

CHIROPRACTICE

GOVERNING THE PRACTICE OF CHIROPRACTIC IN THE PUBLIC INTEREST

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President's Message



Dr. David Starmer
President
April 2018 - Present

When I look ahead in 2019, I am reminded why I ran for Council five years ago. I knew the rights and obligations of self-regulation are designed to serve and protect patients. It is a privilege and responsibility shared by all in the profession and I wanted to do my part.

Through my time on Council, I have been proud to see CCO demonstrating its commitment to addressing issues raised by the public and members as they relate to the effective regulation of chiropractic in the public interest - and I know the hard work is not over.

For that reason, instead of reminiscing about the history and reflecting on our accomplishments, I want to face forward and focus this communication on some of the initiatives ahead of us.

Patient Care and Chiropractic Practice

CCO will be working through some ambitious efforts to reinforce the relevant regulations and guidelines that enable members to understand what they can and can't claim in the course of providing safe and ethical patient care in their chiropractic practice. This will require ongoing work from several CCO committees. Highlights include:

- Use of social media is a topic being seriously addressed by CCO. During a member's peer assessment, CCO's peer assessors will review the member's website(s), advertising, and social media posts and report any apparent breaches to the CCO's Quality Assurance Committee. Consideration is also being given to implementing new ways to support peer assessors in ensuring the appropriate advisory and remedial actions are taken to address issues arising during their peer assessments.
- The Inquiries, Complaints and Reports Committee (ICRC) is accelerating its processes for addressing public complaints against members about their websites, advertising, and social media sites such as making claims for treatments that may fall outside the chiropractic scope of practice.
- CCO is analyzing web-scanning technology currently being used by the College of Chiropractors of British Columbia and others to assess its merits

MISSION

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

VISION

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

VALUES

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

STRATEGIC OBJECTIVES

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

Developed at the strategic planning session: September 2017

Acronyms

BDC	Board of Directors of Chiropractic
CCO, the College	College of Chiropractors of Ontario
CE	Continuing education
the Code	Ontario Human Rights Code
CMCC	Canadian Memorial Chiropractic College
CMRTO	College of Medical Radiation Technologists of Ontario
CTCMPAO	College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
FHRCO	Federation of Health Regulatory Colleges of Ontario
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
NGO	Non-governmental Organization
PPA	Peer and Practice Assessment
QA	Quality assurance
RHPA	Regulated Health Professions Act, 1991
SCERP	Specified continuing education or remedial program
TUP	Technology Upgrade Project

EXTRACT FROM THE *CHIROPRACTIC ACT*

Scope of Practice

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

Authorized Acts

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

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for use in Ontario as a way to bring to light any failures by chiropractors to comply with existing provisions.

- Discussions have already taken place at both the CCO's Executive Committee and the Advertising Committee to consider whether the Advertising Committee's mandate is sufficiently robust in ensuring it can adequately monitor and productively enforce the standards of practice as they relate to advertising, including social media.

Collaboration with Stakeholders

I am pleased to see our enhanced efforts in reaching out to stakeholders such as the Ontario Chiropractic Association and the Federation of Health Regulatory Colleges of Ontario. Efforts have resulted in some tangible action such as fostering relationships to enhance our public interest focus and our communications vehicles to all stakeholders.

Harmonizing Standards of Practice and Sharing Best Practices across Canada

By design, all health care professionals are separately regulated at the provincial and territorial levels in Canada. With constant changes in health care dynamics, individual regulators are always adapting their provisions to best serve the public in the new landscape. This is a challenging role.

In the harmonization of standards of practice and the sharing of best practices across Canada, CCO will strive to enhance discussions aimed at ensuring consistency in the patient experience from coast to coast, including processes for examination, history taking, diagnosis, treatment, and plan of management.

Evaluating Regulatory Governance

The current model of self-regulation as articulated in the *Regulated Health Professions Act, 1991* is not the only model for self-regulation. What the public needs and expects from its regulators is always evolving. Therefore, the CCO must also continually evolve to best serve the public. As other Ontario health regulators are discussing regulatory reform to shift towards competency-based selection criteria for board members, smaller boards, and enhanced oversight, it is imperative that CCO is part of this conversation. It is essential that we discuss and debate the merits of different systems and processes, with a focus on determining how best to serve our

role and mandate as we move forward.

Defining/Measuring Regulatory Performance

I am pleased to report that Council has had fulsome discussion on enhancing its regulatory performance and how accountability and success can be measured. Council is looking at best practices, how it can be measured, and also how CCO can continue building trust with members, stakeholders and the public.

CCO on the Move!

Thanks to CCO's history of due diligence and fiscal responsibility, CCO will be moving into a new home this summer. Considerable care has been expended by CCO to look at best practices followed by other health regulators in making the office space accessible to the public and to take advantage of opportunities to redefine some processes and to enhance its corporate responsibilities and commitment to environmental sustainability.

Not far from CCO's current offices, the new location is easily accessible for visitors and members who use public transportation.

In Appreciation

I am grateful to both our publicly-appointed members and our elected professional members who serve on Council and have allowed me to serve as President. Their collective dedication to serving our public interest mandate is first and foremost in all of Council's deliberations and actions. Our Council and committee meeting agendas are characterized by open discussions and proactive action.

Supporting us in our dedicated work in serving the public of Ontario would never be possible without the supportive staff team, led by Ms Jo-Ann Willson, Registrar and General Counsel.

I am also very proud of the high level of engagement in self-regulation and the desire to serve the public interest. Clearly, this is demonstrated throughout various activities that support our efforts both internally and externally. I encourage members to continue to participate with us in enhancing self-regulation in the public interest through respectful discussion.

Thanks for being engaged!

Registrar's Report



Ms Jo-Ann Willson
Registrar and General Counsel

This issue's "hot" topics: Advertising, Websites, Social Media

I found an extract from a newsletter from the former Board of Directors of Chiropractic (BDC) dated April 1991:

ADVERTISING GUIDELINES FOR CHIROPRACTORS AND RELATED CORPORATIONS

Registrants have a responsibility to the public, the profession and the Board to ensure that advertising copy in any media is:

Factual, objectively verifiable, and based on facts independent of personal beliefs, opinions or interpretations.

References to the cure of symptoms, diseases or appealing to a lay person's fears are not considered to meet the foregoing criteria.

Some members (with early registrant numbers!) will also recall that there was a time when the BDC had a "yellow pages" advertising policy, as well as a prohibition on the size (including font size) of any office advertising.

Historically, CCO has received few complaints about advertising, except from one chiropractor against another. In 2017 for example, CCO received a total of four complaints about advertising, two complaints about scope of practice and one complaint about social media (reference the 2017 Annual Report). Those numbers will be different in 2018 and in 2019. Members are reminded that not all complaints come from chiropractic patients. Any member of the public can file a complaint and CCO's Inquiries, Complaints and Reports Committee will exercise its discretion in accordance with the *Regulated Health Professions Act, 1991* with each and every complaint that is received.

So what's changed? The fundamental message from CCO hasn't changed. What has changed is the methods by which members communicate, the speed at which information is transmitted and the increase in reach of what the public sees. CCO's obligation is to ensure existing standards are either revised, enforced differently, or that the balance between reactive (complaints and discipline) versus proactive measures (quality assurance) needs to be shifted to reflect this new landscape. Another aspect that seems to have changed is an apparent lack of professional respect or courtesy that has crept in between and amongst

colleagues. That doesn't reflect well on the health of the profession, nor does it help in building public trust and confidence. There is, of course, room for and a need for healthy debate and discourse but that comes with an expectation that stakeholders including members will communicate in an informed, respectful manner.

On November 29, 2018, a number of chiropractic stakeholders, some media and various other members of the public attended CCO's Council meeting at which a number of options were presented to and considered by Council. CCO has committed to continuing to enhance both its proactive and reactive processes relating to scope of practice and advertising, including websites. The Advertising and Quality Assurance Committees in particular have been working for a number of months preparing comprehensive recommendations for Council's consideration. Watch CCO's website for news about changes to standards, policies and guidelines.

My recommendation is that every member put the "self" in self-regulation by reviewing his/her own advertising, website(s) and social media communications. That means making sure you are not making unsupported claims. It also means ensuring you are complying with the provisions as they relate to specialties or the use of protected titles like medicine, physiotherapy or acupuncturist unless you are a member of a college which has those protected titles. Know that there are individuals keenly interested in finding false or misleading claims, and in bringing that information to the attention of CCO. Know too that CCO will be stepping up its efforts in reviewing existing standards, policies, guidelines and processes, and in reviewing members' public information including through the use of appropriate technology. CCO's statutory responsibility is to regulate the profession in the public interest. Many people feel passionately about the issues relating to advertising, social media and websites, and CCO remains interested in and committed to considering all feedback as it reviews existing provisions and processes **through the lens of public protection.**

Welcome

Registry Update

Please check the website or contact CCO about any changes in the registration status of a CCO member.

WELCOME NEW MEMBERS

CCO welcomes the following new members (registered from January 1, 2018 to January 31, 2019) and wishes them a long and successful career in chiropractic.

Ryan J. Abrams
Sean P.E. Adam
Meghan J.E. Adams
Therese Agayby Ghobrial
Adam Alexander
Bettina M. Ambuehl Honegger
James S. Anderson
Kyle J. Aram
Ali-Massud Asgary
Catherine Askander
Nooralhuda Bakaa
Stephen J. Bako
Jarod R. Balog
Matthew A. Barden
Antoine D. Barrier
Angele F. Beauclair
Nardine Bekhit
Shannon J. Bloch
Mary E. Bogumil
Lindsay E. Bonas
Taylor Bonner
Brittany N. Boot
Corinne E.M. Brookhuis
Mary N. Brown
Colin D. Brown
Kevin J. Brownell
Patricia L. Brum
Mikaela E. Buchli-Kelly
Rozina Budhwani
Alan N.H. Bui
Katelynn Bulmer
Stacey A. Cairns
Mitchell S. Campbell
Sarah L. Campbell
Eric P.P. Caron
Jenna M. Casuccio
Nicholas M. Centritto
Alexandria R.Y. Chen
Daniel L. Cherubini
Sherman Chiu
Grand S. Choi

Felix P.H. Chu
Emily H.C. Chung
Lydia M. Colacino
Courtney L.A. Cole
Kayla M. Cole
Lisa A. Costa
John A. Coulson
Laura A. Custode
Allyshia L. Daley
Marian Daoud
Angela C. Dares
Michelle DaSilva
Brooke A. Deschamps
Christopher Di Natale
Matthew J. Diston
Heather M.L. Dryburgh
Christopher A. Duong
Carissa E. DuPuis
Brooke L.A. Earley
Amr O. El Bouse
Mariusz J. Fajfer
Josef A. Fediurek
Vivianne J. Fortin
Ryan S. Garcia
Rebecca M. Gaudry
Darrin D. Germann
William T. Giancoulas
Erica L. Gifford
Joseph A. Gigliotti
Manuel S. Gil
Katelyn N. Good
Kassandre G. Goupil
Joseph P. Greenwood
Michelle A. Grybko
Dominique M. Harmath
John W. Harmon
Kara A. Harnish
Sarah C.C. Heath
Katie P.Y. Heung
Kevin D.G. Hong
Zachary D.F. Howard

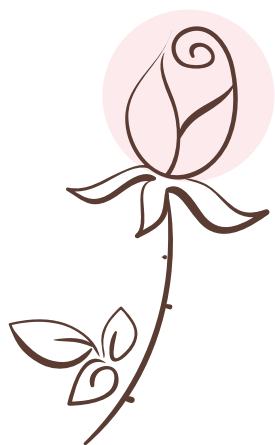
Spiro P. Ioannidis
Nicole A.L. Insley
Jessica L. Jarrell
Eun-Yong Jeong
Amanda R. Johnson
Mackensie D. Jordan
Stephanie C. Juff
Carmen Jweda
Rebecca Kang
Devon Keys
David P. Kim
Youngwook Kim
Evin P. Kolm
Constance Z. Kontos
Justin M. Kutasiewicz
Jason Lacroix
Tessa C. Lam
Iris Y.Y. Lau
Tim W.H. Lau
Thanh Le
Chantel J. LeClair
Melody K.Y. Lee
Eric Lee
Cassandra M. Leigh
Madeleine Levine
Michael K.S. Liang
Rebecca Lima
Mateo Lino
Ryan J. Lisowski
Yi Liu
Andrea D. Luke
Benjamin M. Mahoney
Erin K. Mailloux
Fabrice Mallard
Laleh Maroufi
Richelle-Faith Martins
Pamela J. Masse
Elliot L. Mayhew
Jesse J.T. McAleese
Sarah N.H. McAteer
Shawn P.M. McDonald

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Kirstie A. McDowell	Kaitlyn M. Pepper	Gillian A. Sawa	Payam Vala
Michael P. McGahey	Kimberly M. Perryman	Sarah V. Seaborn	Vanessa E. Van Dyke
Andrew J. McManus	Theery Piche	Rula A. Shaar	Grant H. Van Dyke
Andrew D.W. Mercer	Jessica N. Pludwinski	Jordan Shnier	Maranda M. Vanderbeek
Laura E. Mercuriano	Colleen N. Prendergast	Kyle J. Simpson	David B.B. Veltman-Robert
George Mikhail	Daniel E. Prinsen	Devika Singh	Khushboo Vora
Larysa Mikhailava	Lauren A. Pruner	Adam N. Sisti	Shannon M. Webster
Andrew I. Miller	Yu Qin	Ellen T. Smith	Phillip F. Wessel
Rebecca L. Muzos	Jordan N. Rabinowitz	Alexandra R. Smith	Emma H. Whelpton
Sabrina Narula	Isaiah D.C. Redfern	Brandon M. Somlo	Katherine E.R. Whitton
Brianna L. Newman	Parisa C. Ricciardelli	David P. Song	Tracy Wong
Myla Nguyen	Meghann J. Robinson	Evan A. Stibbard	Robert S. Woodland
Kim T. Nguyen	Kathleen T. Rodgers	Andrew J. Synnott	Brian A. Wright
Edward A. Nigro	Kirstyn P. Ross	Kaitlyn M. Szabo	Trevan D.D. Wright
Shivinder S.O. Oberoi	Jacqueline M. Ross	Rishi Tayal	Jonathan D.K. Yu
Michael G. O'Handley	Alena C. Russo	Jennifer L. Thomson	Theodora C. Zacharia
Taranjit Ohson	Arash Saleki	Rachel N. Tomlin	Boyan Zhang
Bohdan Osoba	Andrew P. Sauer	Kyle S. Tront	
Amjed W. Osman	Marie-Pier Sauriol	Aviv Tsimerman	

IN MEMORIAM (JANUARY 1, 2018 – FEBRUARY 15, 2019)



Name	Year of Initial Registration	Date of Death
Dr. David Jongsma	1991	January 2, 2018
Dr. Kenneth Oldaker	1975	January 15, 2018
Dr. Judy Ben-Israel	1980	February 13, 2018
Dr. William S. Baird	1956	February 17, 2018
Dr. Eugene Track	1975	March 27, 2018
Dr. Donald Verne Thomson	1958	April 12, 2018
Dr. Tanya Tucker	2014	May 1, 2018
Dr. John M. Thyret	1966	June 28, 2018
Dr. Michael Beaton	1965	Unknown
Dr. Vijay Gopalakrishnan	2012	November 17, 2018
Dr. Michelle Prince	1998	November 18, 2018
Dr. Daniel Gleeson	1963	November 22, 2018
Dr. William C. Pamer	1994	February 7, 2019

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

DR. HAROLD BEASLEY MEMORIAL AWARD GOES TO...

The winner of the 2018 Dr. Harold Beasley Memorial Award is **Janet Belliveau**. Awarded annually to a Canadian Memorial Chiropractic College student, the award encourages chiropractic students to develop a greater understanding of Ontario jurisprudence relating to chiropractic practice.

Council Member Terms

as at January 2, 2019

Name	District	Date First Elected/ Appointed	Date Re-elected/ Re-appointed	Date of Expiry of Election/ Appointment of Current Term
Elected Members				
Dr. Peter Amlinger	5 (Central West)	April 2017	N/A	April 2020
Dr. Elizabeth Anderson-Peacock	3 (Central East)	April 2013	April 2016	April 2019
Dr. Brian Budgell	4 (Central)	April 2018	N/A	April 2021
Dr. Clifford Hardick	6 (Western)	May 2011	April 2014 April 2017	April 2020
Dr. Dennis Mizel	5 (Central West)	April 2018	N/A	April 2021
Dr. Kristina Peterson	1 (Northern)	April 2017	N/A	April 2020
Dr. Brian Schut	4 (Central)	April 2016	N/A	April 2019
Dr. Gauri Shankar	2 (Eastern)	April 2010	April 2013 April 2016	April 2019
Dr. David Starmer	4 (Central)	April 2014	April 2017	April 2020
Appointed Members				
Ms Georgia Allan	Smiths Falls	September 8, 2014	September 8, 2017	September 7, 2020
Ms Karoline Bourdeau	Toronto	July 17, 2017	N/A	July 17, 2020
Mr. Douglas Cressman	Kitchener	June 30, 2016	N/A	June 29, 2019
Ms Tamara Gottlieb	Toronto	December 31, 2018	N/A	December 31, 2021
Mr. Robert MacKay	Thunder Bay	November 28, 2018	N/A	November 27, 2021
Ms Sheryn Posen	Toronto	November 28, 2018	N/A	November 27, 2021
Vacant				

IN APPRECIATION

CCO expresses its gratitude to the following members who served on committees and worked diligently to uphold CCO's public interest mandate. Their commitment is sincerely appreciated, and CCO wishes them every success in their future endeavours.

DR. REGINALD GATES, DISTRICT 5 (CENTRAL EAST): April 2015 - April 2018

DR. PATRICIA TAVARES, DISTRICT 4 (CENTRAL): April 2012 - April 2018

MR. SHAKIL AKHTER, PUBLIC MEMBER: April 2010 - May 2018

MS JUDITH MCCUTCHEON, PUBLIC MEMBER: August 2009 - August 2018

MS WENDY LAWRENCE, PUBLIC MEMBER: September 2015 - September 2018

MS PATRICE BURKE, PUBLIC MEMBER: April 2015 - December 31, 2018

Council Meeting Dates

2019

Tuesday, April 30	8:30am - 4:30pm
Wednesday, June 19	8:30am - 4:30pm
Saturday, September 14	8:30am - 4:30pm
Thursday, November 28	8:30am - 4:30pm

Confirmed Council meeting dates are posted on the CCO website.

Council Meeting Highlights

Council meetings are open to the public, although Council occasionally goes in camera to discuss matters such as finances or to receive legal advice. Council's practice is to arrange the agenda to minimize any inconvenience to guests arising from in-camera sessions.

At all meetings, Council reviews information from the Ministry of Health and Long-Term Care (MOHLTC), other chiropractic organizations, other health regulatory colleges and the Federation of Health Regulatory Colleges of Ontario (FHRCO). Council also monitors legislative changes to ensure it is informed about recent developments that relate to CCO's mandate to regulate chiropractic in the public interest.

All Council meetings involve a report from every committee as well as the Treasurer, and consideration of the recommendations of each committee. Meeting items that appear not to be controversial are included on a consent agenda as a mechanism for ensuring time efficiency. Any Council member wishing discussion of a consent agenda item may move the item to the main agenda. CCO has regular attendees at its Council meetings, such as representatives from the Ontario Chiropractic Association, the Canadian Chiropractic Association and, occasionally, government representatives. Attendees receive comprehensive public information packages.

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

FEBRUARY 6, 2018

Council noted/reviewed the following:

- Positive update on recent Technology Upgrade Project (TUP) milestones, including online registration renewals for members and holding the 2018 CCO elections online
- Greater than anticipated participation by members in PPA 2.0 peer assessments

Council approved the following:

- Minor amendments to:
 - o Standard of Practice S-019: Conflict of Interest in Commercial Ventures
 - o Guideline G-001: Communication with Patients

APRIL 24, 2018

Council noted/reviewed the following:

- New Council members, Dr. Brian Budgell and Dr. Dennis Mizel, were welcomed
- Re-appointment of Ms Patrice Burke, public member, to December 31, 2018
- Positive feedback from members regarding the new online election held in March 2018

Council approved the following:

- Guideline G-013: Chiropractic Assessments
- Guideline G-014: Delegation, Assignment and Referral of Care

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- Revocation of Guideline G-004: Documentation of a Chiropractic Visit
- Amendments to:
 - By-law 6: Election of Council Members
 - By-law 17: Public Register
- Minor amendments to:
 - Standard of Practice S-001: Chiropractic Scope of Practice
 - Standard of Practice S-002: Record Keeping
 - Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient

JUNE 20, 2018

Council noted/reviewed the following:

- The well-attended and positively received Roadshows held in various Ontario locations
- Continued positive feedback on the enhanced capabilities offered through CCO's Technology Upgrade Project
- Recognized the efforts of Mr. Shakil Akhter, Ms Judith McCutcheon, and Ms Wendy Lawrence, public members, upon their departure from CCO

SEPTEMBER 14-15, 2018

Council noted/reviewed the following:

- CCO continues to be in a sound financial position
- CCO has proactively engaged with other health regulators to discuss important regulatory issues

Council approved the following:

- Minor amendments to:
 - Standard of Practice S-013: Consent
 - Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient
 - Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information
 - Policy P-051: Peer Assessors

NOVEMBER 29-30, 2018

Council noted/reviewed the following:

- Considered opportunities for CCO to engage the public in getting feedback and input on various initiatives under consideration

Council approved the following:

- Minor amendments to:
 - Standard of Practice S-021: Assistive Devices
 - Guideline G-008: Business Practices
 - Guideline G-009: Code of Ethics
 - Policy P-009: Dr. Harold Beasley Memorial Award
 - Policy P-011: Conflict of Interest for Council and Non-Council Committee Members
 - Policy P-045: Legislation & Ethics Examination
 - Policy P-050: Supervision and Direction of Chiropractors in Training
 - Policy on Public Screenings

CCO Council and Committees Continue to Increase Efficiencies and Reduce Costs through Use of Technology

CCO Conducts Online Elections to Council

In an effort to increase its use of technology, reduce reliance on paper and increase voter turnout, CCO conducted online elections to Council for the first time in March 2018. Following a by-law amendment allowing for online voting, CCO launched an online platform for voting in elections to Council in District 4 and District 5 elections.

Following the use of online voting for the first time, voter number turnout from 2017 to 2018 in District 4 increased from 322 to 465 and in District 5 increased from 492 to 573.

CCO encourages all members to vote in elections in their districts in an effort to continue to increase voter turnout.

CCO Launches Continuing Education and Professional Development (CE) Reporting in Member Portal

CCO Council and Committees continue to explore methods of increasing efficiencies and reducing costs through the use of technology. Following the launch of online renewal for 2018, CCO has added the Quality Assurance portal for members to submit their CE hours for the July 1, 2016 - June 30, 2018 CE Cycle and begin logging their hours for the July 1, 2018 - June 30, 2020 CE Cycle.

CCO's Quality Assurance Committee will continue to explore methods of incorporating additional areas of the Quality Assurance Program into the online member portal.

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CCO Distributes Meeting Materials Online and Conducts Teleconferences Whenever Possible

CCO continues to reduce its use of paper through the production and distribution of electronic Council and Committee materials. In addition, certain committees, such as the Registration and Patient Relations Committees continue to use teleconference meetings to review referrals for applications for registration and applications for funding for therapy and counselling in an effort to reduce costs.

CCO is Developing an Online Portal and Payment Mechanism for Initial Application and Examination and Workshop Registration

To reduce paper applications involved in the initial registration process, CCO is developing online mechanisms for initial registration and registration for the Legislation and Ethics Examination and Record Keeping Workshop. CCO will be launching this application later in 2019.

CCO WELCOMES NEW COUNCIL MEMBERS



Dr. Brian Budgell
District 4 (Central)

Elected to Council in 2018, Dr. Brian Budgell is the Director of Life Sciences Laboratories at the Canadian Memorial Chiropractic College (CMCC). He was in full-time clinical practice for approximately six years before turning to a career in research.

From 1993-2000, Brian worked under the late Professor Akio Sato in the Department of the Autonomic Nervous System at the Tokyo Metropolitan Institute of Gerontology. The focus of his research was the neurobiological basis of somatic therapies, most particularly somatoautonomic and spinovisceral reflexes.

Brian was an associate professor for approximately seven years in the Faculty of Medicine at Kyoto University, working on both human and animal investigations. His most recent work concerns the effects of somatic stimulation on spinal cord blood flow, and the influence of spinal cord compression on the modulation of somatoautonomic reflexes.

Brian has a strong interest in biomedical and health linguistics, and has published a number of peer-reviewed papers in this field. He is also president of Global Peace Network, a Canadian NGO building a network of rehabilitation clinics across East Africa.

“I am honoured to have been elected to the CCO and will work hard to see that our decisions in the interest of the public are based on the best available evidence.”



Dr. Dennis Mizel
District 5 (Central East)

Congratulations to Dr. Dennis Mizel on his election to Council. Dennis served as President from June 2008 - June 2009 and April 2014 - April 2015.

Dennis brings 40 years of chiropractic practice to CCO. He has a sound perspective on the diversity of the profession and the role of the College in protecting the public interest. He has also served in various roles for the Ontario Chiropractic Association, the Federation of Canadian Chiropractic, and the Council on Chiropractic Education Canada.

Dennis served as a CCO peer assessor from 2001 - 2015. “It was exciting and very satisfying to be involved in the peer assessment program through visiting colleagues in District 5 and helping them identify areas where they excelled or needed improvement.” He particularly enjoys the opportunity to work collaboratively with others in ensuring the public receives competent and ethical chiropractic care. To sharpen his own skills, Dennis is committed to regular participation in continuing education opportunities.

Dennis and his wife, Maxine, have become huge fans of travelling. When he’s not practising chiropractic at his clinic in St. Catharines, they are on interesting trips that include diverse destinations such as Europe and Australia.

“I have a deeply-rooted passion in helping to uphold the public interest in Ontario and assuring the public that they can get the best chiropractic care possible.”

CCO WELCOMES NEW PUBLIC MEMBERS



Mr. Robert MacKay
Public Member
Thunder Bay

CCO Council is pleased to welcome back Mr. Robert MacKay as a public member.

Having previously served three consecutive appointments to CCO Council from 2006 to 2015, Rob is returning with 13 years of experience in regulatory governance in health and non-health fields. Born and raised in Thunder Bay, he is a retired dental sales representative and practice management consultant.

With primary interests in ethics, discipline and adjudication, Rob brings years of experience in conducting hearings and decision writing. His experience and keen interest are supported by significant formal training in this area including a Certificate in Adjudication from Osgoode Hall Law School and the Society of Ontario Adjudicators and Regulators (SOAR).

Rob brings over 20 years experience in public speaking to both small and large groups and an extensive list of not-for-profit volunteerism.

“In all that I do, I hold myself to a high standard of competence and ethics, as this is what is expected of the registrants of regulatory bodies. Specifically, I strive to assist the organization in fulfilling its function of regulating in the public interest, always.”



Ms Sheryn Posen
Public Member
Toronto

Sheryn Posen has over 35 years' experience in project management, fundraising, public education, marketing, event management, and public and media relations. She has worked extensively with Foundations and not-for-profit organizations to realize monetary, educational and marketing goals.

Early in her career, Sheryn served as Public Relations and Development Officer at the Canadian Memorial Chiropractic College. Following her departure from CMCC, she continued to develop her Development and Management career at a variety of Foundations and corporations.

Sheryn began her own corporate communications company in 1992, providing project management services, which included fundraising, event management, national public and media relations, communications, government relations and facilities development for corporate and not-for-profit clients. In 2005, Sheryn was appointed Chief Operating Officer of Canada's Sports Hall of Fame with the key focus to rejuvenate the Hall and re-establish its presence in Canada. To honour Sheryn at the time of her retirement from Canada's Sports Hall of Fame in 2010, the *Sheryn Posen Entrance Scholarship* was established in the Faculty of Physical Education and Health, University of Toronto by colleagues and friends. In 2013, Sheryn authored the book, *From Shame to Fame*, a memoir about her term as Chief Operating Officer of Canada's Sports Hall of Fame.

Since her retirement, Sheryn has continued to produce a handful of charity events. She now looks forward to returning to her roots by contributing to the integral work of Council in regulating chiropractic in the public interest.



Ms Tamara Gottlieb
Public Member, Toronto

Tamara Gottlieb is the founder and CEO of The Listening Post, a boutique management-consulting firm providing data-driven strategies. Tamara has extensive experience in serving highly regulated sectors and understanding their unique governance challenges. Formerly Vice President of a national research firm, Tamara has also worked in communications and media relations. A graduate of Western University and an Ottawa native, Tamara has called Toronto home for over 20 years. A mother of four, she is an active volunteer in her children's schools.

UPDATES TO STANDARDS OF PRACTICE, POLICIES AND GUIDELINES

CCO has made several amendments to standards of practice, policies and guidelines since the last issue of *ChiroPractice*. The most up-to-date documents are available on the CCO website once the corresponding Council minutes are approved. Below is a summary of the updated documents.

Approved on September 16, 2017, Came into Effect November 30, 2017

Minor Amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient

CCO Council approved amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient to ensure the standard of practice is consistent with amendments to the *Regulated Health Professions Act, 1991 (RHPA)* resulting from Bill 87. These amendments apply to all regulated health professionals governed under the *RHPA*.

These amendments include:

- Expanding the list of acts of sexual abuse that results in the revocation of a member's license to include:
 - Touching of a sexual nature of the patient's genital, anus, breast or buttocks,
 - Other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the *RHPA*.
- Defining a patient to include an individual who was a member's patient within one year from the date on which the individual ceased to be the member's patient. Therefore in accordance with the *RHPA*, a member may not commence any sort of sexual relationship with a former patient until at least one year has passed from the date of termination of the doctor/patient relationship.

CCO reminds members that there is a principle of zero tolerance for acts of sexual abuse.

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

CCO Council approved amendments to Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members, to ensure the policy is consistent with the amendments to the *RHPA* from Bill 87. These amendments will ensure more timely patient access to funding for therapy and counselling at the time a complaint is filed.

Additional amendments have deleted several redundant sections of the policy which are not consistent with CCO practices in reviewing and providing funding for therapy and counselling.

Approved on February 6, 2018, Came into Effect April 24, 2018

Minor Amendments to Standard of Practice S-019: Conflict of Interest in Commercial Ventures

CCO Council approved minor amendments to Standard of Practice S-019: Conflict of Interest in Commercial Ventures. Amendments expand the duty to disclose to the patient and record any benefit that is given to or received from a supplier of health care products or service, or to or from a health, legal or any other professional for a patient referral.

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Amendments also emphasize:

- A patient's need for health care must always be the first priority over any financial considerations;
- The appearance of a conflict of interest may damage the reputation of the profession;
- Any rebate, gift or benefit given or received for a patient referral must be disclosed to the patient and recorded in the patient health record, in accordance with the standard of practice; and
- A patient must never be subjected to any undue pressure or duress in the course of providing a referral. The choice of health care services and products must always be the patient's, after making a fully informed decision.

Minor Amendments to Guideline G-001: Communication with Patients

Following recent amendments to the *RHPA*, CCO Council approved minor amendments to Guideline G-001: Communication with Patients intended to reiterate the Ontario Government and CCO's policy of zero tolerance to sexual abuse.

Council approved amendments to Guideline G-001 to:

- Reorganize the objectives for improved readability;
- Remind members to avoid certain grooming behaviour and boundary crossings that may lead to allegations of sexual abuse;
- Encourage members to ask themselves certain questions before participating in behaviour that may be considered grooming behaviour or boundary crossings; and
- Update the legislative context section for consistency with amendments to the *RHPA*.

Approved on April 24, 2018, Came into Effect on June 20, 2018

Amendments to By-law 6: Election of Council Members

CCO approved a 12-month "cooling off" period for members who are employees, officers and directors of any professional chiropractic association such that a real or apparent conflict of interest may arise, before being eligible for election to CCO Council. Please see By-law 6 for more details.

This cooling off period will assist in avoiding any real or perceived conflict of interest for members who were previously involved in senior roles with other chiropractic associations. This requirement is also consistent with the practices of several Ontario health regulatory colleges.

Any other changes to By-law 6 would be subject to further review and approval for distribution.

Amendments to By-law 17: Public Register

The public register requirements of the *RHPA* were amended by Bill 87: *Protecting Patients Act, 2017*. CCO, like other health regulatory colleges, is required to maintain a public register consistent with the requirements of the *RHPA*. Approved amendments to By-law 17: Public Register ensure that CCO by-laws are consistent with the requirements of the *RHPA* as follows:

- Including the public register requirements of the *RHPA* as an endnote to By-law 17: Public Register;
- Repealing several sections of By-law 17: Public Register that are addressed in the *RHPA* to avoid redundancies;
- Ensuring that the posting of oral cautions and specified continuing education or remediation programs required by the Inquiries, Complaints and Reports Committee are consistent with the requirements of the *RHPA*, and that they be posted on the public register indefinitely; and
- Ensuring that the posting of undertakings required by the Inquiries, Complaints and Reports Committee are consistent with the requirement of the *RHPA*, and are to be posted until the terms of undertaking are completed.

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CCO approved further amendments to By-law 17 to clarify the requirements of the *RHPA* to post offences and to expand information that is available on the public register. This practice is consistent with the transparency initiatives of the Ministry of Health and Long-Term Care and the practices of many other Ontario health regulatory colleges. These amendments include:

- Clarifying that the posting of offences is to include criminal offences and offences under the *Health Insurance Act, 1990*;
- Requiring every bail condition or other restriction related to a criminal offence or an offence under the *Health Insurance Act, 1990* that is known to CCO to be posted on the public register; and
- Including a notation of a member's license to practise a profession inside or outside of Ontario to be posted on the public register.

Minor Amendments to Standard of Practice S-001: Chiropractic Scope of Practice

CCO Council approved minor amendments to incorporate material from Guideline G-004: Documentation of a Chiropractic Visit relating to the expectations of a chiropractic visit. Although this content is not new, it is important that the public has an understanding of what to expect from a chiropractic visit.

Minor Amendments to Standard of Practice S-002: Record Keeping

CCO Council approved minor amendments to incorporate material from Guideline G-004: Documentation of a Chiropractic Visit relating to the expectations that patient health records should “tell the story” and be unique to a particular patient experience, and avoid “template-like” records, particularly in electronic record keeping.

Amendments also include minor clerical changes, expanded expectations relating to chiropractic assessments, and a requirement that the record include information of who provided care and the location of where care was delivered.

Revocation of Guideline G-004: Documentation of a Chiropractic Visit

CCO Council revoked Guideline G-004: Documentation of a Chiropractic Visit and incorporated its content into Standard of Practice S-001: Chiropractic Scope of Practice and S-002: Record Keeping to reduce redundancies in CCO policy.

New Guideline G-013: Chiropractic Assessments

The objective of this guideline is to further clarify the role, importance and reasons for different types of assessments as part of the chiropractic plan of care. Assessments and re-assessments are a critical component in evaluating a patient's condition, assessing the effectiveness of chiropractic care, influencing clinical decision-making, discussing the patient's goals and expectations, and affirming or revising care or a plan of care.

Current CCO standards of practice require a re-assessment to be conducted when clinically necessary, and in any event, no later than each 24th visit. However, this guideline expands the expectations involved in different types of assessments, including:

- Initial assessment
- Subsequent visits
- Comparative assessments
- New condition/goal assessments
- Updated condition/goal assessment
- Discharge assessment (where applicable)

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New Guideline G-014: Delegation, Assignment and Referral of Care

The objective of this guideline is to:

- Clarify that a chiropractor is not permitted to delegate a controlled act;
- Outline policies and procedures for the assigning of certain clinical procedures that are in the public domain to a properly trained clinical staff person; and
- Outline policies and procedures in the referral of care to another health care provider.

This guideline proposes to further clarify which professional activities may or may not be assigned to a staff person and the policies and procedures around assignment and referral of care. This includes requirements relating to: communication with patients, provision of clinical services, business practices, and record keeping.

Approved on September 15, 2018, Came into Effect November 29, 2018

Minor Amendments to Standard of Practice S-013: Consent

Summary of Amendments

CCO Council approved minor amendments to Standard of Practice S-013: Consent, which expands the intent of the standard to ensure patients are fully informed and in agreement to the examination, care, and plan of care. The consent process also requires members to accommodate reasonable patient requests and preferences, while ensuring that safe, ethical chiropractic care can be provided. Amendments also emphasize that members take appropriate measures to communicate to the patient and ensure informed consent is obtained for any touching related to examination or treatment of sensitive body parts.

How this Affects Members

Members shall ensure that the consent process with patients involves a discussion of the examination, care, and plan of care, touching of any sensitive body areas, and reasonable accommodation of patient requests and preferences.

Minor Amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient

Summary of Amendments

CCO Council approved minor amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient to ensure the standard of practice is consistent with regulatory amendments that define a patient under the *Regulated Health Professions Act, 1991 (RHPA)*.

How this Affects Members

It is strictly against the law for member to have a concurrent doctor/patient relationship and sexual relationship with a patient. Members shall be aware of the regulatory criteria for defining a patient and the regulations around providing emergency or incidental health care services and referring that individual for further services. There is no “spousal exemption” for providing chiropractic care to a spouse.

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Minor Amendments to Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information

Summary of Amendments

CCO Council approved minor amendments that emphasize that members should ensure there is a written contract, agreement or arrangement concerning the ownership of physical records of patient personal health information, and custody of those records upon dissolution of a practice.

How this Affects Members

Members should ensure that when practising in a group setting, there is a written contract, agreement or arrangement that establishes responsibility for maintaining and transferring records upon dissolution of a practice. Patients always have a right to be informed of where their records are being maintained in the case of dissolution of a practice and request a copy of their records be transferred to the chiropractor of their choosing.

Minor Amendments to Policy P-051: Peer Assessors

Summary of Amendments

CCO Council approved minor amendments to the eligibility of a member to be appointed as a peer assessor to include that an applicant for a peer assessor position:

- Is currently actively providing direct care to patients;
- Is otherwise a member in good standing with CCO;
- Declares that all content on their professional websites and social media accounts are in compliance with CCO standards of practice, policies and guidelines; and
- Successfully completes both the internal and field training portions of the Assessor-In-Training program.

How this Affects Members

Members interested in becoming peer assessors should review the full policy to ensure that they meet the eligibility requirements. CCO is not currently looking for new peer assessors; however, please look out for any future calls for new peer assessors.

Revocation of Policy P-017: Concurrent Treatment: Physiotherapy

Summary of Amendments

CCO Council revoked this policy due to the language of this policy being outdated.

How this Affects Members

Members shall always engage in respectful and collaborative inter-professional communication for the benefit of the patient. It is an object of the *RHPA* and CCO's Code of Ethics that members work collaboratively with other health professionals in terms of providing patient care.

Approved on November 29, 2018, Came into Effect February 27, 2019

Minor Amendments to By-law 6: Election of Council Members

CCO Council approved minor amendments that will bring the elections in District 1 in sync by having an election for a one-year term in March 2020.

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Minor Amendments to Standard of Practice S-021: Assistive Devices

Summary of Amendments

CCO Council approved minor amendments to:

- Address the dispensing of assistive devices that may have been prescribed by another health professional
- Emphasize that members must have achieved, maintain, and be able to demonstrate clinical competency to prescribe and dispense assistive devices, consistent with standards for the use of diagnostic and therapeutic procedures
- Communicate that the dispensing of assistive devices is an adjunct to chiropractic care
- Update examples of assistive devices

How this Affects Members

Members who prescribe and/or dispense assistive devices must ensure that there has been a thorough examination and diagnosis or clinical impression that would indicate the benefit of the assistive device for the patient, consistent with the chiropractic scope of practice. This would apply whether the examination was conducted by the member or another health professional.

As with any use of diagnosis or therapeutic procedure, a member who prescribes or dispenses assistive devices must ensure that they have achieved, maintain, and are able to demonstrate clinical competency in the examination, prescription, and dispensing of assistive devices.

Minor Amendments to Policy P-011: Conflict of Interest for Council and Non-Council Committee Members

Summary of Amendments

CCO Council approved minor amendments that require Council and non-Council committee members serving on a Discipline or Fitness to Practise panel to disclose any professional or personal connection, including a connection on social media, to a member who is before the panel. This disclosure will then be assessed for any real or perceived conflict of interest.

How this Affects Members

Members serving on CCO Discipline or Fitness to Practise panels must consider any real or perceived conflict of interest that may arise through a professional or personal connection to a member before a panel.

Minor Amendments to Policy P-045: CCO's Legislation and Ethics Examination

Summary of Amendments

CCO Council approved minor amendments to reflect the practice of offering the Legislation and Ethics Examination three times per year in conjunction with the Record Keeping Workshop.

How this Affects Members

Prospective members and applicants for registration should consult the CCO website for the date and location of any upcoming examinations.

Minor Amendments to Policy P-050: Supervision and Direction of Chiropractors in Training

Summary of Amendments

CCO Council approved minor amendments to establish principles for the supervision of chiropractic students in practice, including prioritizing:

- Safe and effective chiropractic care
- Proper training
- Joint decision-making

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- The exchange of information
- The demonstration of professionalism

How this Affects Members

Members who participate in an accredited chiropractic program's preceptorship program must ensure they have reviewed and comply with Policy P-O5O.

Minor Amendments to Guideline G-008: Business Practices

Summary of Amendments

CCO Council approved minor amendments to:

- Use the term "billing arrangements" to include any fee arrangement where the patient is charged for multiple services and/or treatments at any time other than when the services and/or treatments are provided
- Ensure that any billing arrangement reflects the plan and nature of care, the patient's objectives, goals, requests, comfort level, and understanding
- Prohibit a member from subjecting a patient to any undue pressure, duress or coercion to agree to a billing arrangement or suggesting that refusing a billing arrangement will affect the quality of care
- Ensure there are protections for the patient to receive a refund for any unused portion of the billing arrangement in case of bankruptcy, death, dissolution of practice, and other incidences which may interrupt a course of care
- Respect and comply with a patient's request to pay for each service as it is provided

CCO continues to review Guideline G-008: Business Practices.

How this Affects Members

Members who offer any billing arrangements other than fee for service must ensure that they have read and comply with Guideline G-008: Business Practices. The safe and ethical care of patients must always be paramount to any billing arrangement.

Minor Amendments to Guideline G-009: Code of Ethics

Summary of Amendments

CCO Council approved minor amendments to:

- Ensure the anti-discrimination provisions of the Code of Ethics are consistent with the Ontario Human Rights Code
- Emphasize that as part of being an ethical chiropractor, a member is required to clearly communicate to patients practices relating to fees and business practices and not apply pressure or duress to patients to agree to any billing arrangement or treatment plan

How this Affects Members

Chiropractors have been granted the privilege of self-regulation, a privilege that obliges them to act competently and ethically in the practice of chiropractic to ensure public trust, collaboration with colleagues, and the integrity and dignity of the profession. The Code of Ethics outlines many of those responsibilities to patients and the public, professional colleagues, and CCO.

QUALITY ASSURANCE COMMITTEE

CCO Annual Peer Assessor Workshop: Guiding Compliance And Embracing Diversity

By: Dr. Elizabeth Anderson-Peacock, Chair, Quality Assurance Committee

On Saturday, January 26, 2019, the Quality Assurance (QA) Committee hosted the team of CCO Peer Assessors for the annual Peer Assessor (PA) workshop. The team of assessors traveled from all parts of the province: from Sault Ste. Marie to Sundridge, Windsor to London, Timmins to Huntsville, Ottawa to Whitby, and all over the Greater Toronto Area and the Golden Horseshoe. Everyone was eager to receive feedback on the past cycle of assessments, get updates on the program, and to participate in the ongoing evolution and development of important CCO QA initiatives.

General welcome introductions were facilitated by QA Committee Chair and CCO Vice-President, Dr. Anderson-Peacock. Welcoming words and a regulatory overview were presented by CCO President, Dr. David Starmer, and Ms Karoline Bourdeau, public member of the QA Committee, brought greetings on behalf of the public.

The day's program included an overview and examples of recent media attention on the regulation of chiropractic, along with CCO's responses and communications, by Ms Jo-Ann Willson, Registrar and General Counsel. Ms Willson addressed the importance of building on the strength of CCO's QA Program and on hearing feedback from the peer assessors about how CCO could better ensure public protection as it relates to advertising, social media and scope of practice issues. As a regulator, CCO's activities must be viewed through a public interest lens.

This set the stage for tasking the assessors to break out into small groups to review current CCO mechanisms of handling member advertising, including websites and social media, and coming up with possible solutions to consider in enhancing CCO's efforts at ensuring members are complying with regulatory expectations related to advertising. Needless to say, this group had lots of great suggestions for the QA Committee to consider and work towards implementing.

A second small group break-out session focused on coming up with ideas that could enhance the statutory mandate

that members undergo regular and periodic self-assessment. The ideas took into account current research on measuring continuing competency in health professions, what other regulated health professions are doing for self-assessments, and the practicalities, applicability, reliability and validity of various self-assessment tools and options. Once again, the assessors provided a plethora of good ideas for the QA Committee to consider moving forward.

Mr. Joel Friedman and Dr. J. Bruce Walton provided the assessors with updates to the current standards of practice, policies and guidelines and how those updates translate into changes in both PPA 1.0 and PPA 2.0. Dr. Walton provided the assessors with both generalized and individualized performance feedback based on the assessments completed in the most recent cycle.

When asked what they liked best about being a CCO peer assessor, responses were very consistent (comments paraphrased from verbal feedback provided at the workshop):

- I like meeting chiropractors in their offices and providing them proactive guidance that might keep them out of trouble and help them provide better care to their patients.
- It's great to see how many different styles of practice there are and yet all seem to fall within the scope of chiropractic practice.
- It is awesome to see that everyone really does want to do their best to comply with CCO and they appreciate that this assessment process really does want to help them do better, proactively!

When asked for feedback on how well the program is performing, responses were overwhelmingly positive (comments paraphrased from verbal feedback provided at the workshop):

- PPA 2.0 is a great next version and encourages deeper proactive conversations about a variety of topics that concern members or on which they would like more clarity.

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- The program and our peer assessor training encourages objectivity, providing guidance and honestly helping members to do the best they can in the care of their patients.
- It's great to see that both PPA 1.0 and 2.0, while focusing on evidence of compliance with CCO regulations, standards of practice, policies and guidelines, still has plenty of room to embrace the diversity of practice styles evidenced in the real world of chiropractic practice.

Overall, the day was a great success. The objectives were met and the QA Committee has lots of good feedback and information to help inform further revisions to future versions of the program as well as possibly develop new QA initiatives to help member's comply with CCO expectations while continuing to provide great care to their patients and to ensure that the public is being protected.

What does this mean for the profession? One example is the Committee's regular review of CCO's standards of practice as they relate to protecting the public. For example, Standard of Practice S-002: Record Keeping serves the public interest in enhancing clarity for patients, third-party

payors and others who may be reviewing chiropractic care that has been provided to patients. A clear and fulsome record of who provided the care and where it was delivered is important information that should be reflected in the clinical notes.

When asked: "What did you find most beneficial at today's workshop?", some final thoughts shared by the peer assessors perhaps provides the best evidence about the ongoing success of this CCO quality assurance initiative:

- Collegial camaraderie!
- Meeting with other assessors and discussing issues, concerns and brainstorming. Connecting with other peer assessors and sharing experiences to further our knowledge.
- Clarification and directions for us as peer assessors to improve our processes and make the experience better for the members.

Thank you to the peer assessors who participated in the workshop and continue to work on the front lines in helping all members of CCO provide the best possible care to the public of Ontario.

REMINDER: REQUIRING A PATIENT TO BRING A SPOUSE OR FAMILY MEMBER IS A BREACH OF PRIVACY

Members should be aware that requiring a patient to bring a spouse or family member to a report of findings or a follow-up appointment is not permitted. This practice is considered to be forcing a patient to breach their privacy and confidentiality. It is a patient's choice whether to disclose receiving chiropractic care to a family member, and it is inappropriate for a member to insist that a patient bring a spouse or family member as a condition to receiving chiropractic care.

REMINDER: IF OFFERING A BILLING ARRANGEMENT THAT INCLUDES A BLOCK FEE OR PAYMENT PLAN, REVIEW AND COMPLY WITH GUIDELINE G-008: BUSINESS PRACTICES

If offering any billing arrangement other than a "pay-per-visit" option, members are required to comply with the requirements of the professional misconduct regulation and Guideline G-008: Business Practices. There are three main requirements that are identified in the regulation and that are explained further in the guideline.

These requirements are:

1) *The patient is given the option of paying for each service as it is provided*

Communication around billing arrangements always requires the member to disclose to the patient that they have the option to pay for each service as it is provided. This option must not affect the quality of chiropractic care provided and the member must not subject the patient to any undue pressure or duress to agree to any billing arrangement.

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2) A unit cost per service is specified

No matter what the billing arrangement is, there must always be a unit cost per service specified and agreed to. Both the member and patient must have an agreement evidenced in a signed written contract, as to what the unit cost per service is. This agreement is essential in ensuring there is a full understanding of what each treatment or service costs in the event the patient opts out of the billing arrangement.

3) The member agrees to refund to the patient the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service

Members must always disclose to patients their right to opt out of any billing arrangement, block fee or payment plan at any time and must not subject patients to any undue pressure or duress to continue with the plan of care. The choice must always be that of the patient.

Any refund must be calculated with reference to the unit cost per service agreed upon. It is not permissible to apply any financial penalties or revert back to an original fee if a patient chooses to opt out of a billing arrangement. Please see Guideline G-008: Business Practices for a detailed explanation of how a refund is calculated.

* Please review the amendments to Guideline G-008: Business Practices in the “Policy Update” section of the newsletter.

Continuing Education: It's a New Cycle. It's All On-Line. Where Should You Be?

By: Dr. J. Bruce Walton, Director of Professional Practice

Any questions or clarification needed, please contact:

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It's now official: all your CE activities can be tracked and logged through your personal CCO on-line access into the CCO member's portal. While there were a few glitches with the launch of this process at the end of last year, member feedback has been very positive and we have also appreciated the feedback on how the process could be improved. While some members experienced problems, most challenges were due to compatibility issues between the portal and whatever platform the member might have been using. CCO has made and is making ongoing improvements to the system and process to ensure things continue to proceed smoothly.

We acknowledge that it may have been somewhat time-consuming to initially input all the data from your most recent cycle of accumulated activities. This was necessary to bring the system and, in particular, your data up-to-date. Now, moving forward, as you participate in and complete your various CE activities, you can log directly into the portal and note those activities for this current cycle. As you proceed through this cycle, you will see the accumulation of your activities and the system will count down the hours and requirements that remain in order for you to be in compliance with CCO Standard of Practice S-003: Professional Portfolio.

So, where should you be right now?

- At a minimum, you should have recorded all your CE activities for the most recent CE cycle, which ended June 30, 2018. The reporting for these activities was due at the end of 2018.
- You should have completed your Self-Assessment for this current CE cycle and developed a Self-Assessment Summary Plan of Action to inform and direct your CE activities for this current cycle (running July 1, 2018 - June 30, 2020).
- If you have completed some CE activities in this current cycle, you should be logging those directly into your profile on the CCO member's database.
- You should be tracking all other CE-related information in your Professional Portfolio, which you likely keep close at hand either at home or in your office.

As always, all up-to-date information and documentation related to your Professional Portfolio can be found at www.cco.on.ca by specifically exploring the Quality Assurance areas of the CCO website. There you can find templates for completing your self-assessment, creating a plan of action summary, and building your Professional Portfolio.

Consent: It's An Ongoing Conversation!

Members will be very familiar with the requirements of CCO Standard of Practice S-013: Consent as well as all other places where the topic of consent arises (e.g., when providing acupuncture or orthotic services). The objectives of this standard include ensuring that patients receive appropriate information about the benefits and risks of examinations, care, and plans of care, as well as to facilitate discussion and dialogue between members and patients relating to chiropractic care. The most up-to-date versions of all CCO standards of practice, policies, and guidelines are always found on the CCO website.

Members regularly ask questions of clarification about handling consent in a variety of situations that, at times, may seem unique. These questions often come up in the context of conducting peer and practice assessments or when members call CCO. We welcome and encourage members to always ask questions.

Here is a sampling of some common questions and our typical responses in offering guidance:

Do I really have to get two informed consents signed?

This is usually asked in reference to the expectation that members are obtaining consent to examination and to care or plan of care. Yes, these are two unique and distinct conversations that take place in the course of patient care and evidence that these conversations took place should be recorded in the patient health record. **Do they always take place near the beginning of care?** No. There certainly may be other opportunities to re-visit both – for example, when well into care, a patient presents with a new complaint in an area not previously examined. It would be expected that a new conversation takes place about examining this area and, once a diagnosis is formed and related to the patient, a subsequent conversation related to consenting to the care of that area takes place. Again, evidence of these conversations should be found in the patient health record.

What steps should I take when a patient says “I don’t think I want you to treat that today” or when you might say “I’d like to suggest a different approach today”?

The patient health record should clearly show that these conversations took place and all the relevant details

are recorded. This really constitutes a key part of the ongoing conversation related to consent. Members should be continually and clearly explaining to patients what is involved with care, what approaches they are recommending, and what options are available for patient care. Patients need to be provided with lots of opportunities to ask questions and get clarification and, when necessary, express concerns. Key elements of the ongoing conversation with patients should always be about what you are proposing, describing and even demonstrating the proposed technique, and talking about the potential risks and benefits. In the end, members must honour a patient’s expressed wishes for care and only proceed when consent is obtained. Members should always be sensitive to the fact that consent to examination and care is ongoing throughout the patient care process and not just when the patient initially presents in the office.

Yes, we are a high-touch, high-contact and interactive professional health care discipline.

Touching patients for the purposes of providing patient health care is integral to what we do as chiropractors. It becomes second nature to chiropractors over the course of their education and is developed throughout their careers. Members must always be aware of the fact that the reasons for touching a patient, especially in certain sensitive areas, may not be understood or even welcomed by patients. The simple act of performing a routine examination may, for some patients, be uncomfortable not only from a pain and function standpoint but also because a patient may have a history of experiences that makes them very sensitive.

It behooves all members to regularly communicate with patients what they are proposing to do in any patient encounter. This could be simply demonstrating how a side-posture adjustment is made on a spinal model before asking the patient to put themselves into that posture. It may be explaining why and how you are going to palpate and assess suspected groin injury in order to recommend the appropriate course of care. Ongoing clear and open communication and providing plenty of opportunities for patients to ask for clarification go a long way to helping members provide the best and safest care possible.

Achieving and Maintaining Clinical Competency in all Diagnostic and Therapeutic Procedures and Services Provided

As members graduate, develop, and expand their skills, it can be tempting to quickly add new techniques of diagnosis and treatment into their clinical toolbox. Members are reminded that all techniques of diagnosis and treatment must be applied to patient care within the chiropractic scope of practice.

Chiropractic Scope of Practice and Authorized Acts as outlined in CCO Standard of Practice S-001: Chiropractic Scope of Practice and derived from the Chiropractic Act, 1991:

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

Authorized Acts

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

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. A disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. A disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

Members who wish to add new techniques of diagnosis and treatment into their practices must show that they achieve and maintain competency in those techniques. This training must be recorded and reflected in the member's Professional Portfolio.

Two good examples of these concepts, as applied to the regulation of chiropractors in Ontario, follow:

- When providing acupuncture services as an adjunct to their typical chiropractic service, there is an expectation that members have achieved the appropriate and expected training, skill and competence in providing acupuncture services as an adjunct to their chiropractic service. This would be reflected in the member's Professional Portfolio and follow the requirements outlined in CCO Standard of Practice S-017: Acupuncture. Then, the patient health record would reflect how those techniques were applied in the clinical setting, according to the expectations of CCO Standard of Practice S-017: Acupuncture and Standard of Practice S-002: Record Keeping.
- All of the same information outlined above applies, especially the expectation that a member demonstrates that they have achieved and maintain their clinical competencies in that particular area. Specifically, it would be good to review the following CCO standards of practice: S-012: Orthotics and S-021: Assistive Devices.

Making a Referral: Is There a Real or Potential Conflict of Interest?

In the course of caring for patients and ensuring their needs are met, it may be appropriate to make a referral for further diagnostic procedures, for additional advice or for adjunctive therapies that may or may not fall outside the scope of chiropractic practice and/or a member's skillset. In any case, where a referral is made, it is important to declare any real or potential conflicts of interest that may arise. Members must be aware that it is a potential conflict of interest to solicit patients for commercial ventures, such as self-referral and selling or dispensing of products.

A common scenario that might arise, which is not always seen by members as a perceived conflict of interest, is when a member refers a patient for massage therapy with a Registered Massage Therapist who also pays rent to the member for space for their practice in the member's office. This may be further complicated if the rent is based on a percentage rental agreement.

All real or perceived conflicts must be declared to patients and details of this conversation should be recorded in the patient health record. Members must appreciate that there is an inherent power imbalance that exists in the doctor/patient relationship and that members must protect the interest of patients above any commercial interests of the member.

It is always best practice, when making any referral, that patients are given choices of a variety of practitioners, venues, or products that could appropriately serve their needs. Openly discussing the pros and cons of each option will go a long way to serving the patient's best interests and avoiding any potential conflict of interest.

Further details can always be reviewed on the CCO website with specific reference to CCO Standard of Practice S-019: Conflict of Interest in Commercial Ventures and Guideline G-014: Delegation, Assignment and Referral of Care.

CCO Roadshows: Let's Talk!



CCO continues to reach out to members across the province by conducting evening or Saturday morning Roadshow presentations. Feedback has been overwhelmingly positive and members continue to appreciate the efforts made to come and speak directly to them on current topics related to regulation of the profession and serving the public interest.

In 2018, CCO hosted the following Roadshows:

- *Ottawa, May 1*
- *Mississauga, June 16*
- *Peterborough, November 6*

These interactive events provide valuable opportunities to connect with CCO Council members, CCO staff and your local colleagues. Each presentation is geared towards reviewing current events and issues in the world of chiropractic regulation and provides plenty of opportunity for questions/answers and discussions of topics that may be of importance to specific members.

If your local group of chiropractors or society would like to book a Roadshow, please contact Dr. J. Bruce Walton, Director of Professional Practice, at bwalton@cco.on.ca or by calling 416-922-6355, ext. 106.

ADVERTISING COMMITTEE

Titles and Representation to the Public

One of the objectives of the regulation of health care professionals in Ontario is to ensure that the public can make an informed decision about their health care. This includes knowing which health professional they are seeing and what type of care they are receiving. For this reason, the *Regulated Health Professions Act, 1991* and Ontario profession-specific legislation have specific rules and regulations about the use of titles and representations to the public.

Chiropractors in Ontario must clearly communicate to their patients and the public that they are a chiropractor. Communications and representations must not be misleading. This applies to all areas of practice, including record keeping, financial records and invoices, and communication to the public, including advertising, websites, and social media,

Members of the public may not have a comprehensive understanding of regulated health professions and the different titles and terminology used by professionals. Therefore, it must always be clear to the public and patients that they are seeking care from a chiropractor. It is advisable for members to review their communications and representations to the public to ensure that there are not misrepresentations or uses of inappropriate titles or terminology.

The following sources of law are applicable to the use of titles and professional representations to the public.

Use of the Title “Doctor”

Chiropractors in Ontario are one of the professions authorized to use the “Doctor” title in the course of providing or offering to provide, in Ontario, health care services to individuals. However, since other professions, such as physicians and surgeons, naturopaths and acupuncturists may use the doctor title, it must be clear to the public, including through advertising, websites, and social media, record keeping, and business practices, that a member of CCO is providing health care services as a chiropractor.

Indicating a Specialty

Members may only indicate chiropractic specialties listed in Policy P-029: Chiropractic Specialties:

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

Therefore, members may not use the term “specialist” or “specialty” or imply that they hold any other specialty. Examples include using titles such as “pediatric specialist” or “geriatric specialist”. Members may communicate practice areas by using terminology such as “interest in” or “focusing in”.

Prohibited Titles

Ontario health profession-specific acts have provisions that prohibit the use of certain titles and representations to members of those professions. A few examples are as follows:

- The titles of “osteopath”, “physician” or “surgeon”, a variation or abbreviation or an equivalent in another language or representation as a person who is qualified to practise in Ontario as an osteopath, physician or surgeon or in a specialty of medicine is restricted to members of the College of Physicians and Surgeons of Ontario under the *Medicine Act, 1991*.
- The titles of “physiotherapist” or “physical therapist”, a variation or abbreviation or an equivalent in another language or representation as a person who is qualified to practise in Ontario as a physiotherapist or in a specialty of physiotherapy is restricted to members of the College of Physiotherapists of Ontario under the *Physiotherapy Act, 1991*.

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- The titles of “traditional Chinese medicine practitioner” or “acupuncturist”, a variation or abbreviation or an equivalent in another language or representation as a person who is qualified to practise in Ontario as a traditional Chinese medicine practitioner or acupuncturist or in a specialty of traditional Chinese medicine are restricted to members of the College of Traditional Chinese Medicine Practitioners

and Acupuncturists of Ontario under the *Traditional Chinese Medicine Act, 2006*.

Using titles or representations which include the terms “medicine”, “neurologist” or “acupuncture provider” may be perceived as using a title or making a representation that is contrary to profession-specific legislation.

Reminder: Think Before Posting

Social media can be an effective tool in disseminating information to the public. However, once something is online, it can remain there forever, even if deleted.

Before posting to social media, members should consider the following:

- Does this posting breach the duty to maintain patient privacy and confidentiality?
- Does this posting provide clinical advice, communicate a diagnosis or guarantee results?
- Does this posting provide advice that is outside of the chiropractic scope of practice?
- Does this posting include links to material that is outside

of the chiropractic scope of practice?

- Does this posting infringe on any copyrighted material?
- Does this posting include information that may be considered as disgraceful, dishonourable, or unprofessional?
- Does this posting include harassment, bullying or inflammatory comments?
- Does this posting breach CCO standards of practice, policies and guidelines, including S-001: Chiropractic Scope of Practice or S-016: Advertising?

If the answer to any of these is “yes”, members must not make this posting to social media. Please see Guideline G-012: Use of Social Media for further information.

Reminder: Your Website and Social Media Posts Must Comply With Standard of Practice S-016: Advertising and Guideline G-016: Advertising

Advertising is defined as “any message communicated outside a member’s office through a public medium, including electronic media such as websites and social media, and that can be seen or heard by the public at large with the intent of influencing a person’s choice of service or service provider. This standard applies equally to members acting individually, as a group, or as a professional health corporation.”

The provisions of the advertising standard of practice and guideline apply to both traditional advertisements in print, signs, radio, and television, as well as online communications such as websites and social media. It is the responsibility of all members to ensure their advertising, including websites

and social media, complies with the advertising standard and guideline.

The following is a summary of several of the provisions of Standard of Practice S-016: Advertising, and how they apply to advertisements, including websites and social media:

1. An advertisement must be:
 - (a) accurate, factual and contain information that is verifiable; and
 - (b) readily comprehensible by the persons to whom it is directed.

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Guideline G-016: Advertising explains further that the public is entitled to accurate, factual, and verifiable information that is readily understandable to make an informed choice in health care. Subjective opinions, inaccurate information and unverifiable claims must be avoided.

2. An advertisement may:

(a) name a specific diagnostic or therapeutic procedure or modality but cannot claim superiority or endorse the exclusive use of such procedures, services, techniques, modalities or products. References to specific diagnostic or therapeutic procedures must comply with the Standard of Practice S-001: Chiropractic Scope of Practice;

Members may list the diagnostic and therapeutic procedures that they use in their practice. This may include chiropractic techniques, as well as adjunctive modalities such as acupuncture, ultrasound, radiography, exercise and nutritional counselling. All diagnostic and therapeutic procedures must be within the chiropractic scope of practice and used in accordance with Standard of Practice S-001: Chiropractic Scope of Practice.

To avoid making claims of superiority or endorsing the exclusive use of services and products, advertisements must avoid terminology such as “revolutionary or advanced technology”, “state-of-the-art”, “highest success rate”, “best trained doctors”, “most effective” and other phrases that imply superiority.

Members must also avoid communicating outside of the chiropractic scope of practice. This includes making statements or claims related to prescription drugs, performing surgery or administering vaccinations, and other controlled acts outside of the chiropractic scope of practice. Members must not make any statements advising patients not to see certain health professionals or claiming superiority over any other health profession or member of CCO. Rather, advertising statements should focus on a member’s practice.

Members may not make claims to treat or cure conditions that are beyond the chiropractic scope of practice.

(b) make reference to the member being a specialist, provided the member is recognized pursuant to CCO’s

policy as a specialist, and the specialty is disclosed. Refer to Policy P-029: Chiropractic Specialties, for the list of specialties currently recognized by CCO;

The term “specialist” or “specialty” is a protected title in reference to the five approved specialties in Policy P-029: Chiropractic Specialties. Members may only communicate that they are a specialist or hold a specialty if they hold one or more of the following specialties:

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

Therefore, a member must not use terms such as “pediatric specialist” or “geriatric specialist”. Members may communicate chiropractic practice areas by using terminology such as “interest in” or “focusing in”.

(c) make reference to the member being affiliated with any professional association, society or body, other than CCO, only on curriculum vitae, business stationery and recognized public displays;

Advertising a member’s professional affiliations may cause confusion to the public and communicate comparisons to other members. In electronic media, a member may include professional associations other than CCO only in the curriculum vitae/biography section of a website or social media home page.

(d) allow an individual or organization to endorse a member, provided:

- (i) the individual or organization proposing the endorsement has sufficient expertise, according to CCO, relevant to the subject matter being endorsed;
- (ii) the member has been appropriately assessed as providing the subject matter being endorsed;

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An unqualified endorsement from a source with little or no expertise may confuse the public and undermine the public's trust. Endorsements must only be from sources with sufficient expertise in an area.

(e) *offer an initial complimentary consultation.*

Any advertisement for discounted or complimentary services must be accurate, complete and clear, not include any hidden costs or fees, and be accurately recorded in the financial record.

(f) *include testimonials that refer only to the benefits of chiropractic and not to a particular member or office, with the exception of a member's website which may include testimonials that refer to a particular member or office, provided the testimonials are:*

- (i) *accurate, verifiable, and recorded in the patient health record;*
- (ii) *used only in accordance with the written consent of the patient, which may be withdrawn at any time;*
- (iii) *not obtained using any undue pressure, duress, coercion or incentives; and*
- (iv) *otherwise compliant and consistent with Standard of Practice S-016: Advertising, the chiropractic scope of practice, other CCO standards of practice, policies and guidelines and privacy legislation.*

Testimonials in advertising that refer to a specific member or office may only be used on a member's website. Any testimonial must be truthful and verifiable, as evidenced in the patient health record and obtained only with documented, specific consent of the patient under the patient's own free will without any coercion or compensation.

As with all advertising, any testimonial must comply with the advertising and scope of practice standards of practice. A testimonial must not state anything false or misleading, unverifiable, or make a claim that chiropractic treatments cure conditions beyond the chiropractic scope of practice.

3. *Any advertisement with respect to a member's practice must not contain:*

(a) *anything false or misleading.*

False or misleading statements, including the misuse of titles and terminology, can undermine the public trust and cause confusion to the public. Certain titles, terms and representations are limited by profession-specific acts to members of particular regulated health professions. As an example, only members of CCO may use the title "chiropractor" or represent themselves to the public as someone who is qualified in Ontario to practise chiropractic or in a specialty of chiropractic.

Using titles such as "chiropractic physician", "osteopath", "medicine" "neurologist" "physiotherapist or physical therapist", "chiropractic veterinarian" and "acupuncturist or acupuncture provider" may be perceived as a misrepresentation to the public and may cause public confusion.

Members must comply with the use of titles and representations that are restricted for members of other professions under profession-specific legislation, such as the *Medicine Act, 1991* and the *Traditional Chinese Medicine Act, 2006*. The public must always know which regulated health care provider they are seeing and there must not be any confusion in this area.

Members may advertise the services they provide within the chiropractic scope of practice, such as acupuncture and physical therapy; however, it must always be clear to the public that they are providing these services as a chiropractor. Please see the article "Titles and Representation to the Public" for more details.

(b) *a guaranteed success of care.*

Guarantees of success that are unverifiable may mislead the public and are unprofessional. Members should avoid using expressions such as "will help, cure or relieve" and "guaranteed success". Expressions such as "patients have benefited", "may be able to help" and "has been shown to relieve" are more appropriate.

(c) *any comparison to another member's or other health care provider's practice, qualifications or expertise;*

Comparisons to other members and other regulated health professionals are unprofessional. Members should avoid using expressions such as "better", "more effective"

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and “gentle” or making claims comparing their services to other members or regulated health professionals. Using positive language such as “safe” and “effective” is more appropriate.

(d) *any expressed or implied endorsement or recommendation for the exclusive use of a product or brand of equipment used to provide services;*

Exclusive endorsements of products is a form of comparison that implies superiority and must be avoided.

(e) *material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.*

All advertisements must maintain professional integrity and serve the public’s best interest. It is an act of professional misconduct to engage in conduct or perform an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Cannabis Legalization - What Does This Mean For You?

On October 17 2018, the use of recreational cannabis was legalized and regulated in accordance with the *Cannabis Act, 2018*.

Cannabis is Regulated under the Cannabis Act, 2018

The *Cannabis Act, 2018* sets the legal requirements for the sale, distribution and use of cannabis in Canada.

The Recommendation of Cannabis for Medical Purposes is Outside of the Chiropractic Scope of Practice

Cannabis use for medical purposes is a pharmacological treatment and is therefore outside of the chiropractic scope of practice. The regulations made under the *Cannabis Act, 2018* authorize only medical doctors and nurse practitioners to issue an authorization for medical cannabis.

If a patient questions a member about the use of or recommendations for cannabis for medical purposes, the member shall advise the patient that cannabis for medical purposes is outside of the chiropractic scope of practice and the patient should consult with a health professional who has this act within their scope of practice.

Consent and Capacity Issues with Cannabis

Cannabis, when consumed, may impair behaviour and judgment. Standard of Practice S-013: Consent and the *Health Care Consent Act, 1996* require that a patient have the capacity to consent to chiropractic examination and care.



If a member has reason to believe that a patient is using cannabis, the member must assess the capacity of the patient to ensure they are capable of giving consent to chiropractic examination and/or care. The member must not provide a patient with a chiropractic examination or care if the member has a reasonable belief that the capacity of the patient to consent to a chiropractic examination or care is sufficiently weakened.

Additionally, members must always ensure they are fully capable of delivering safe and ethical chiropractic care. Members shall not be involved in the practice of chiropractic if their behaviour or judgment is impaired by cannabis.

REGISTRATION COMMITTEE

Dual Registrants: An Emerging Trend

CCO has noticed an upward trend in the number of registrants who practise both chiropractic and another regulated health profession – such as massage therapy, physiotherapy, naturopathy, traditional Chinese medicine, and nursing, to name a few. These dual registrants are required to comply with the applicable regulations, standards of practice, and guidelines, etc. and it must be clear to their patients in which capacity they are providing treatment.

Several dual registrants generously offered to share their decisions to be trained in another profession besides chiropractic. It should be noted that some candidates chose chiropractic after practising another profession and continue to provide care to patients in both disciplines.

Here are their stories.



Dr. Sarah Hopkins
St. Catharines

PROFESSIONAL AFFILIATIONS: Chiropractor and Registered Massage Therapist

Growing up in Kapuskasing, at the age of 12 Sarah saw her first chiropractor – who also happened to be her ski instructor. After high school, Sarah completed a kinesiology degree at Dalhousie University, followed by her acceptance to and then graduation from the Canadian Memorial Chiropractic College in 2012. Sarah was encouraged by her sister to move to St. Catharines, and she did, setting up a practice that also includes several massage therapists. In watching the massage therapists' interactions with patients and recognizing that she could offer more to her chiropractic patients, Sarah decided she wanted to become a massage therapist, enabling her to have “more freedom” in treating her patients. She became a massage therapist in 2014.

Currently, Sarah is a sole practitioner with a busy chiropractic and massage therapy practice in downtown St. Catharines.

OPPORTUNITIES

- Ability to provide a greater and diverse range of diagnostic tools and services to patients
- Enabling a practitioner to deliver complementary treatments to patients by one practitioner

CHALLENGES

- “Keeping things separate” – record keeping, billing, and separate treatment rooms
- Meeting the separate requirements of continuing education from both the College of Chiropractors of Ontario and the College of Registered Massage Therapists of Ontario

“The opportunity to start my own practice has enabled me to provide a level of services that the public appreciates. It is a comfort for the patient to know they are being treated by one person who understands what is going on in both areas. My patients definitely benefit from the diversity of my skillset.”



Dr. Marcel Reux
Toronto

PROFESSIONAL AFFILIATIONS: Physiotherapist and Chiropractor

In 1977, Marcel graduated from Memorial University of Newfoundland with a Bachelor of Science degree and, three years later, obtained his Bachelor of Science degree in physical therapy from the University of Toronto. Marcel worked for two years as a physiotherapist at St. Michael's Hospital and the Workers Compensation Board. In 1982, he returned to school to study chiropractic at the Canadian Memorial Chiropractic College (CMCC), and graduated as a chiropractor in 1986.

In 1986, Marcel and his classmate, Dr. Vince Ricciardi, opened Davisville Yonge Clinics in Toronto.

Since 1991, Marcel has been on CMCC's faculty as an instructor in the Clinical Diagnosis Division and he has also been featured on CBC Radio and TV Ontario.

OPPORTUNITIES

- Being able to deliver two types of care to patients is positive
- Knowing the scopes of practice for physiotherapy and chiropractic are "similar" provides "options" for patients

CHALLENGES

- Ensure the separation of business operations – such as billing and filing – is distinct and separate, and clearly understood by members of the public

"I became a physiotherapist because I met one who impressed me and it sparked an interest in me to do that. When I started practising physiotherapy, I began to see the benefits of spinal manipulation and entertained the idea of going back to school for chiropractic. I was accepted at CMCC and, in 1986, I graduated as a chiropractor and opened my practice. The advantage of having two designations is hugely beneficial for patients because it gives them options."



Dr. Ryan Desjardins
Alliston

PROFESSIONAL AFFILIATIONS: Radiographer and Chiropractor

Ryan grew up on a sod farm in Timmins and left for Sudbury to study radiography. He was licensed by the College of Medical Radiation Technologists of Ontario (CMRTO) in 2010, and got his first job as an x-ray technologist at Stevenson Memorial Hospital in Alliston.

At the back of his mind, Ryan had been seriously considering an additional career: chiropractic. So when he was accepted at the Canadian Memorial Chiropractic College (CMCC), he was delighted. While studying at CMCC, Ryan worked weekend day shifts and worked full-time night shifts while studying university courses (by correspondence) from Laurentian University in order to acquire the 90 credits required for applying to CMCC. In 2015, Ryan was licensed as a chiropractor.

Currently, Ryan works as a chiropractor at Physiomed Alliston and, when needed, at Stevenson Memorial Hospital.

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OPPORTUNITIES

- Being able to deliver two types of care to patients in the community is positive for the public
- Creating inter-professional relationships with local physicians, including demonstrating the knowledge base that chiropractors have

CHALLENGES

- “Be mindful to work within my scope [of practice], depending on which hat I’m wearing”
- Continuing education: ensuring compliance with each college’s requirements (some requirements apply to both professions)
- Record keeping: adhering to each college’s requirements

“The path that I have chosen is very different but it was very smooth. Where there was some overlap in my education, it has continued to help me in my career. Consider the people component - an x-ray is a brief encounter by a patient with a professional but in chiropractic there is more interaction between the patient and the chiropractor. In the end, it’s very rewarding.”



Dr. Kaitlyn Pepper
Toronto

PROFESSIONAL AFFILIATIONS: Nurse and Chiropractor

A graduate of McMaster University with a Bachelor of Science in nursing, Kaitlyn was working as a registered nurse for approximately one year before she started her chiropractic studies at the Canadian Memorial Chiropractic College (CMCC). She continued to do nursing while studying.

Kaitlyn is a 2018 chiropractic graduate and started in a new position soon after. It would be too soon for her to assess any long-term career plans as a dual registrant but she intends to “keep up” with both professions and may one day consider moving into public education.

Currently, Kaitlyn is working at Accelerated Health & Wellness Centre in Fonthill.

OPPORTUNITIES

- “A foot in both camps is positive. There are two different perspectives and ways to tackle solutions for patients”
- “Having more dual registrants gives a bigger voice in the [health care] system and there is a role for chiropractors in the system

CHALLENGES

- Patients think you can combine your scopes of practice and they can ask for advice in either area of your expertise. While you have dual knowledge, it can’t always be applied.”
- “I would like to see chiropractors more integrated into health teams and visiting patients in facilities.”

“I started seeing a chiropractor when I was young. At the time, I did not think of it as a career. As I like working with people, nursing was a good first step, including giving me exposure to many different things. While it isn’t common to combine a career of nursing and chiropractic, I saw complementary opportunities in both professions. Overall, the whole process of graduating from two professions has been very interesting and rewarding.”

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Dr. Inger Simonsen
Toronto

PROFESSIONAL AFFILIATIONS: Chiropractor and Acupuncturist

Growing up in Denmark, Inger witnessed the positive experiences and successes her parents had with chiropractic and, by the time she was a teenager, realized that she wanted to be a chiropractor. “Through my parents, I understood the benefits of chiropractic and later learned its history in Denmark, which goes back to 1920, and its widespread use in Europe.”

Inger came to Canada to study chiropractic at the Canadian Memorial Chiropractic College (CMCC). After graduating in 1984, she returned to Denmark to practise for a year before moving permanently to Canada. Inger married a Canadian chiropractor and credits his influence in developing her interest in acupuncture, leading to obtaining her license and becoming a member of the College of Traditional Chinese Medical Practitioners and Acupuncturists of Ontario (CTCMPAO) in 2013.

As co-founder and co-owner of Annex Clinic in Toronto since 1985, Inger’s practice is comprised of patients of all ages. A chiropractic orthopaedic fellow, Inger is also an assistant professor and course coordinator at CMCC, and she has authored an orthopaedic examination manual for the extremities.

OPPORTUNITIES

- Being able to provide a wider range of services to patients is positive in terms of their accessibility to the appropriate care
- Offering both chiropractic and acupuncture, which are complementary in the management of pain and many other conditions

CHALLENGES

- Maintaining distinct and clear patient files for each profession
- Ensuring compliance with the distinct regulations and maintaining CE requirements for CCO and the CTCMPAO

“Being able to provide a broader range of services to help patients has been very important to me throughout my career. Over the years, patients have been amazed when they understand how my background, training, and care can make a difference in how they feel.”

CCO COMMUNICATIONS NOW THROUGH EMAIL

CCO is now communicating with members through email on important regulatory matters such as registration renewal, updates to standards of practice, policies and guidelines, ChiroPractice newsletters and information bulletins. Log into your member portal to ensure your email address is up-to-date.

Please check your spam/junk mail folder for any email communications from CCO.

PATIENT RELATIONS COMMITTEE

Partnership of Care – New Tent Cards Coming Soon!

The *Partnership of Care*, the Patients' Chart of Rights and Responsibilities, outlines the rights and responsibilities of chiropractors and patients within the doctor/patient relationship. These include both responsibilities of the chiropractor, such as respectful, honest and clear communication and relevant safe and patient-centred care, and responsibilities of the patient, such as a cooperative commitment to the chiropractor's treatment plan and constructive feedback regarding all aspects of care.

CCO has previously distributed tent cards with the *Partnership of Care* in English and French and will soon be distributing an updated version of it. In addition, translations in 10 languages of the updated *Partnership of Care* will be posted on the CCO website.

The *Partnership of Care* document can be accessed [here](#).

CCO encourages members to make use of the *Partnership of Care* document in their communication with patients.

Changes to *Regulated Health Professions Act, 1991 (RHPA)* as a Result of the *Protecting Patients Act, 2017*¹

Effective May 1, 2018, there were significant amendments made to the *RHPA* and its regulations. These changes relate to the definition of a patient, the availability of funding for therapy and counselling, mandatory reporting requirements and public register requirements. These changes were made as result of the *Protecting Patients Act, 2017*.

These amendments affect all colleges governed under the *RHPA*.

CCO brings the following amendments to your attention:

- There is a new definition of patient for the purposes of the prohibition of sexual abuse.

Regulation 260/18 under the *RHPA* provides criteria for defining who is considered a patient for the purposes of the sexual abuse provisions of the *RHPA*. These criteria include direct interaction between member and patient which includes charging or receiving payment from the patient or a third party on behalf of that patient, contributing to a health record or file, and patient consent to health care services. The regulation provides an exception for emergency circumstances or circumstances where the service is minor in nature.

CCO has approved amendments to Standard of Practice S-014: Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient to reflect these regulatory amendments and add them to the definition of a patient as described in case law.

There continues to be no spousal exemption to the sexual abuse provisions of the *RHPA*. There will be notification to stakeholders including members if this changes.

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- Complainants with sexual abuse allegations have immediate access to funding for therapy or counselling (and do not need to wait for a finding of professional misconduct to access funding under section 85.7 of the Health Professions Procedural Code, schedule 2 of the *RHPA*).
- The information colleges must maintain on the public register has been expanded.

CCO has approved amendments to Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members to ensure that an individual is eligible for funding for therapy or counselling when a complaint or report is made.

- The mandatory reporting requirements have been expanded (sections 85.6.3 and 85.6.4 of the Health Professions Procedural Code, schedule 2 of the *RHPA*).

Members are now required to report to CCO membership and professional misconduct or incompetence findings in other regulated health professions inside or outside of Ontario, as well as charges and bail conditions under the Criminal Code (Canada) or the *Controlled Drugs and Substances Act (Canada)*. These amendments have been incorporated into CCO's renewal process.

Regulation 261/18 under the *RHPA* expands the public register to include findings of guilty, currently existing conditions of release and charges under the Criminal Code (Canada) or the *Controlled Drugs and Substances Act (Canada)*, as well as findings of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction.

CCO has approved amendments to By-law 17: Public Register to include the new public register requirement.

- The types of criminal offences that require the mandatory revocation of a member's certificate of registration have been expanded. Please see Regulation 262/18 under the *RHPA* for more details.

Please monitor the CCO website for the most up-to-date information concerning regulations, standards of practice, policies, guidelines and by-laws.

¹ The law governs to the extent of any inconsistency with this article.

What to Expect When Attending a Chiropractor Appointment

By: Dr. Dennis Mizel



In today's health care climate, it should be clear to all chiropractors in Ontario that we must put our patients' interests ahead of our own interests when caring for them.

What can and should we be doing to put patients first?

It is important, of course, to listen carefully to what our patients have to say, and to understand and care for them in a way that addresses and meets their needs. We must also respect that the patient brings to the encounter his/her own personal preferences and unique concerns, expectations, and values. These must all be considered when developing a treatment plan and on each encounter.

Patients present to a chiropractor for a variety of reasons. However, patients should expect basic procedures, rooted in the chiropractor's core competencies, to be followed and which represent the chiropractor's unique role in the collaborative health care framework. The results and observations should be recorded in the record of personal health

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information in such a way as to accurately re-create the doctor/patient interaction.

There are varied reasons as to why a doctor/patient relationship may need to be terminated including the type of practice the chiropractor has, the specific technique that the chiropractor utilizes, the type of treatment required (e.g., out of the chiropractic scope of practice and appropriately found within another health care provider's scope of practice; within the chiropractic scope of practice although not offered with the particular provider the patient is seeing), or the patient chooses to leave for medical or personal reasons or is satisfied with the care they have already received and wants to stop care and be discharged.

It is appropriate for a chiropractor to discharge a patient if the chiropractor is not providing the patient with what they are seeking. It is important to remember that when a patient continues to need our professional services, the patient may at any time request they be discharged for any reason. If you for some reason wish to discharge a patient who still needs chiropractic care, it is necessary to arrange or attempt to arrange alternative services for the patient. It is not appropriate to abandon a patient that you no longer wish to take care of without attempting to arrange alternative services. The patient should be given a reasonable opportunity to arrange alternative services before you discharge the patient from care, should they continue to need care.

Further, it is incumbent upon chiropractors to terminate a doctor/patient relationship with reasonable notice or explanation along with a referral to a qualified and acceptable practitioner. Professional misconduct for patient abandonment would result if these types of steps are not taken.

Members should always comply with CCO's standards of practice, policies, and guidelines, which contain important principles to protect the public interest and ensure the appropriate provision and continuity of care. To view the documents online, [click here](#).

Extract from Core Competencies for CCO Members

What to expect when attending a chiropractor appointment...an application of the core competencies:

Chiropractors offer a variety of approaches to care within the scope of practice. CCO regulates the full range of chiropractic approaches and it is expected that members are always practising within the chiropractic scope of practice.

Patients present to a chiropractor for a variety of reasons. However, patients should expect basic procedures, rooted in the chiropractor's core competencies, to be followed and which represent the chiropractor's unique role in the collaborative health care framework. The results and observations, based upon the performance of these basic procedures, should be recorded in the record of personal health information in such a way as to accurately re-create the doctor/patient interaction.

Initial visit(s) to a chiropractor (Consultation, Examination, Report of Findings)

- A clean and organized and welcoming environment.
- A careful explanation of any paperwork to be completed.
- A clear and complete explanation of the costs of the services to be provided.
- A private consultation with the doctor to provide the opportunity to review the case history, ask questions, review all the paperwork and any available reports.
- A verbal summary by the chiropractor demonstrating that he/she has understood what has been discussed and what the patient's goals are for attending the office.

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- An explanation of the physical examination, in order that consent to examine is obtained.
- A physical examination is conducted in order to assess conditions related to the spine, nervous system and joints or dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system and dysfunctions or disorders arising from the functions of the joints.
- Based upon the findings of the consultation and a physical examination, the chiropractor may make a referral for further investigations which might include (but not be limited to): a radiographic study or a referral to another specialist.
- Once all the appropriate and necessary information has been obtained, the chiropractor will provide a complete explanation, including diagnosis of what has been found.
- Recommendations for care, based on findings, will be communicated to the patient and recorded in the record of personal health information. Such recommendations may include (but are not limited to): a course of chiropractic care (including an explanation of the style of adjusting that is recommended), any modalities that will be used, the frequency of visits and the appropriate time in which a re-evaluation will take place, along with expected outcomes and the approximate cost of care, suggestions for home care, or, if appropriate, referral for further consultation and/or care with another health professional.
- Only after the report of findings and all recommendations have been delivered and there has been an opportunity for questions will the patient be given the opportunity to provide their informed consent to undergo a course of care.

Subsequent Visit(s)

- Care should begin within a reasonable time of the scheduled appointment.
- The chiropractor should review his/her record of the previous visit(s) with the patient along with reviewing what the patient has experienced, subjectively, since the last visit.
- As appropriate and related to the most recent evaluation and recommendations for the patient's care, the chiropractor will conduct an examination in order to assess conditions related to the spine, nervous system and joints or dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system and dysfunctions or disorders arising from the functions of the joints.
- Appropriate care is delivered in accordance with the findings at each visit and with the overall goals and plan of management based on the most recent evaluation.
- Records of all patient interactions are to be kept contemporaneously.
- Care should continue to be given in a caring yet professional manner with any comments about the process and the progress explained in a patient-centred manner.
- If the care is substantially different from previous care or, if a new condition is presented, informed consent to care should be revisited and updated in the patient health record after an appropriate examination has been conducted and report of findings has been delivered.
- Re-evaluations of progress should be done at appropriate intervals and further recommendations for care based upon those findings and the patient's goals.
- If, at any time, further investigations or referrals are warranted (e.g., those that fall outside the practitioner's scope), those recommendations should be made and noted in the patient record.
- Chiropractors are encouraged to participate in inter-professional, collaborative care when appropriate, in the patient's best interests.
- When applicable, chiropractors shall make every effort to monitor and record patient compliance with any recommended adjunctive procedures, e.g., exercise or nutritional advice.

FITNESS TO PRACTISE COMMITTEE

INCAPACITY

Under the *Regulated Health Professions Act, 1991*, incapacity is described as suffering from a physical and/or mental condition that impairs a health care professional's professional function.

The Inquiries, Complaints and Reports Committee (ICRC) can form a separate health inquiries panel to investigate a member's capacity to function as a chiropractor. If the health inquiries panel believes on reasonable and probable grounds that the member's mental and/or physical health will affect their professional practice and pose a threat of harm to the public, the panel can refer the matter to the Fitness to Practise Committee.

The Fitness to Practise Committee then conducts a hearing to determine whether a member is suffering from a physical and/or mental condition that impairs their professional function as a chiropractor.

Procedurally, incapacity and discipline proceedings are similar. Incapacity hearings focus on the physical and/or mental state of a member and their ability to perform their professional role as a chiropractor, whereas discipline proceedings focus on a member's conduct and whether or not the member has committed an act of professional misconduct or whether their conduct has breached a standard of practice of the profession.

Unlike a discipline hearing, a fitness to practise hearing is generally closed to the public, as it involves the review and reveal of personal health information. A fitness to practise hearing will only be open to the public if the member involved makes a written request in advance to the Registrar. Before agreeing to an open hearing, the panel must be satisfied that any negative consequences of revealing the information will not outweigh the benefits of an open hearing.

The Fitness to Practise Committee is represented at the hearing by a panel of the Committee members appointed by the Chair of the Fitness to Practise Committee. A panel is composed of at least three (3) members of the Fitness to Practise Committee, including at least one (1) public member of Council. If a panel of the Fitness to Practise Committee finds a member is incapacitated, it shall make an order doing any one or more of the following:

1. Directing the Registrar to revoke the member's certificate of registration;
2. Directing the Registrar to suspend the member's certificate of registration; or
3. Directing the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified period of time or indefinite period of time.

The results of a fitness to practise hearing where a member was revoked or suspended, or had terms, limitations or conditions applied to their certificate of registration, is published on the member profile of the public register.

Decisions of the Fitness to Practise Committee can be appealed to Ontario's Divisional Court for judicial review within 90 days of the decision being issued. There must be a question of law, fact, or both, in order for an appeal to be granted. The court may affirm, rescind, or re-hear the matter, in whole or in part. A notation of the appeal and its outcome will appear on the public register.

IN TOUCH

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

All up-to-date legislation, regulations, standards of practice, policies and guidelines are available at www.cco.on.ca, and can be printed to update your *ChiroCare* binder.

To order an up-to-date *ChiroCare* binder, please contact Ms Madeline Cheng at mcheng@cco.on.ca.



Reminder: Have you provided your email address to CCO?

Mindful of its obligations to enable efficient and timely communication with members, members are required to provide an email address to CCO. If you have not already done so, please provide it during your next renewal or by email to reception@cco.on.ca.

CCO Needs Your Current Contact Information

Have you recently moved? By law, it is your responsibility to provide CCO with a written notification of any address changes - work and/or home - within 30 days of your move. All members registered in the General class are required to have a business address and telephone number listed on CCO's public register.

Reporting Deceased Members

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

Your Feedback is Important!

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

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