results

District 4

Dr. Brian Gleberzon	149 votes
Dr. Peter Hryciuk	158 votes
Dr. James Laws	166 votes
Candidate elected	Dr. James Laws
Votes cast	473
Spoiled ballots	17

District 5

Dr. Peter Amlinger	346 votes
Dr. David Leprich	196 votes
Candidate elected	Dr. Peter Amlinger
Votes cast	542
Spoiled ballots	9

District 6

Dr. Calvin Neely	79
Dr. Richard Stover	65
Candidate elected	Dr. Calvin Neely
Votes cast	144
Spoiled ballots	10



March 10, 2005: Counting ballots for district 4. (L-R) Dr. James Laws and Dr. Peter Hryciuk.



March 11, 2005: Counting ballots in district 6. Scrutineers seated: (L-R) Ms Kristina Mulak, Investigations/Resolutions Officer, Dr. Drew Potter, President, Ms Georgia Allan, public member. Standing: Ms Jo-Ann Willson, Registrar and General Counsel

Spoiled ballots

For the 2005 elections, CCO received a number of 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 (and are not included in the above totals). Members are advised to review the timetable for deadlines, published in both the Notice of Election and Nomination Guide and the Voting Guide. The registrar was still receiving ballots in July!

In 2006, elections will be held in districts 1, 3, 4 and 5. Information will be distributed early in the new year. Make sure your vote counts!

Meet your new Council members

Dr. Peter J. Amlinger, Mississauga

Elected from district 5, Dr. Peter Amlinger has served on the Advertising Committee as a non-Council member since April 2000 and is a peer assessor for the Quality Assurance Committee. Dr. Amlinger says his participation on these committees is what inspired him to run for Council.

Dr. Amlinger has dedicated a lot of time to advancing chiropractic since graduating at the top of his class from CMCC in 1985. He helped found the Halton Peel Chiropractic Society in 1988 and served as its inaugural president until June 2000. He served on various OCA committees and chaired OCA's Spinal Health and Wellness Committee, which distributed more than 500,000 *Inspector Spine* pamphlets to Ontario elementary schools.

A gifted speaker, Dr. Amlinger has presented on topics ranging from chiropractic philosophy to upper cervical techniques, and teaches Thompson Technique and pediatric adjusting. He also runs a successful wellness-based family-oriented practice in Mississauga.



Dr. Peter Amlinger

Dr. James P. Laws, Toronto

A new Council member elected from District 4, Dr. James Laws has had a long and distinguished career in chiropractic.

Dr. Laws is a Fellow of CCSS(C), with expertise in orthopedic diagnosis, management of athletic injuries, and management of extremity joint conditions. He has taught at York University, McMaster University and CMCC, from where he graduated in 1979. He is the editor and principal author of *Chiropractic Treatment of the Lower Limb*, published in 1983.

Dr. Laws believes in supporting and working within chiropractic organizations to advance the profession and protect the public. He holds membership in CMCC, OCA and CCA. He is active in the alumni at both York and McMaster universities, and was recently appointed a Fellow of McLaughlin College at York University.

Dr. Laws served on the health care team of three Olympic Games and is active in his local community, resident and political associations.

Dr. Laws practises in Toronto.



Dr. James Laws

Dr. Calvin G. Neely, London

Dr. Calvin Neely is a first-time member to Council, elected from district 6.

Still in active practice in London, Dr. Neely has been a member of the London Chiropractic Society since 1974, serving in several capacities within the society and enjoying the camaraderie of his peers.

A member of the OCA and CCA, Dr. Neely has worked on the conventions of both organizations. He has also worked as an insurance assessor.

Except for the year he had car trouble, Dr. Neely has participated in all of the "Backs in Motion" five kilometre runs/walks for chiropractic education, hosted by CMCC.



Dr. Calvin Neely

continued on page 6

Meet your new Council members *(cont.)*



Mr. Ganesan Sugumar

Mr. Ganesan Sugumar, Toronto

Mr. Ganesan Sugumar was appointed as a public member to CCO Council in January 2005. A successful entrepreneur, Mr. Sugumar is currently president and CEO of the Sugshe Group of Companies, an import-export company that operates three retail outlets in downtown Toronto, and provides financial services and capital to small and medium-sized businesses.

Mr. Sugumar created the financial arm of the company, Sugshe Financial Canada Inc., in 1997. The company uses its own funds to finance prospective businesses refused or rejected by the major banks, and has helped create more than 200 new jobs. He founded the retail operation, Sugshe Trading Canada Limited, in 1992 following his immigration to Canada from Sri Lanka.

Mr. Sugumar is very active in the Sri Lankan community. He is currently the Director-Membership of the Canada-Sri Lanka Business Council, riding president of the federal Liberal party for Beaches/East York district, and a past president of the Sandilipay United Society of Canada, a community-based organization with a membership of more than 300. He is also an active fund raiser, raising funds for Ontario premier Hon. Dalton McGuinty, the Hospital for Sick Children and the Markham Stouffville Hospital.



Mr. Martin Ward

Mr. Martin J. Ward, Orillia

Mr. Martin Ward was appointed a public member in November 2004. A former principal in Orillia, Mr. Ward was a superintendent of Schools for West Simcoe County before retiring in 1999.

During his career with the board of education in Simcoe County, Mr. Ward was an active member of committees addressing issues such as curriculum implementation, teacher evaluation, religious education and student suspensions.

Since his retirement, Mr. Ward has increased his community involvement and taken on several short-term contract positions for the Simcoe County District School Board. Such assignments have included preparing reports on school budgets, optimum elementary school size, rural education and the school renewal initiative. Mr. Ward has served as chair of the Employment Insurance Board of Referees for the district of Barrie since December 2003, and was treasurer of the Mariposa Folk Festival in Orillia from 2001 to 2004.

Mr. Ward received his Bachelor of Arts and Master of Arts degree from Oxford University, England, and a Master of Education degree from the University of Toronto.

Farewell to...

CCO bids farewell to two public members, Mrs. Helen Foster and Mrs. Regina Willmann, and three professional members, Drs. Allan Gotlib, David Leprich and Lynda Montgomery.

Each made extraordinary contributions to CCO and the public in a number of ways during their terms on Council.

CCO thanks them for their commitment, diligence and sense of fairness for dealing with often complex and controversial issues. They will be missed.



Mrs. Helen Foster



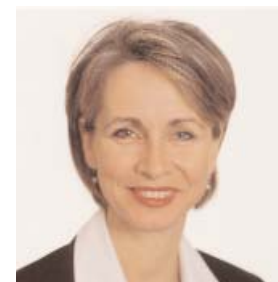
Mrs. Regina Willmann



Dr. Allan Gotlib



Dr. David Leprich



Dr. Lynda Montgomery

CCO Council Member Terms 2005 - 2006

Elected Members

Member	District	City	Term (April to April)
Dr. Drew Potter, <i>President</i>	5	Cambridge	2003 - 2006
Dr. Gilles Lamarche, <i>Vice President</i>	1	Timmins	2003 - 2006
Dr. Peter Amlinger	5	Mississauga	2005 - 2008
Dr. Robbie Berman	3	Ajax	2004 - 2006
Dr. Marshall Deltoff	4	North York	2003 - 2006
Dr. James Laws	4	Toronto	2005 - 2008
Dr. Calvin Neely	6	London	2005 - 2008
Dr. Brian Schut	4	Scarborough	2004 - 2007
Dr. Frazer Smith	2	Smiths Falls	2004 - 2007

Appointed Members

Member	City	Term
Mr. Richard Frame, <i>Treasurer</i>	Oakville	January 2003 - December 2005
Ms Georgia Allan	Ottawa	April 2003 - April 2006
Ms Lynn Daigneault	Toronto	April 2004 - April 2007
Ms Clarissa D'Cunha	Scarborough	January 2003 - December 2005
Mr. John Quinney	London	January 2003 - December 2005
Mr. Ganesan Sugumar	Toronto	January 2005 - January 2007
Mr. Martin Ward	Orillia	January 2005 - December 2007

Committee Composition 2005-2006

Statutory Committees under the RHPA

Executive

Dr. Drew Potter, *President*
Dr. Gilles Lamarche, *Vice President*
Mr. Richard Frame, *Treasurer*
Ms Georgia Allan
Dr. Brian Schut
Dr. Frazer Smith
Mr. Martin Ward

Complaints

Dr. Gilles Lamarche, *Chair*
Dr. Marshall Deltoff
Dr. Lezlee Detzler, *non-Council member*
Mr. John Quinney, *alternate*
Mr. Martin Ward

Discipline

(all members of Council are potentially members of a Discipline panel)

Dr. James Laws, *Chair*
Dr. Peter Amlinger
Dr. Michaela Cadeau, *non-Council member*
Ms Lynn Daigneault
Dr. David Gohn, *non-Council member*
Mr. Ganesan Sugumar

Fitness to Practise

Dr. Marshall Deltoff, *Chair*
Dr. Calvin Neely
Mr. John Quinney

Patient Relations

Mr. Richard Frame, *Chair*
Ms Georgia Allan
Dr. Brian Kleinberg, *non-Council member*
Dr. Brian Schut
Dr. Robin Whale, *non-Council member*

Quality Assurance

Dr. Frazer Smith, *Chair*
Dr. Robbie Berman
Ms Lynn Daigneault
Mr. Richard Frame
Dr. Jeffrey Lustig, *non-Council member*

Registration

Dr. James Laws, *Chair*
Dr. Calvin Neely
Ms Clarissa D’Cunha

Non-Statutory Committees

Advertising

Dr. Robbie Berman, *Chair*
Ms Georgia Allan
Dr. Peter Amlinger
Dr. Richard Stover, *non-Council member*

Core Competency

Dr. Keith Thomson, *Chair*
Ms Lynn Daigneault
Dr. Dennis Mizel
Mr. John Quinney
Dr. Kelly Ramsay

CRC under the HIA

Members

Dr. J. Bruce Walton, *Chair*
Ms Corrine Hardey
Dr. Dan Higginson
Dr. David Linden
[vacant]

Inspectors

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

CCO Members Feature

Someone experienced... Dr. James A. Price, # 281

Dr. James Price remembers the time when people really did not know what chiropractic was. He recalls being at a party with friends and someone asking him what he did for a living. When he replied "I'm a chiropractor," that person replied "What's that?"

Dr. Price graduated from Chicago's National Chiropractic College in 1944 and registered with CCO in June 1944. He continues to practise, three days a week, out of his Scarborough office.

Dr. Price has seen many changes throughout his 60+ years as a chiropractor. He remembers the time when chiropractic was not covered by OHIP, and he is not referring to the recent de-listing. He is referring to early 1970, when the OCA was lobbying the government to include chiropractic as an insured service under OHIP.

"I was on the OCA board when it was put in. We went to the Ministry of Health and we said 'people of Ontario have no coverage, give us 20 visits and the x-ray', and they said 'we'll think about it' and after six months, they decided to go for it."

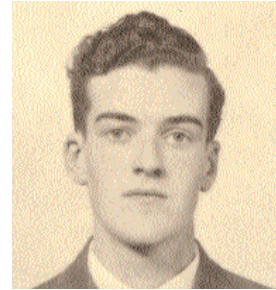
In 1970, chiropractic was added to OHIP for partial coverage without referral from a physician. "I would like to see OHIP back in of course," Dr. Price adds.

Dr. Price also remembers when CMCC was the converted 36-bedroom Meadonia Hotel in downtown Toronto, which opened in 1945.

"It was a question of keeping the college going because this was the early days of Bloor St. and we didn't have very large classes."

Today, CMCC is located on a \$30 million, five-acre campus north of the city that features a 150,000 square foot building housing an expanded patient clinic, and state-of-the-art laboratory and teaching facilities.

"My word of advice, the way chiropractic is going, is to get back to the basics of what chiropractic started with. That is, pay more attention to the specific adjustive thrust and less to the number of patients you are seeing."



Dr. James Price
circa 1944

Someone new... Dr. Kirsten D. Addison, # 4952

A twitching eye and a concerned mother convinced Dr. Kirsten Addison to see a chiropractor and her positive experience convinced her to go back to school to become a chiropractor. At the time, she was studying Spanish and Political Science at the University of Western Ontario in London.

Dr. Addison graduated from university, moved back to her home town of Thunder Bay and returned to high school for math and science. Using her Spanish degree, she moved to Minnesota, and while working for Concordia College, completed two years of undergraduate courses at Bemidji State University. Dr. Addison was accepted at Northwestern Health Sciences University (formerly Northwestern College of Chiropractic), from where she graduated in 2004. She registered with CCO in February 2005.

"Becoming a chiropractor has been a 10-year

process," she says. "I became an adult student and started going to night classes to get all my maths and all my sciences. It really was difficult, especially with a degree and you're in there with high school students, but it's been totally worth it."

Dr. Addison is currently doing locum work in Northern Ontario and, with a colleague from Northwestern, hopes to open up her own practice soon. She has also provided chiropractic services in Costa Rica with her alma mater.

"I hope that one day during my career, I see chiropractic as being part of the mainstream in health care delivery. I want my patients to view me as a primary health care provider, and to trust that I will work with them and with other health professionals, as needed, to maximize their health and well being."



Dr. Kirsten Addison

Committee Update - Quality Assurance

It has been a busy year for the Quality Assurance Committee, having reviewed and provided dispositions for 272 assessments (table 1 outlines the breakdown of dispositions), requesting the assessment of another 300 members for 2005, hosting a peer assessment training workshop in January 2005, hosting five record keeping workshops to date (one in Sault Ste. Marie), scheduling 16 additional record keeping workshops across Ontario until May 2006, and developing a remediation program for members requiring additional help.

The committee also developed a standard of practice on block fees/pre-payment plans and recommended revisions to the record keeping and consent standards of practice to ensure consistency with the Lewis Inquest jury recommendations.

Peer Assessment Program

Of the 272 assessments reviewed, the most common overall deficiencies among members were record keeping, the professional portfolio and consent. Record keeping deficiencies ranged from minor (e.g., member's name and address

missing on some forms) to significant (e.g., member was not performing a patient re-assessment/ progress evaluation on or before each 24th visit).

The significant deficiency in the professional portfolio was not having a portfolio as outlined in standard of practice S-001: Professional Portfolio. A curriculum vitae without any notation of continuous learning activities is not a professional portfolio and would be considered a significant deficiency.

A significant deficiency in consent would be not having a signed consent form in the patient's file or any other documentation to reflect that consent from the patient is fully informed and voluntarily given.

The identified areas refer to the 18 general topics covered in the peer assessment and are based on CCO's regulations, standards of practice, policies and guidelines, namely, advertising, business practices, chiropractic care of animals, communicating a diagnosis/clinical impression, conflict of interest, consent, delegation, dual registrants, guidelines for the office staff of a chiropractic

[continued on page 11](#)

Table 1: Peer Assessment Statistics for 2004-2005 (Total: 272)

Satisfactory: 15

Item	Significant Deficiency	Minor Deficiency
Record Keeping	96	148
Professional Portfolio	64	47
Consent	45	54
Communicating a Diagnosis / Clinical Impression	59	28
Advertising	10	6
Technical and Interpretative Components for X-ray	7	26
Techniques, Technologies, Devices or Procedures	7	3
Conflict of Interest	4	5
Business Practices / Professional Misconduct	3	22
Definition of a Chiropractic Visit (re: SOAP notes)	2	20
Chiropractic Care of Animals	2	0
Immunization / Vaccination	2	0
Delegation	1	0
Dual Registrants	1	0
Guidelines for the Office Staff of a Chiropractic Office	0	9
Reporting of Diseases	0	4
Sexual Abuse / Principle of Zero Tolerance	0	4
Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone	0	3

Assessments may have both significant and minor deficiencies.

Committee Update - Quality Assurance (cont.)

office, professional misconduct, professional portfolio, putting a finger beyond the anal verge for the purpose of manipulating the tailbone, record keeping, reporting of diseases, sexual abuse, spinal adjustment/manipulation, technical and interpretative components for x-ray, and techniques, technologies, devices or procedures.

Each topic has several accompanying questions which the assessor reviews with the member being assessed. Known as the peer assessment checklist, the committee provides a copy of this document to the selected member for review prior to the actual assessment. The peer assessment checklist can also be found on CCO's web site at www.cco.on.ca.

The committee continuously reviews the questions in the checklist to accommodate new and revised standards of practice, and the feedback received by both assessors and assessed members. In fact, the committee has revised several questions since the program's inception in response to the feedback.

Upset about your disposition?

The committee recognizes that, occasionally, a member may disagree with the assessor's or committee's disposition following a peer assessment. Members should know it is the committee (not the

Peer assessment dispositions

The committee provides one or more of the following dispositions:

- that the assessment was satisfactory and no further action is required;
- that the member correct significant deficiencies in the identified area(s);
- that the member correct minor deficiencies in the identified area(s);
- that the member participate in a member enhancement or remediation program.



January 29, 2005 - Peer Assessment Training Workshop: Experienced assessors and potential new assessors attended the workshop at CCO. The new assessors will be paired up for a short time with the experienced assessors for training and consistency.

assessor) that is responsible for making a disposition.

If a member disagrees with the committee's disposition, he/she should state his/her case in writing to the QA Committee. The committee will review the member's comments, re-examine the assessment, and provide the member with a response. To date, however, members have found the peer assessment program to be of value.

Final words

The committee reminds members that the peer assessment program is educational, not punitive. The committee will make recommendations where there are deficiencies and members should view these recommendations as an opportunity to improve their practice.

Preparing for your peer assessment:

- Complete the pre-visit questionnaire and send it to CCO, along with blank intake forms and other forms used. Do not send copies of completed patient files.
- Maintain an up-to-date professional portfolio. A curriculum vitae is not sufficient.
- If you have additional questions or require other information, contact CCO. Do not contact the assessor directly.

continued on page 12

Committee Update - Quality Assurance (cont.)



January 29, 2005 - Peer Assessment Training Workshop

Peer Assessment Workshop

The committee hosted its fifth peer assessment workshop on January 29, 2005. The workshop's objectives were to provide assessors with feedback on their assessments and areas of concerns identified by the committee, reviewing and revising the peer assessment checklist, and creating a playbook for the assessors. The playbook contains the checklist and a scenarios section that will guide assessors in certain difficult or grey situations they may encounter. The playbook's purpose is to maximize reliability and increase the consistency of the dispositions.

Two other workshop objectives included ensuring assessors remain enthusiastic about the program and introducing several potential new assessors. The new assessors will be paired up with experienced assessors for the next round of assessments.

The workshop was well received and the committee thanks everyone for their participation.

Record Keeping Workshop

The committee hosted five record keeping workshops - September 16, 2004, December 11, 2004, April 30, 2005, May 14, 2005 and June 25, 2005 - and an

additional 16 workshops are scheduled across Ontario until May 2006. These workshops are free for CCO members until May 2006. Office staff is permitted to attend, subject to space availability.

Workshop presenters include Dr. Keith Thomson, former Council member, consultant to the committee and peer assessor, Dr. Bruce Walton, Chair, CRC, and peer assessor, Dr. Frazer Smith, Chair, QA Committee, and peer assessor, and Ms Jo-Ann Willson, Registrar and General Counsel.

Check CCO's web site at www.cco.on.ca for up-to-date information and locations.

To register, please contact Ms Rose Bustria, Administrative Assistant, at 416-922-6355, ext. 101, or complete the registration form (on the web) and fax it to CCO at 416-925-9610.

CCO will not pay expenses (travel / accommodation) but will provide a continental breakfast and light lunch.

If you have already attended a record keeping workshop, you are permitted, but not required, to attend another workshop (unless you have received specific direction from the committee).

continued on page 13



May 14, 2005 - Record keeping workshop, Sault Ste. Marie

Committee Update - Quality Assurance (cont.)

Remediation Program

Dr. Keith Thomson and Dr. Bruce Walton have developed a remediation program for members with significant record keeping deficiencies as identified by the Committee. The program is as follows;

- member to submit 10 sterilized patient files to either Dr. Thomson or Dr. Walton for review;
- member to complete and submit an examination developed by Dr. Thomson and Dr. Walton (examination will then be placed in the member's QA file);
- if member is not compliant, he/she may be required to undergo a second peer assessment at his/her expense.

Assessing Locums

The peer assessment program continues to be one of the committee's most successful programs. However, one challenge the committee is grappling with is determining how to appropriately peer assess chiropractors employed exclusively as locum doctors. These individuals present a challenge as they commonly do not have any records for assessors to review.

The committee reminds members who are locums of their obligation to fully comply with CCO's standards of practice. The committee may require locum chiropractors to complete mock files in order to assess their knowledge of record keeping standards.

The committee may also require members who employ locum chiropractors to provide copies of 10 files accessed and maintained by a locum.

All members are reminded of the following provision of the Health Professions Procedural Code, Schedule 2 to the *RHPA, 1991*, which provides in part:

"82 (2) Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,

- (a) permit the assessor to enter and inspect the premises where the member practises;

- (b) permit the assessor to inspect the member's records of the care of patients;
- (c) give the Committee or the assessor the information in respect of the care of patients or in respect of the member's records of the care of patients the Committee or assessor requests in the form the Committee or assessor specified;
- (d) confer with the Committee or the assessor if requested to do so by either of them; and
- (e) participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.

...

- (5) This section applies despite any provision in any Act relating to the confidentiality of health records."

Top 10 Record Keeping Deficiencies

1. No gender of patient.
2. No name and address of treating chiropractor.
3. No family and social history.
4. Illegible handwriting.
5. Consent not documented.
6. Communicating a diagnosis/clinical impression absent.
7. SOAP notes poor or absent.
8. No patient re-assessment/progress evaluations on or before each 24th visit.
9. No x-ray reports.
10. No separate, written consent for techniques, technologies, devices or procedures.

Committee Update - Advertising

The advertising standard of practice (S-003: Advertising) currently in force is the one approved by Council on September 21, 2002. Proposed changes to standards do not come into effect unless approved by Council.

The Advertising Committee expects to solicit feedback from members and stakeholders on possible further changes to the standard shortly.

According to the advertising standard, a member's advertisement must **NOT** contain:

- anything false or misleading;
- anything that, because of its nature, cannot be verified;
- reference to the member being a specialist, unless the member is recognized pursuant to CCO's policy as a specialist, and the specialty is disclosed (refer to Policy P-029 for the list of specialties currently recognized by CCO - see inset) ;
- an endorsement other than an endorsement by an organization that has expertise relevant to the subject matter of the endorsement;
- a testimonial, except for a generic testimonial;
- a reference to a particular brand of device or technique used to provide health care (e.g., active release technique, activator, pro-adjuster);
- a guarantee as to the success of the services provided;
- any comparison to another member's or other health care provider's practice, qualifications or expertise;
- any reference to free or discounted diagnostic or treatment services, except within the member's office (a member may advertise an initial complimentary consultation);
- a reference to the member being a member or affiliated with any professional association, society or body other than CCO; and
- material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.

A member must not:

- advertise or permit advertising with respect to his/her practice in contravention of the regulations or standards of practice;

- contact or communicate with or allow any person to contact or communicate with potential patients via telemarketing methods; and
- contact or communicate with members of the public through displays with the principal goal of soliciting business.

Banner advertising on the internet must comply with CCO's advertising standard of practice.

A member's web site is considered an extension of the member's office. Information on the member's web site must be informative, educational and professional.

Final words

The Advertising Committee strongly encourages members to submit proposed advertising material for review before publication to avoid difficulties in the future. The turnaround time for a response is approximately 10 business days.

Advertisements entitled "A doctor's confession to the town of..." and the similar cookie-cutter type advertisements are not acceptable!

Policy P-029: Chiropractic Specialties

Executive Committee

Approved by Council: September 7, 1996

Amended: April 20, 2002

CCO recognizes the following as approved specialties:

- 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)
- FCCRS(C) - Fellow of the College of Chiropractic Rehabilitation Sciences (Canada)

Committee Update - Complaints

by Dr. Gilles Lamarche, Vice President
Chair, Complaints Committee

Mandate and Jurisdiction

By virtue of being included in the *RHPA*, the chiropractic profession was granted the privilege of self-regulation. With this privilege came obligations. These obligations involve examining and registering chiropractors, dealing with quality assurance issues, complaints, peer assessments, and discipline, all with the purpose of regulating the profession from a public interest perspective for the people of Ontario.

The mandate of the Complaints Committee is to investigate whether a member may have committed an act of professional misconduct or may be incompetent as defined in the governing legislation. The Professional Misconduct regulation under the *Chiropractic Act, 1991*, enumerates grounds of misconduct.

The committee may not award money to a complainant, decide whether fees for chiropractic services are owed to the chiropractor, assess damages or order that a member be incarcerated. Such remedies must be sought through the civil or criminal courts.

The committee considers the following issues: whether by their nature the allegations, if true, would warrant a discipline hearing in all of the circumstances; if the allegations do warrant a discipline hearing, whether the information in support of the allegations is sufficient to require a hearing; and, if the allegations were not referred to a hearing, whether some other action by the Complaints Committee would be appropriate and consistent with CCO's public interest mandate.

The *RHPA* has established a framework for dealing with complaints. When CCO receives a complaint, it is usually reviewed by the Complaints Committee. The complaint must be in written form. The committee does not accept anonymous complaints, and in view of privacy issues, complaints are not received electronically (via e-mail).

The committee asks the complainant to sign an authorization to proceed with the investigation by notifying the chiropractor of the complaint and requesting a response. The chiropractor's response is sent to the complainant for comment. In some situations, the response satisfies the complainant's concerns such that the complaint is withdrawn. In

other circumstances, the committee may request the registrar to appoint an investigator.

Sample Dispositions

Once fully investigated, the committee renders a decision and provides a copy in writing to both the chiropractor and the complainant. The committee may elect to refer incapacity matters to the Executive Committee or specified allegations to the Discipline Committee, in which case reasons for the referral are not required.

The committee may make one of the following dispositions:

- **No further action:** The committee reviews each incident outlined in the letter of complaint to determine whether there is information that supports or refutes the complainant's allegations. The committee may attempt to obtain additional information to assist in its investigation. If there is insufficient evidence to substantiate the allegations, the committee will take no further action.
- **Undertakings:** The committee does not have the authority to require members to take remedial action to improve chiropractic practice. However, the committee can request a member's cooperation in signing an undertaking to engage in some form of remediation, whether to participate in an educational workshop or, by signing the undertaking, to adhere to CCO standards at issue in the complaint. If the member agrees, the committee may choose to take no further action or in serious situations, to take additional action, such as a reminder or caution.
- **Reminder:** The committee reminds the member to review the appropriate standard of practice or conduct related to the complaint when the situation requires some action but is not sufficiently serious to warrant a referral.
- **Letter of advice:** The committee issues a letter of advice to a member when deficiencies that are somewhat serious are identified.



Dr. Gilles Lamarche

continued on page 16

Committee Update - Complaints (cont..)

- **Letter of caution:** The letter of caution is a non-disciplinary form of warning. The committee issues letters of caution in more serious cases. The intent of this letter, which specifies the committee's concerns regarding deficiencies in the member's practice, is educational and meant to impress upon the member the importance of changing the conduct or practice in question.
- **Oral caution:** An oral caution directed to a member by his/her peers is the most serious disposition of a complaint other than a referral to Discipline. This is a non-disciplinary disposition emphasizing the need to improve or alter the member's practice or conduct. The oral caution is considered a private matter between the member and the committee. They are administered at CCO.
- **Referral to Discipline:** The referral of a specified allegation of professional misconduct or incompetence to the Discipline Committee is warranted when the severest forms of professional misconduct have been alleged and the committee believes there may be sufficient proof for a discipline panel to make a finding

of professional misconduct and/or incompetence. The Discipline Committee makes final decisions based on the evidence presented and imposes penalties, including reprimands, suspension of licenses, and in serious cases, revocation of licenses. Discipline decisions are published in the annual report and, except for findings of sexual abuse, remain on the public register for six years. Sexual abuse findings remain on the public register permanently. In the event a former member of CCO moves to another jurisdiction, CCO will not provide the member with a letter of good standing where there is a discipline finding against him/her.

It is imperative that every member in Ontario practise within CCO's regulations, standards of practice, policies and guidelines contained in the *ChiroCare* binder and posted on the web site (www.cco.on.ca). Complaints and disciplinary processes are very costly to both CCO and the member in time, money and energy. Do your part by reviewing and complying with CCO's expectations and focusing on patient-centred care!

Loi de 1991 sur les professions de la santé réglementées (RHPA), Loi de 1991 sur les chiropraticiens (*Chiropractic Act*)

by Dr. Gilles Lamarche, Vice President
Chair, Complaints Committee

L'exercice de la chiropratique consiste dans l'évaluation des états pathologiques relatifs à la colonne vertébrale, au système nerveux et aux articulations, et dans le diagnostic, la prévention et le traitement, essentiellement par des manipulations, des maux suivants :

- a) les dysfonctions ou troubles découlant des structures ou des fonctions de la colonne vertébrale et découlant des effets de ces dysfonctions ou troubles sur le système nerveux;
 - b) les dysfonctions ou troubles découlant des structures ou des fonctions des articulations.
- 1991, chap. 21, art. 3.

Actes autorisés

Dans l'exercice de la chiropratique, un membre est autorisé, sous réserve des conditions et restrictions dont est assorti son certificat d'inscription, à accomplir les actes suivants :

1. Communiquer les diagnostics attribuant les symptômes que présentent des personnes à l'une des causes suivantes:
 - i. des troubles découlant des structures ou des fonctions de la colonne vertébrale et de leurs effets sur le système nerveux,
 - ii. des troubles découlant des structures ou des fonctions des articulations des membres.

continued on page 17

Professions de la santé réglementées (cont.)

2. Mouvoir les articulations de la colonne vertébrale au-delà de l'arc de mouvement physiologique habituel de personnes au moyen d'impulsions rapides de faible amplitude.
3. Introduire un doigt au-delà de la marge de l'anus en vue de manipuler le coccyx. 1991, chap. 21, art. 4.

Si un chiropraticien exerce sa profession à l'extérieur de cette loi, il peut devenir sujet d'une plainte. Un des comités de L'Ordre des Chiropraticiens de l'Ontario se charge d'administrer et d'investiguer toutes plaintes porter contre un chiropraticien. Le mandat du Comité des Plaintes est:

- de répondre dans une manière qui est consistante avec le mandat législative déterminé par la Loi de 1991 sur les professions de la santé réglementées et la Loi de 1991 sur les chiropraticiens
- de promouvoir le développement d'un processus de plaintes correctif et pro-actif lors d'une découverte de problèmes systémique
- d'assurer la qualité de soins reçu par les patients chiropratiques
- de promouvoir l'amélioration continue

Si vous êtes sujet d'une plainte, vous avez le droit d'être servi en français. Pour plus de renseignements appelés L'Ordre des Chiropraticiens de l'Ontario (416-922-6355).

Complaints Corner

by Dr. Gilles Lamarche, Vice President
Chair, Complaints Committee

The Complaints Corner is intended to inform members about situations that could lead to a complaint being lodged with CCO. The following scenario has been identified as potentially problematic.

So you want to be a star!

Let's face it, most people would love to see themselves on television, hear their voice on the radio, and make a meaningful impression in the media. Surely, if you are passionate about being a chiropractor, you will jump on the opportunity to be interviewed on national television.

Remember that many chiropractic organizations, including CCO, have designated spokespersons who are knowledgeable, trained, and available to respond to the media. Direct any questions relating to an organization to the appropriate organization itself so the designated spokesperson can answer the questions in an informed manner.

If you choose to respond to the media in your personal capacity (rather than on behalf of the profession or any organization), you should, at a minimum, have appropriate training, which would

include completing one or more of the various courses offered by a number of public relations firms. In

Encountering the Media,

Barry J. McLoughlin states,

"everything you say can be quoted and you can be named"... "going off the record is not recommended."

If you are not properly trained or experienced, your responses may be twisted to suit the storyline the reporter is following. A reporter's goal is more likely to be to get a controversial story that will attract readers or viewers, than to be consistent with any goal you may have in agreeing to be interviewed.

The Complaints Committee has reviewed a number of complaints against members who were featured in news stories or articles. From CCO's perspective, you should shy away from controversial issues that may lead to a complaint.

Remember that as a regulated health professional, anything you say has a profound impact on you as an individual and on the profession as a whole.

Even if it is not the focus of the interview, you are always being interviewed as a doctor of chiropractic.



Committee Update - Core Competencies

Ontario chiropractors now have a new document they can rely on to ensure they are practising competently, ethically and within their scope of practice, “Core Competencies for CCO Members,” approved in principle by Council on November 26, 2004. The Core Competency Committee will fine-tune some aspects of the document in the near future.

CCO initiated the core competency project in the summer of 2004, chaired by Dr. Keith Thomson, former CCO president and Council member, and current consultant to the QA Committee. The group also comprised of Dr. Allan Gotlib, former CCO president and Council member, Dr. Dennis Mizel, former OCA president, and Mrs. Regina Willmann, former CCO vice president and chair of the QA Committee.

This document is consistent with CCO’s strategic plan, approved by Council in September 2002 and updated at the strategic planning session in September 2004.

The core competency group sought input from various organizations before presenting their document to Council in October. Specifically, on June 12, 2004, the group met with Drs. Stephen Barker (CAC), Annette Bourdon (CCEB), Stan Gorchynski (CCA), Wanda Lee MacPhee (CFCRB), John Mrozek (CMCC), Doug Pooley (CCEC), John Thyret (CCPA) and Dean Wright (OCA).

CCO distributed the core competencies for members’ feedback in October, 2004. The response (see graph below) showed overwhelming support for this document. The document was used to

incorporate feedback from stakeholders before being presented to Council.

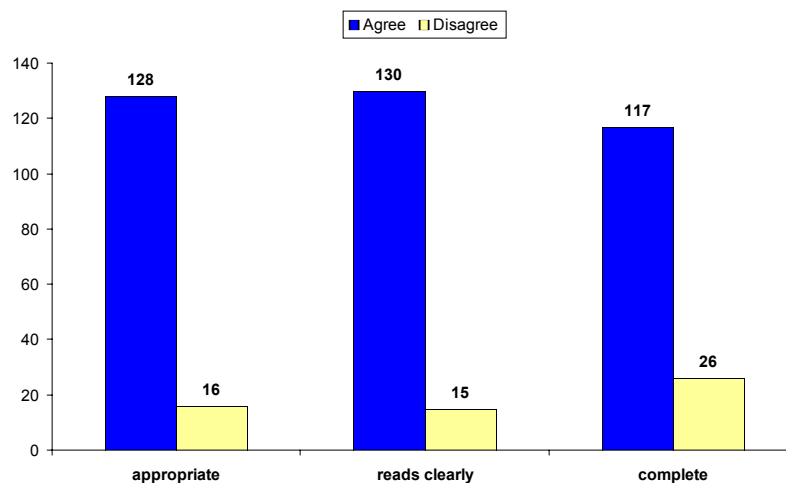
“Core Competencies for CCO Members” includes eight general categories (see below) identifying a specific competency and several behavioural indicators for each competency. The complete document is available on CCO’s web site at www.cco.on.ca.

Core Competencies for CCO Members

- 1. Communication:** Competent, professional doctors of chiropractic are committed to communicating effectively with CCO (and other regulators), patients/public, colleagues, other health care providers, third-party payors, associations, and government.
- 2. Clinical Competency / Maintenance of Records:** Competent, professional doctors of chiropractic demonstrate clinical competency and maintain accurate, complete records.
- 3. Life-Long Learning and Self-Assessment:** Competent, professional doctors of chiropractic are committed to life-long learning and self-assessment.
- 4. Scope of Practice:** Competent, professional doctors of chiropractic practise within their scope of practice and in a manner consistent with their education and expertise.

continued on page 19

Feedback on Core Competencies for CCO Members Discussion Document



Committee Update - Patient Relations

New patient relationship standard

Council approved the new standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient. Developed by the Patient Relations Committee, this standard replaces guideline G-006: Guidelines for Establishing a Personal Relationship with a Patient (i.e., Dating). This followed months of discussion and review of guidelines from other regulators.

Members should note two significant changes in this standard that did not exist in the previous guideline. First, in an attempt to further clarify the intent of the standard, the committee changed all “dating” references to “having a sexual relationship” with patients. Simply stated, members cannot have sexual relationships with patients receiving active treatment.

Second, there is a minimum recommended waiting period of one year following the termination of the professional relationship. In some cases, it may never be appropriate for a member to have a sexual relationship with a former patient. For example, in circumstances in which there is a continued power imbalance between the member and the patient, or the patient is particularly vulnerable.

Core Competencies (cont.)

- 5. CCO Regulations, Standards, Policies and Guidelines:** Competent, professional doctors of chiropractic know and apply CCO’s legislation, regulations, standards, policies and guidelines.
- 6. Collaboration:** Competent, professional doctors of chiropractic facilitate collaborative inter- and intra-professional relationships.
- 7. Responsibility to Patients and the Public:** Competent, professional doctors of chiropractic are responsible to patients and the public.
- 8. Best Practices/Ethics:** Competent, professional doctors of chiropractic employ evidence-based best practices and practise ethically.

Consequences

The consequences of a finding of professional misconduct against a member relating to sexual abuse of a patient are severe. They include:

- reprimand;
- revocation of the member’s licence for a minimum of five years;
- stringent conditions on the member’s licence before applying for reinstatement (such as successful completion of clinical competency and legislation and ethics examinations and a letter from a psychiatrist or psychologist stipulating the member is not likely to re-offend);
- results of the discipline proceedings published in the annual report and placed on the public register indefinitely; and
- financial obligations, such as paying for therapy and/or counselling for the victims and reimbursing CCO for legal, investigative and hearing costs.

Members should also be aware that because of the broad definition of sexual abuse outlined in the *RHPA*, even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under the *RHPA* definition of sexual abuse and could leave a member open to a complaint to CCO. The *RHPA* defines sexual abuse as sexual intercourse or other forms of physical sexual relations, touching of a sexual nature, or behaviour or remarks of a sexual nature.

The new standard is enclosed for your review and is available on CCO’s web site at www.cco.on.ca.

Patients’ Charter of Rights and Responsibilities

The committee began work on the Patients’ Charter of Rights and Responsibilities earlier in the year and is soliciting preliminary feedback from some stakeholders before circulating the document to the full membership and all stakeholders.

Derived from the current regulations, standards of practice, policies and guidelines, the Charter is designed to protect both the patient and the chiropractor. It tracks the language of the Core Competency document.

Stay tuned for your opportunity for feedback.

CCO's 2004 AGM



June 16, 2005 - 2004 AGM, Four Seasons Hotel. Guest speaker: Ms Barbara Sullivan, HPRAC Chair and CEO

CCO held its 2004 AGM on Thursday, June 16, 2005, on the 32nd Floor (Windows Room) of the Four Seasons Hotel. The guest speaker was Ms Barbara Sullivan, HPRAC chair and CEO. The topic: HPRAC's mandate, role and activities.

HPRAC provides independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario. This includes monitoring the colleges' patient relations and quality assurance programs, and complaints/discipline procedures.

Ms Sullivan discussed HPRAC's role in the

current health environment and emerging issues and challenges, such as multidisciplinary practice patterns, patient safety initiatives, patient knowledge and involvement, disclosure demands, quality measurement counts, clinical, pharmacological advances and technological change, cost pressures and the impact of the Internet.

Ms Sullivan also discussed HPRAC's current projects, such as the regulation of the following professions: pharmacy technicians/assistants, homeopaths, kinesiologists, psychotherapists, and personal support workers.

The criteria for reviewing the new professions include:

risk of harm; sufficiency of supervision; alternative regulatory mechanism; body of knowledge; educational requirements for entry to practice; leadership's ability to favour public interest; membership's support and willingness to be regulated and likelihood of complying with regulation; economic impact of regulation; public need for regulation; and controlled acts.

Stakeholders are invited to make submissions to HPRAC via e-mail

(HPRACSubmissions@moh.gov.on.ca) or in writing (HPRAC, 55 St. Clair Ave. W., Toronto, ON M4Y 2Y7).

HPRAC's goals include confidence in the process, information exchange, practical, coherent recommendations to the Minister, flexibility and fairness, best practices, and recommendations that reflect the current and fast changing health environment and are consistent with the public interest. CCO emphasized its willingness to work collaboratively with HPRAC and expressed appreciation to Ms Sullivan for leaving an HPRAC meeting to speak at CCO's AGM.



June 16, 2005 - 2004 AGM

Photo Gallery

(Right)
September 11,
2004 - CCO
Strategic
Planning,
Council and
Staff,
Langdon Hall



(Left) Road Show,
February 23, 2005 -
Barrie Chiropractic
Society Meeting

(Right) April 18,
2005 - Registrars'
Retreat, Langdon
Hall

Registrars' retreat for the registrars of the 21 health regulatory colleges under the RHPA (and the registrars from the College of Teachers, College of Social Workers and College of Veterinarians)





Dr. Frazer Smith

Informed Consent

by Dr. Frazer Smith, Chair
Quality Assurance
Committee

In the constantly changing environment that is health care, chiropractors are often introduced to new procedures that are quickly absorbed into customary practices. Obtaining informed, written consent is one of those practices that has been readily adopted by most, if not all, health care providers. Despite this fact, the QA Committee still grapples with issues of non-compliance on a regular basis. For example, many members are still not obtaining written, informed consent as required by the standard of practice (S-013: Consent).

Before providing chiropractic services (treatment or examination), members must discuss the examination or treatment with their patients and inform them about the benefits, risks and side-effects. Members must obtain consent to any examination or treatment or to a course of the treatment and the consent must be 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.

Members should also note the following important points:

- In certain limited circumstances, consent to an examination or treatment or to a course of treatment may be implied, but the onus is on the member to prove that exceptional circumstances warrant a deviation from the general requirements for consent outlined in the standard.
- In discussing the effects, material risks and side-effects of the proposed examination or treatment and alternative examinations or treatments, members shall disclose improbable risks, particularly if the effects are serious. Members shall also include a discussion with patients of the rare but potentially serious risk of stroke associated with cervical adjustments.

- Consent is an ongoing and evolving process involving ongoing discussions with a patient and not a single event of a patient's signature on a consent form. If the member recommends a new examination or treatment, there are significant changes in a patient's condition, or there are significant changes in the material risks to a patient, the member shall continue to dialogue with the patient about the material risks, benefits and side-effects of the recommended examination or treatment, including potential risks that may be of a special or unusual nature, and shall document those discussions in the patient's chart.
- Patients may withdraw their consent to any examination or treatment at any time.

CCO continues to receive complaints from patients alleging that the patient did not consent to the examination or treatment performed by the member. Don't let this happen to you! Do not assume that because a patient has walked into your office, he/she is consenting to whatever examination or treatment you perform. Protect yourself and your patients by reviewing and complying with the consent standard of practice.

Examination or treatment of minors

The HCCA does not identify an age at which minors may exercise independent consent for health care. Members must obtain fully informed, voluntary consent from the custodial parent or guardian responsible for a minor's health care *before* commencing a chiropractic examination or treatment on a child who does not clearly have the capacity to consent. If the parents of a minor patient are separated or divorced, have the parent confirm that he/she has the authority to make health care decisions (this is often reflected in an agreement or order). The consent must be evidenced in a written form or otherwise documented in the minor's record.

Electronic forms

With advancements in technology, some members have been using electronic sign-in sheets with additional documentation to reflect consent from the patient. Simply having a patient sign an

continued on page 23

News and Views from CRC

by Dr. J. Bruce Walton, Chair
CRC

The role of CRC, as a sub-committee of CCO, is to investigate members' billings submitted to OHIP. CRC has never monitored billings but, rather, has undertaken investigations at the direction of the General Manager (GM) of OHIP.

Once CRC completes an investigation, it directs the GM of OHIP to either pay all claims or recover some or all of the monies paid by OHIP. CRC directions are always based on the following:

- was the service rendered?
- was the service therapeutically necessary?
- was the service misrepresented?
- was the service delivered in accordance with accepted standards of practice?

As of December 1, 2004, chiropractors can no longer bill OHIP for services. To help clarify the issues around de-listing and monitoring of billings, CRC met with representatives of MOHLTC. Members should be aware of the following:

- CRC will continue to function until all cases have reached their conclusion.
- Because members have up to six months to submit claims (i.e., May 2005), monitoring of billings will continue for some time after de-listing.

- Analysis and monitoring takes some time and often runs several months behind actual billing months. It is likely that OHIP's auditing department will not complete monitoring and analysis until several months after May 2005.



Dr. J. Bruce Walton

Therefore, OHIP may direct CRC to audit a member's billing practices even as late as the end of 2005. As well, the GM of OHIP may perform direct inquiry audits as late as the end of 2005.

Members are reminded that if they wish to dispute the decision of the GM of OHIP in a direct inquiry, they may request CRC to review the decision.

CRC also reminds members that although OHIP billing has ceased, CCO regulations, standards of practice, policies and guidelines remain in effect. They exist to ensure the highest quality of chiropractic care continues to be delivered to the Ontario public. CRC encourages members to continue to improve all their practice procedures to ensure a high quality of chiropractic care that complies with CCO's regulations, standards of practice, policies and guidelines.

Informed Consent (cont.)

electronic consent document may not comply with the consent standard of practice. If the patient signs the document before any discussion with the doctor about the risks and benefits of an examination or treatment, the member will not have complied with the standard and may be the subject of a complaint.

Techniques, technologies, devices or procedures

Members using techniques, technologies, devices or procedures that fall outside the core of

chiropractic techniques are required to obtain the appropriate consent. This may be added to the member's current consent form provided it details the technique, technology, device or procedure being used and indicates anticipated goals, expected outcomes, alternatives, side-effects and risks associated with the technique, technology, device or procedure. Review standard of practice S-010: Techniques, Technologies, Devices or Procedures.



Mr. Richard Steinecke

Sources of standards of practice

Divisional Court of Ontario upholds CCO’s Discipline Committee finding that patient re-assessments/ progress evaluations are required on or before each 24th visit

by Mr. Richard Steinecke

Chiropractors are expected to meet the generally accepted standards of practice of the profession. Since chiropractors, like members of other professions, do not have a comprehensive written document setting out every standard of chiropractic practice, one of the challenges for members is to identify the content of those standards.

The notion of professional standards dates back to at least the 1900s in which courts described them as those unwritten professional values that are shared by the vast majority of right thinking members of the profession. Indeed, because standards of practice slowly evolve, it is impossible to write them down in a comprehensive and permanent document.

Thus, standards of practice are the result of the socialization of the profession. This socialization starts in chiropractic school and continues on through professional literature, continuing education, professional involvements and informal “shop talk” among chiropractors. It is for that reason that the most sought after expert witness for chiropractic standards cases is not the chiropractor who sees the most patients but rather a chiropractor who has a broad range of professional activities and contacts. It is this person who is most likely to have his/her pulse on the generally shared values of the profession.

Standards of practice are quite important for practitioners. Failing to meet the standard of practice can result in regulatory action (e.g., a caution from the Complaints Committee, remedial direction from the Quality Assurance Committee and even, in a serious case, a finding of professional misconduct by the Discipline Committee). In addition, if any damages result to a patient from a failure to meet professional standards, civil liability could result.

Courts have identified a number of sources to help identify the professional standards of practice of a profession, including the following:

- Any statute or regulation addressing standards of practice (e.g., the definition of

professional misconduct set out in the Health Professions Procedural Code and in the regulations made under the *Chiropractic Act*).

- Publications by the regulatory college as to what is expected of members (e.g., CCO’s standard on Communicating a Diagnosis/ Clinical Impression).
- Expert opinions as to the standard of practice of the profession given by a practitioner who has a good sense as to what the profession thinks on a particular matter.
- What is taught in undergraduate training programs and, to a lesser extent, in post-graduate courses for members of the profession.
- What is stated in the leading text books and in the professional literature (particularly peer reviewed literature) of the profession.
- Formal decisions of professional tribunals and the courts on the point.

None of these sources, other than what is set out in a statute or regulation, is automatically and always binding on practitioners. After all, there may be special circumstances in which the application of the general principle may not be appropriate and there may always be an evolution of the profession since publication or other event occurred. However, these sources of professional standards are the best available guide to the profession as to what meets and does not meet professional standards.

The case of Ressel and College of Chiropractors of Ontario (Ontario Divisional Court, July 25, 2003) illustrates the above principles. Dr. Ogi Ressel was referred to Discipline for allegedly breaching a number of standards of

continued on page 25

A senior partner in the law firm of Steinecke Maciura LeBlanc, Richard Steinecke is the author of A Complete Guide to the Regulated Health Professions Act and has written and spoken extensively on privacy law.

Sources of standards of practice (cont.)

practice including those related to assessment, re-assessment and record keeping.

In addition to making some findings of unprofessional conduct, the Discipline Committee found that Dr. Ressel had failed to maintain the minimum standard of practice related to assessment, re-assessment and record keeping. On the record keeping finding, the committee relied, at least in part, on CCO's published standards of practice on record keeping.

On the issue of re-assessment, the Discipline Committee relied upon two expert opinions that the failure to reassess a patient after 24 visits (the patient had 47 treatments without an apparent reassessment) fell below the minimum accepted standard of practice. In fact, the expert suggested that assessments might often be appropriate before the 24th visit, but by that visit for sure it was necessary to assess the patient.

The Discipline Committee did not accept Dr. Ressel's evidence that while he generally reassessed patients within every 24 visits that this particular patient was exceptional and did not require as frequent a re-assessment.

The Divisional Court (which is the second highest court in Ontario) upheld these findings by the Discipline Committee, stating repeatedly that there was "abundant justification" for them.

Now that this professional standard on re-assessment has been supported by expert opinion, has been accepted by the Discipline Committee in a hearing and been accepted by the Divisional Court on an appeal, chiropractors have specific guidance as to the frequency of re-assessment that is generally accepted within the profession.

Professional incorporation: making your application a smooth one

by Mr. Richard Steinecke

Many chiropractors have chosen to incorporate their practices. After discussions with their legal and financial advisers, they have concluded that there are some advantages for them. Having made this important decision, the next task is to prepare the incorporation documents and obtain a certificate of authorization from CCO. Without the certificate of authorization, the professional corporation cannot practice chiropractic.

Keep in mind that there are two separate and distinct processes to follow. First, incorporating your practice with MCBS. This is primarily a paper process and all that MCBS looks at is whether the incorporation documents meet corporate law requirements. MCBS does not review the documents for compliance with professional regulation requirements.

Second, applying for a certificate of authorization from CCO. CCO reviews the documents to ensure they comply with the regulatory requirements, particularly those set out in the regulations made by the MOHLTC. And yes, CCO does read the entire articles of incorporation.

CCO is noticing that there are a number of

applicants whose articles of incorporation are accepted by MCBS for corporate law purposes even though they do not comply with the *RHPA* regulations. This results in delays and added expense as the articles of incorporation then have to be amended. To avoid this frustration, members are well advised to download and read carefully the Application for a Certificate of Authorization forms from CCO's web site at www.cco.on.ca before incorporating. (A hard copy of the forms can also be obtained by mail from the CCO office.)

Also, enclosed with this newsletter and found on the web site is a sample application for a certificate of authorization form and a sample of articles of incorporation form. Please note that these samples are only intended to show language that complies with the *RHPA* regulations. You will need to consult with your own legal advisers to ensure that they meet corporate law requirements and are suitable for you personally. You are free to use different or additional provisions so long as they comply with the *RHPA* regulations.

The three most common mistakes in the incorporation of a professional chiropractic corporation are:

continued on page 26

Professional incorporation (cont.)

- 1. Using an improper name.** The corporate name can include only the name of the member (in various forms) and the words "Chiropractic Professional Corporation." For example: "Green Chiropractic Professional Corporation" is acceptable. You cannot add any other words. "The Best Chiropractic Professional Corporation in the Kawarthas" is unacceptable.
- 2. Forgetting to restrict the activities of the corporation in article 5 of the articles of incorporation.** The articles must state that the activities of the corporation are only to practice chiropractic. An acceptable wording of article 5 is as follows: *The corporation shall only carry on the business of the practice of chiropractic as regulated by the College of Chiropractors of Ontario and activities related to or ancillary to the practice of chiropractic including the investment of surplus funds.*
- 3. Suggesting that other corporations, trusts and other entities can be shareholders of the corporation.** Only chiropractors registered with CCO can be shareholders of a chiropractic professional corporation. Holding companies cannot be shareholders of a professional corporation. Some have inserted provisions in articles 8 and 9 of the articles of incorporation that suggest that corporations, trusts and others can be shareholders (often in the context of restricting the number of shareholders to 50 or less). Do not use language that refers to shareholders being a corporation, trust or other entity in any part of the articles of incorporation.

If you make any of the above mistakes, you will have to amend your articles of incorporation before CCO will issue a certificate of authorization. Avoid these three mistakes and save time, aggravation and money for you and CCO.

Related activities refer to things that flow naturally from a chiropractic practice, such as seminars and workshops. Practising another profession, such as naturopathy, is not a related activity and should not be done through a



Mr. Peter Waite

CFCRB Report

by Mr. Peter Waite, CAE
Executive Director

CFCRB recently launched a web site containing information on the regulation of the

chiropractic profession across Canada. Please check it out at www.cfcrb.org.

After an extensive consultation process with the currently recognized specialty colleges, the CFCRB board has approved a policy that details the requirements for establishing a new specialty and for the continued recognition of both the existing colleges and the individual fellows. CFCRB oversees the specialties on behalf of the provincial and territorial regulatory boards, including CCO.

CFCRB has been working closely with CCA on developing CPGs. The first guideline, on

evidence-based treatment of adult neck pain not due to whiplash, was posted on CCA's web site for profession-wide review and is now being prepared for publication in the *Journal of the Canadian Chiropractic Association* this fall.

The CPG group is currently working on the next guideline topic - whiplash - and will shortly commence work on the issues of headaches and on structural and functional deficits of the cervical spine.

CFCRB is grateful to CCO and the other provincial regulatory boards and associations who are financially supporting this work.

When CCA surveyed the membership last year, it discovered that 92% believe that clinical practice guidelines are somewhat or very important to them, so we know this investment is appreciated by the profession.

continued on page 27

CFCRB Report (cont.)

CFCRB is developing a new code of ethics and a Model Law for Chiropractic document, which will serve as important resources for regulatory boards looking to improve their legislation.

CFCRB is a founding member of CNNAR, and the executive director participates in its meetings to continue intelligence gathering and profile building efforts both with the federal government in Ottawa and with other professions.

Last year, CCA approached CFCRB with an invitation to explore matters of jurisdictional responsibility. On one hand, these discussions were instigated by CCA's efforts to withdraw from activities that relate to the regulatory side of the profession so that its resources could be directly focused on association activities. On the other hand, CCA leadership felt that recent challenges facing the profession (i.e., coroners' inquests in Saskatchewan and Ontario) could benefit from a strong national regulatory presence able to speak on the significant and comprehensive efforts being made to address public safety and protection at a national level.

A joint task force composed of nominees from CFCRB and CCA boards has been established and charged with exploring these and other related jurisdictional issues. Dr. Drew Potter, president of CCO, is one of the CFCRB nominees on the task force. The task force has circulated a discussion paper to each provincial regulatory board and to other chiropractic organizations across the country for consideration.

Through this process, CFCRB and CCA are committed to strengthening the functioning of both organizations and to clarifying the boundaries between association and regulatory responsibility while simultaneously focusing the profession on patient-centred care and patient protection in the public interest.

The principles upon which the CFCRB and CCA task force is proceeding (and subject to further discussion with stakeholders) are as follows:

First, CCA should not have a regulatory role. Its focus should be to promote and advocate on behalf of the profession at the national level and provide services directly to the profession and to its provincial divisions.

Second, CFCRB may need to be replaced with a new national organization better equipped to support the public protection work of the provincial and territorial regulatory boards.

Third, CFCRB, or whatever replaces it, will never have legislative power.

Any authority held by a body at the national level comes because it is delegated by a provincial or territorial regulatory board. That is the case now for recognition of specialties, which is done by CFCRB, but individual regulatory boards retain the right to accept or reject the CFCRB decision. Similarly, CCEC is delegated the job of accrediting programs, but individual regulatory boards are not bound by its decisions. CCEB is delegated the job of examining candidates, but individual boards could choose to do their own exams. In each of these cases, the principle is that the authority of the legislation governing the profession in each jurisdiction remains paramount.

Guided by these principles, the task force has explored gaps in current organizational structures and responsibilities, and identified options to address public trust and advance the profession at the national level.

CFCRB is a national association of provincial and territorial chiropractic licensing authorities and is incorporated under the Canada Corporations Act.

All health care professions are regulated at the provincial and territorial level, as such, the role of the 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.



Here's what health professionals are asking about Ontario's new health privacy legislation (*PHIPA*)

*Dr. Ann Cavoukian, Ph.D.
Information and Privacy
Commissioner/Ontario*

Dr. Ann Cavoukian Since *PHIPA* came into effect on November 1, 2004, my office has received more than 3,000 calls and e-mails from professionals in the health sector with questions regarding the implications and implementation of *PHIPA*.

One of the most common questions over the past few months has been: "Why is *PHIPA* necessary when we already have the federal *PIPEDA*?"

While the federal Act was designed to regulate the collection, use and disclosure of personal information within the commercial sector, *PHIPA* establishes a comprehensive set of rules about the manner in which personal health information may be collected, used, or disclosed across Ontario's health care system. *PIPEDA* was never designed to address the intricacies of personal health information.

In the near future, I anticipate seeing a final exemption order recognizing the substantial similarity of Ontario's *PHIPA* to the federal *PIPEDA*, so that health information custodians covered by *PHIPA* will not also be subject to *PIPEDA*.

We have received queries that cover a wide range of scenarios under *PHIPA* - issues that range from the extent of patient information being shared between health information custodians to whether a parent can obtain information about what prescriptions his daughter is obtaining from a pharmacy. Here is a short sampling of the questions we have received since *PHIPA* came into effect.

One caller was a physiotherapist who works at a health club and who shares patient information with non-regulated health professionals. He wanted to know if staff, such as personal trainers and fitness instructors, would be considered health information custodians and if he would need to get written consent from patients to share their information with such staff members.

Our response was that, generally, the non-medical staff of a health club would not be considered to be health information custodians. The Act requires that consent to the disclosure of personal information by a health information custodian to a non-custodian must be express, and not implied.

The physiotherapist would need express consent to pass on personal health information to staff such as personal trainers and fitness instructors. (As well, a non-custodian who receives personal health information from a custodian may, in general, only use that information for the purpose for which the custodian was authorized to disclose the information.) Obtaining consent at the beginning of the process would enable the physiotherapist to share information as needed, with his co-workers.

The manager of a long-term health care facility wrote us to ask if physicians who have admission privileges and are contracted for medical services - but who are not staff - should be asked to sign confidentiality agreements the same as staff, volunteers and other agents.

While *PHIPA* does not contain any provisions that relate specifically to a requirement to sign confidentiality agreements, it does state that health information custodians are required to take steps that are reasonable to protect the personal health information in their custody. Additionally, *PHIPA* also states that a custodian is required to handle records in a secure manner, so having confidentiality agreements in place is just one of the steps that custodians could take to help protect the information in their custody.

In this specific instance, the physicians that are contracted to provide services in the facility would likely be considered agents of the facility. Under *PHIPA*, the custodian's contact person is required to ensure that all agents of the custodian are appropriately informed of their duties under the law, which may include the signing of confidentiality forms.

One of the more challenging question was from a pharmacist who wanted to know what his responsibilities were in a case where the cardholder of a prescription drug plan wanted to know the details of drug usage by a family member covered under the drug plan. Would the family member need to give permission or sign a consent form?

This would be a case of disclosure of personal health information by a health information custodian to a non-health information custodian, which, generally, can only be done on the basis of express consent. Accordingly, a best practice would be to seek consent from the other family member or

continued on page 29



Examiners!

CCO would like to thank the following members who volunteered to be examiners for CCEB's March, June, September and December, 2004, sittings: Drs. Judy Adler (Toronto), Norman Allan (Toronto), Gerard Arbour, (Scarborough), Sterling Armata (Aurora), Stephen Balsky (Toronto), Grant Bjornson, (Bobcaygeon), Luke Boudreau (Guelph), Cameron Campbell (Oshawa), Percy Chan (Scarborough), Steven Chiu (Aurora), Elise Damecour (Aurora), Alex Dougley (Cambridge), Brian Dower (Toronto), Jennifer Drover (Toronto), Gary Dyck (Huntsville), Vinay Garg (Milton), Sheldon Gilchrist (Waterloo), Tracey Hehn-Zwicker (Aurora), David Homer (Toronto), Normand Houle (Unionville), Karen Hudes (Toronto), Karen Jongedijk (Toronto), Harwinder Kalsi (Brampton), Michael Kennedy (Brampton), Feng Lee (Waterloo), Stephen Lippitt (Belleville), Christopher Lyn (Markham), James Mason (Listowel), David Mattinen (Toronto), Jilla Schwarz (Barrie), Shannon McEwan (Woodbridge), Scott McGregor (St. Catharines), Rosanne Metz (Toronto), Jacob Morgan (Peterborough), Virginia Nsitem (Mississauga), Amanda Ostrowski (Barrie), Matthew Ostrowski

(Barrie), Dan Proctor (North York), Marco Ramelli (Hamilton), Rebecca Ranta (Markham), Peter Rissis (Markham), Michael Rodney (North York), Marco Sacchetti (Waterloo), Michael Shaughnessy (Orillia), Judy Snider (Richmond Hill), Oscar Sohi (Mississauga), Brent Souter (Barrie), Richard Stover (London), Caroline Taylor (Millbrook), Joel Weisberg (Toronto), Robin Whale (Port Hope)

For more information on becoming an examiner, please contact the CCEB at 403-230-5997 or visit their web site at www.cceb.ca.

CCO Legislation & Ethics Examination - Toronto

The next sitting of CCO's Legislation & Ethics examination is Monday, November 28, 2005, at 9 a.m., at the Old Mill Inn (21 Old Mill Rd., Toronto).

Additional information and the application form are available on CCO's web site at www.cco.on.ca.

The application deadline is **Friday, October 28, 2005**.

PHIPA (cont.)

members who are covered under the cardholder's health plan. This is definitely the case if the information to be disclosed is that of an adult, such as a spouse, or children 16 or older. In the case of children under 16, information may be released without consent to the custodial parent, with certain exceptions. For example if the child is capable and disagrees, then the child's decision prevails.

If you, or your office, have a question regarding *PHIPA, 2004*, please do not hesitate to contact us at info@ipc.on.ca. You can also find many useful publications about *PHIPA* on our web site, www.ipc.on.ca.

For Your Information

Mobile Digital Iriscope System

The mobile digital iriscopes system comprises a camera that captures digital images of the iris and software for analysis, scanning and reporting. This is outside the scope of chiropractic practice.

Sign-in Sheets

Many members ask patients to sign a sign-in sheet. To ensure there is no breach of privacy, the sign-in sheet should include wording similar to the following:

"This office may be required to provide proof of your attendance today for regulatory/other legal purposes. By signing below, you consent to your name being included on the sign-in sheet. If you would like to make other arrangements (such as initialling your chart on every visit), please speak to the receptionist and Dr. []."*

Publishing Fax Numbers and E-mail Addresses

In the 2005 registration renewal form, CCO asked members to indicate if they did not want their facsimile and e-mail addresses published in the next directory. If the member does not check off the block, CCO publishes the information in the directory.

If you do **NOT** want your facsimile and e-mail address published, please advise CCO in writing as soon as possible.



If a member does not have a business address, the residence address is published in the directory, along with other public information outlined in the *RHPA*.

Beasley Award Winner

Congratulations to the 2005 winner of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence, Michelle Aubry, DC, a CMCC graduate. CCO will waive her application and registration in Ontario for the first year.

The award is open to any student from an accredited chiropractic educational institution in North America who intends to practise in Ontario.

Relevant Web Sites

CCA	www.ccachiro.org
CCEB	www.cceb.ca
CFCRB	www.cfcrb.org
CMCC	www.cmcc.ca
FHRCO	www.regulatedhealthprofessions.on.ca
HPRAC	www.hprac.org
IPCO	www.ipc.on.ca
MOHLTC	www.health.gov.on.ca
OCA	www.chiropractic.on.ca
UQTR	www.uqtr.ca

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 (from August 20, 2004, to August 2, 2005) and wishes them a long and successful career in chiropractic.

Adams, Kenneth W.
Addison, Kirsten D.
Alibhai, Imraan
Armstrong, Robin J.
Babaloui, Reza
Badwall, Parminder S.
Bak, Evelyn
Bartlett, Catherine A.
Barzo, Michael J.A.
Best, Scott R.A.
Binning, Satdip L.S.
Bonitatibus, Mark K.
Bortolussi, Matthew
Bortolussi, Rebecca
Brown, Neil A.
Camilleri, Andrew
Chetcuti, Michael P.
Chiu, Daniel
Croteau, Lori
Davies, Craig M.
Deakin, William B.
Drozdowska, Martyna T.
Durickovic, Biljana
Elahi, Naveed H.
Filice, Carmine F.
Fogarty, James M.
Gill, Harnek S.
Gill, Julie A.
Gordon, Trisha L.
Goritsas, Michael P.
Goyal, Puja
Grechuk, Kelly A.
Green, Nicholas J.
Hazel, Craig E.
Henry, Rebecca C.
Higgins, Paulette A.

Huang, Joyce J.Y.
Irvine, Stacy L.
Jacobs, Craig L.
Jaswal, Amarpreet K.
Johal, Bhupinder S.
Kaw, Sigmund S.T.
Kubert, Markus T.
Kuzyk, Kelly
Ladak, Safana
Langedyk, Tammy L.
Lavigne, Amy Marie
Lee, Amanda L.
Lee, Katherine
Lee, Michael H.H.
Leung, Clara
Liu, Dennis K.C.
Lundy, Krista
MacIntyre, Ian J.
Malow, Gelene S.
Miners, Andrew L.
Moore, Jennifer L.
Mueller, Leanne
Mylonas, Jim
Myrtos, Constantinos D.
Nabeta, Erik K.
Nanda, Amit Singh
Nghiem, Jonathan P.
Nguyen, Nam H.
Niejadlik, Ted P.
Noudga, Emily
O'Shaughnessy, Julie
Obeid, Maher J.
Odhavji, Rahul P.
Owliaei, Amir
Panwar, Pervinder
Patrick, Anthony N.

Pavacic, Marko J.
Peisley, Jason J.R.
Penrose, Patricia L.
Prichard, Jason C.
Prii, Mark T.
Rahim, Jamshed
Ramcharan, Michael
Ruzzier, Frank M.
Salameh, William
Sapozhnikov, Igor
Sareen, Shikha
Semadeni, Paul R.
Shah, Deepa
Sidenberg, Adam B.
Silverman, Elana S.
Simon, Joy N.
Singh, Christopher H.
Skolnik, Adam H.
Stathopoulos, Dennis
Sulatycki, Andrew J.
Sutherland, Susan L.
Tabrizi, Ali R.
Theilmann, Melanie R.
Thompson, Chad
Titon, Angela L.
Tresidder, Brian J.
van Hellemond, Cynthia M.
Varga, Margaret C.
Vermilyea, Amy L.
Whang, Katherine H.
Williamson, Adam T.
Wilson, Chad
Wood, James D.E.
Zarrabian, Mohammad-Mehdy
Zivkovic, Zoran
Zivontsis, Alexander E.T.

Have you heard from...

Mail sent to the following members' business addresses was returned to CCO with no forwarding address. If you know someone listed here, please have him/her contact CCO.

Fermanian, Sylvia
Attinello, Santo

Registry Update

(August 18, 2004 to July 19, 2005)

Note: Cities listed are located in Ontario, Canada, unless otherwise indicated.

Suspended due to non-payment of fees

Icatar, M. Dinna (Scarborough)

Revoked due to non-payment of fees for two years

Allen, Lois A. (Brampton)
Bluck, Catherine M. (Toronto)
Boulianne, Michele (Jonquière, QC)
Coates, Mark R. (Singapore)
Gill, Navjot (Mississauga)
Johnson, W. Roderick (Ingersoll)
Meredith, Joel W. (Victoria, BC)
Moran, Kim A. (Winnipeg, MB)
Nasreddine, Mona (Lambert, QC)

Neary, Heather A. (Ottawa)
Randall, Keith A. (Hamilton)
Reinhart, Edgar R. (Ayr)
Sforza, Angela (Etobicoke)
Shih, Clarke C. (Scarborough)
Smith, Devon R. (Camrose, AB)
Sykes, William M. (Sudbury)
Tulbert, David J. (Toronto)

Resigned

Bartlett, Catherine A. (Dartmouth, NS)
Curran, Lisa C. (Kingston)
Easton, Jennifer A. (Calgary, AB)
Hacault, Francois (UK)
Hogg-Kopp, Joan D. (Scarborough)
Humphrey, Adam W. (Whitehorse, YK)
Jess, Michael D. (Toronto)
Lockie-Hunt, Marian J. (Sharon)



April 20, 2005: CMCC lecture in jurisprudence. (L-R) Dr. Jean Moss, CMCC President, Dr. Keith Thomson, Consultant, QA Committee, Ms Jo-Ann Willson, Registrar and General Counsel, Mr. Allan Freedman, Course Instructor

SHSHSHSHSHSHSHSHSHSH...

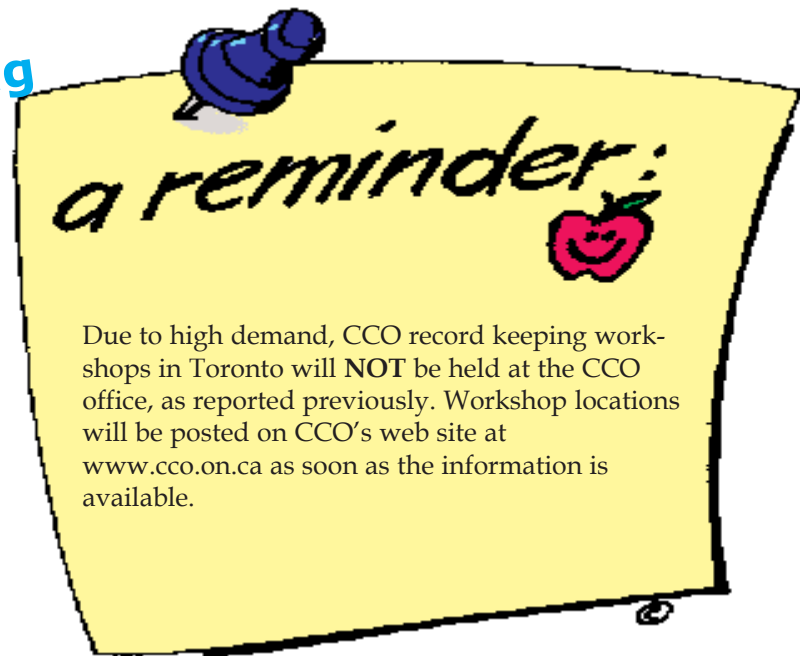
It's not a secret

Find out everything you need to know about the peer assessment program by reviewing the information on CCO's web site at www.cco.on.ca (see Quality Assurance section).

Call Ms Sue Gargiulo, Communications Officer, at 416-922-6355, ext. 106, and volunteer. You'll be glad you did.



Record keeping workshops



November 25, 2004 - CCO Council and staff tour CMCC's new facility at 6100 Leslie St., Toronto

Council Meeting Highlights

Council held five regular meetings and one orientation meeting since the last issue of *ChiroPractice*.

At all meetings, Council reviews information from MOHLTC and other chiropractic organizations, health regulatory colleges and FHRCO, and monitors legislative changes to ensure it is informed about recent developments that relate to CCO's mandate to regulate chiropractic in the public interest (e.g., various recent privacy initiatives).

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.

CCO has regular attendees at its Council meetings, including the chair of CRC, a representative from OCA, 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 11, 2004

- This meeting preceded CCO's strategic planning session. Council members, observers and all staff attended.

Council approved the following:

- distribution of the Core Competency document to members/stakeholders for review and feedback;
- circulation of the revised advertising standard of practice (S-003) and acceptable and unacceptable testimonials in advertising to members/stakeholders for feedback (distributed in October 2004);
- payment of an additional \$3,000 to the CCEC for fiscal year 2003-2004;

- attendance of Dr. Drew Potter, Dr. Allan Gotlib and Ms Jo-Ann Willson at the CFCRB meeting in Calgary on October 16, 2004;
- attendance of Drs. Potter and Gotlib and one public member to represent CCO at the CPG stakeholder meeting in Halifax on October 22, 2004;
- attendance of Dr. Gilles Lamarche to represent CCO at the CCEC meeting in Montreal on November 27, 2004.

Council reviewed the following:

- various letters relating to CCO's public interest concerns about the de-listing of chiropractic services from OHIP, namely to the Premier of Ontario, Hon. Dalton McGuinty, the Minister of Health and Long-Term Care, Hon. George Smitherman, and from several Members of Parliament;
- CCEB's proposal to establish an independent evaluation process;
- WHO's Guidelines on Basic Training and Safety in Chiropractic;
- thank you letter to Dr. Thomson and Ms Willson from Mr. Allan Freedman for their presentation to the third-year students in jurisprudence at CMCC in June 2004.

November 26, 2004

Council approved the following:

- distribution of an explanatory memorandum to members/stakeholders for standard of practice S-002: Record Keeping, regarding patient progress evaluations on or before each 24th visit. The memorandum to include the following:
 - members are to conduct assessments on every visit;
 - the timing of progress evaluations will be dependent, in part, on the course of treatment and plan of management for the patient, and whether the patient is in acute/relief, corrective, or wellness/maintenance stages of care; and

continued on page 35

Council Meeting Highlights (cont.)

- members must exercise professional judgment when conducting progress evaluations (e.g., in circumstances when the patient's condition has changed, it may be necessary for the member to conduct progress evaluations more frequently than on or before each 24th visit;
- revision to standard of practice S-013: Consent, as follows: *Appropriate Discussion and Dialogue: In order to be "informed," consent to examination or treatment (including x-rays), shall include a discussion of the following...* (the revised standard is enclosed in this distribution and posted on the web site);
- revision to policy P-011: Conflict of Interest for Council and Committee Members, as follows: *Complaints: Where any member of Council, a non-Council committee member, peer assessor, investigator or anyone associated in an official capacity with CCO, has an official complaint registered against him/her...* (the revised policy is posted on the web site);
- funding for the CFCRB/CCA CPG project;
- payment of \$5,000 to FHRCO for annual dues;
- donation of \$1,000 to the Michael Brickman Scholarship Fund at CMCC;
- CMCC's request that CCO act as CMCC's alternate record keeper to provide students/graduates with access to transcripts subject to various terms and conditions, and government approval.
- starting in 2005, CCEB will conduct the clinical skills examination three times a year, instead of four times;
- QA Committee's responses to the Lewis jury recommendations;
- letter from Dr. Doug Lawson, former registrar of the College of Chiropractors of Alberta, commenting on how to test psychomotor skills and providing an analysis of data of peer assessments completed to date;
- attendance of Ms Georgia Allan and Ms Lynn Daigneault at the COBA conference on November 4, 2004. Sponsored by the Society of Ontario Adjudicators and Regulators, COBA is an annual conference on administrative justice issues. Ms Allan and Ms Daigneault provided updates;
- revised draft of the WHO's Guidelines on Basic Training and Safety in Chiropractic (CFCRB is preparing a response to the WHO's Department of Essential Drugs and Medicines Policy);
- tour of CMCC's new facilities on November 24, 2004, hosted by Dr. Jean Moss;
- letter from the MTCU Minister, Hon. Mary Anne Chambers, on the call for proposals to develop options to reduce barriers to accreditation/employment of qualified internationally trained individuals. The letter advised that Mr. George Thomson will conduct a review of appeal processes in the regulated professions, and invited CCO representatives to a meeting on December 3, 2004.

Council noted/reviewed the following:

- three-year appointment of a new public member, Mr. Martin Ward, of Orillia;
- presentations on PHIPA by Dr. Ann Cavoukian, Information & Privacy Commissioner of Ontario, and Mr. Richard Steinecke, CCO's legal counsel, at the OCA/CMCC trade show on October 3, 2004. Dr. Thomson and Ms Willson also presented;
- attendance of Dr. Potter and Ms Willson at the FHRCO general meeting;

Council welcomed:

- Mr. Richard Steinecke, who presented on "An Insider's View: Emerging Trends in Public Interest and Professional Regulations." Topics covered included: Outside Perspectives, What is the Public Interest, Scenario Issues, Reasons for the Confusion, Sources of Determining the Public Interest, Searching for the Public Interest, Recent Pressures and Trends, and Fostering a Public Interest Culture in Your Organization;

continued on page 36

Council Meeting Highlights (cont.)

- Dr. Dean Wright, OCA president, who provided a synopsis on the OCA's activities relating to OHIP de-listing of chiropractic services, including the issue of chiropractors referring patients to hospitals for x-rays;
- Dr. Stan Gorchynski, first vice president, CCA, who presented on the need to establish a national regulatory organization, addressing national public interest issues.

Other activities:

- Dr. Drew Potter, Dr. Allan Gotlib and Mrs. Regina Willmann reported on their attendance at the CPG stakeholder meeting in Halifax on October 22, 2004. Council discussed at length CCO's continued participation and financial obligations in this project;
- Dr. Keith Thomson, chair of the Core Competency project and consultant to the QA Committee, provided an update on the document, which Council approved in principle. The document was renamed "Core Competencies for CCO Members";
- Council members expressed their appreciation to Mrs. Helen Foster and Mrs. Regina Willmann, who were attending their last Council meeting.

February 8, 2005

Council approved the following:

- revised CCO mission statement, as follows:

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.

- revised three-year mission (2004-2007) as follows:

Over the next three years, we seek to have undertaken a series of initiatives in order to achieve the following;

1. *The public's confidence in chiropractic is unqualified.*
 2. *All celebrate quality of care as CCO's raison d'être.*
 3. *Strong and effective governance arrangements.*
 4. *The College is sought after for our expertise and influence.*
- new standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient, which replaces Guideline G-006: Guidelines for Establishing a Personal Relationship with Your Patients (i.e., Dating) (the new standard is enclosed in this distribution and posted on the web site);
 - funding of the CPGs capped at \$50,000 for 2005 upon receipt of financial information, including income and expenditures to date and proposed budget information, with the following terms and conditions:
 - outcome measures;
 - participation by CCO in the process;
 - subject to an annual review; and
 - discussion at CFCRB meetings with other regulators.

Council noted/reviewed the following:

- three-year appointment of a new public member, Mr. Ganesan Sugumar of Markham;
- thank you letter from outgoing public member Mrs. Regina Willmann;
- Ms Willson's correspondence to Mr. G. Hawes, Special Assistant for Community, Liaison and Appointments, MOHLTC, and survey response to a questionnaire on public appointees;
- MOHLTC's Policy Guidelines for Drafting Advertising Regulations;
- Dr. Gilles Lamarche's report on the CCEC meeting in Montreal on November 27, 2004;
- information regarding the collection, use and disclosure of e-mail addresses without

continued on page 37

Council Meeting Highlights (cont.)

consent. According to Canada's Office of the Information and Privacy Commissioner, disclosure of e-mail addresses without consent is not permitted;

- information concerning the meeting on automobile insurance reform between the Financial Services Commission of Ontario and stakeholders, on February 4, 2005. Ms Kristina Mulak, Investigations/Resolutions Officer, represented CCO;
- election material distributed to districts 4, 5 and 6;
- CCO's responses to three surveys from MTCU;
- information concerning an orientation session for health regulatory colleges hosted by Ms Barbara Sullivan, Chair, HPRAC (Ms Willson attended);
- various divisional court decisions involving medical doctors; and
- positive feedback from the record keeping workshops and the peer assessment workshop.

Other activities:

- Council elected members to committees on an interim basis until the internal elections in April 2005;
- Council members expressed their appreciation to Drs. Allan Gotlib and Lynda Montgomery, who were attending their last Council meeting.

April 22, 2005

Council approved the following:

- revision to standard of practice S-002: Record Keeping, as follows:

Patient Health Record: reasonable information about every treatment, including level of spine adjusted or mobilized, direction of thrust and technique(s)¹ used...

¹ Every technique, technology, device or procedure

must comply with Standard of Practice S-010: Techniques, Technologies, Devices or Procedures... (the revised standard is enclosed in this distribution and posted on the web site);

- development of a draft standard of practice (S-016) on block fees/pre-payment plans for circulation to members and other stakeholders for feedback (the proposed new standard is enclosed in this distribution);
- recommendation from the QA Committee that all members be strongly encouraged to attend a record keeping workshop, at no cost to the member, by May 31, 2006. After that time, there will be a cost and requirement to attend and Council will determine the cost;
- revised terms of reference for the Patient Relations Committee;
- revised vision statement for the Patient Relations Committee to include the following paragraph: *The committee values and encourages open, honest and clear communications between members and patients...*

Council noted/reviewed the following:

- election results in districts 4, 5, and 6;
- Dr. David Leprich's letter of appreciation for the opportunity to serve on CCO Council;
- Lieutenant Governor's approval of CCO's proposed QA regulation;
- information concerning new protocols for public appointments, effective January 2005;
- information from MOHLTC regarding the reorganization of the planning division, which created the (temporary) Health Human Resources Division and five branches within this division;
- letter from Hon. Tony Wong advising that the Minister of Health had asked four members of the provincial parliament to consult interested stakeholders on traditional Chinese medicine and acupuncture. Council also noted CCO's response on acupuncture to Hon. Wong;

continued on page 38

Council Meeting Highlights (cont.)

- letter of acknowledgement to CRC members from MOHLTC, and also noted that CRC will continue until all the audits are completed;
- three HPARB decisions confirming CCO's Complaints Committee decisions;
- invitation from Ms Willson to Ms Barbara Sullivan, HPRAC chair and CEO, to be CCO's guest speaker at the 2004 AGM meeting on June 16, 2005 (Ms Sullivan accepted);
- various information from HPRAC relating to the regulation of health professions under the *RHPA*;
- HPRAC's request for CCO to select 15 individuals who had participated in the complaints or ADR process. HPRAC's aim is to achieve consensus on a reliable and realistic model for Patient Relations programs and provide a template;
- information concerning the FHRCO AGM on April 14, 2005 (Dr. Potter and Ms Willson attended);
- report from Mr. Bob Rae, entitled "Ontario - A Leader in Learning," about strategies on improving higher education in Ontario;
- information that the Quebec chiropractic regulatory body was successful in its legal challenge at the Quebec Court of Appeal in restoring chiropractors' rights to diagnose;
- letter to CMCC and CCO's contribution to the Michael Brickman Scholarship Fund;
- information on the Operational Boundaries Task Force, a joint CFCRB/CCA initiative addressing national public interest issues.

Other activities:

- Dr. Marshall Deltoff and Mr. Martin Ward reported on their participation in the FHRCO Discipline orientation workshops, held on April 14-15, 2005;
- Council expressed its appreciation to Dr. Walton, Ms Jill Silk (administrative assistant), CRC members and inspectors for continuing their work despite the de-listing of chiropractic services from OHIP.

April 22, 2005 - Orientation Meeting

- Ms Willson facilitated an orientation session for Council members that included CCO's legislative context, the duties and responsibilities of directors of non-profit corporations, the importance of confidentiality, and CCO's accountability to the public of Ontario;
- Council elected the executive officers, chairs and members of all committees via secret ballot in the presence of scrutineers.

June 17, 2005

Council approved the following:

- 16 record keeping workshops across Ontario (information is posted on CCO's web site at www.cco.on.ca);
- distribution of the Patient Relations Committee's draft Patients' Charter of Rights and Responsibilities to selective stakeholders for review and feedback.

Council noted/reviewed the following:

- items relating to the Patient Relations Committee:
 - re-affirmation of guideline G-001: Prevention of Sexual Abuse of Patients;
 - revocation of guideline G-006: Guidelines for Establishing a Personal Relationship With Your Patient (i.e., Dating) (replaced by S-014: Prohibition Against a Sexual Relationship with a Patient);
 - revision of policy P-018.5: Funding for Therapy and Counselling for Victims of Sexual Abuse. The revision involves deleting the following paragraph from the Description of Policy: *The Patient Relations Committee (the "Committee") shall review all requests for funding from victims not eligible under Code Section 85(7)(4)(a) on an individual basis. The Committee shall have discretionary authority to determine the eligibility of the applicant for funding or not, to determine the amount of the funding provided*

continued on page 39

Council Meeting Highlights *(cont.)*

- (such amount not to exceed \$1,500), and duration of the funding to be provided, subject only to Council's guidelines on this matter. (The revised policy is posted on the web site);*
- letter from HPRAC stating that the MOHLTC will postpone Phase II of the Patient Relations program monitoring project until January 2006;
 - information from CMCC stating that CMCC can now offer a Doctor of Chiropractic degree program;
 - appointment of the following CRC members: Dr. Bruce Walton (chair), Dr. Dan Higginson and Dr. David Linden from June 1, 2005, to May 31, 2006, and Ms Corrine Hardey from April 29, 2005, to April 28, 2006;
 - appointment of the following CRC inspectors: Drs. John Cadieux, Rhonda Kirkwood, Larry McCarthy, Jason Potter and Kelly Ramsay, from June 1, 2005, to May 31, 2006;
 - letter of condolences to the family of the late Mr. John Bolus, a former CRC member.

Other activities:

- Dr. Potter and Ms Willson reported on their productive informal meeting with the Minister of Health;
- Dr. Potter and Ms Willson reported on their attendance at CFCRB's meeting in Montreal on May 4-7, 2005.

CCO Council, April 2005



Seated (L-R): Dr. Frazer Smith, Dr. Gilles Lamarche, Ms Jo-Ann Willson, Dr. Drew Potter, Dr. Bruce Walton (CRC). Standing (L-R): Mr. John Quinney, Dr. James Laws, Ms Lynn Daigneault, Mr. Ganesan Sugumar, Dr. Marshall Deltoff, Dr. Brian Schut, Ms Georgia Allan, Mr. Martin Ward, Dr. Robbie Berman, Dr. Calvin Neely, Ms Clarissa D'Cunha. Missing: Dr. Peter Amlinger, Mr. Richard Frame.

